

## Documents for Review

### BUSINESS ADMINISTRATION SCALE FOR FAMILY CHILD CARE (2<sup>ND</sup> EDITION)

Please collect in advance, and have available, documents that you currently use in your program that provide evidence of the following. Check *yes* or *no* for whether or not you have organized documentation providing evidence. Note: it is possible that you may not have evidence of all things listed.

Item	Documentation provides evidence...	Provider		Assessor Verified
		Yes	No	
1	of highest level of education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	of early childhood education and/or child development college coursework	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	of CDA and/or Montessori credential (early childhood or infant and toddler)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	of business or management training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	of professional development during the last calendar year	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	of membership in a formal network of providers or a family child care association	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	of an active or leadership role in a formal network of providers or a family child care association	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	of new fee(s) introduced or fee increase(s) over the past three years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	that the provider receives 6 paid holidays per year	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	that the provider contracts with families to receive additional days of paid time off	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	that the provider contracts for days of paid time off	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	that the provider and any dependent children have health insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	that the provider has contributed to a retirement plan within the past year	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	that the provider has disability income insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	of a current year operating budget including revenue and expenditures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	of an operating budget that includes line-item breakdowns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Item	Documentation provides evidence...	Provider		Assessor Verified
		Yes	No	
	of an operating budget that projects a profit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	of a written policy requiring payment of tuition and/or fees in advance of care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	of practices that provide for adequate cash flow	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	that accounting records are reviewed monthly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	that the provider consults with a qualified tax preparer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	that income and expense statements are summarized and compared to quarterly cash-flow projections	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	of income reported to the IRS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	of business-related expense claimed on taxes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	that the provider tracks income received	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	that families are given an end-of-the-year statement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	that families are given a receipt for all payments made	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	that the provider tracks the number of meals and snacks served to children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	that the provider participates in the Federal Food Program and submits months reports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	that the provider tracks the number meals and snacks not reimbursed by the Food Program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	that the provider tracks caregiving hours worked in the home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	that the provider tracks irregular or unscheduled caregiving hours worked in the home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	that the provider tracks business conducted and hours worked in the home when children aren't present	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	that the provider keeps track of expenses that are 100% business-related	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	that the provider keeps track of shared expenses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	that the provider reports the Time-Space Percentage on tax documents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	of policies that reduce risk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Item	Documentation provides evidence...	Provider		Assessor Verified
		Yes	No	
	of a risk management plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	of an annual review of a risk management plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	of enrollment forms asking for the names and contact information for individuals authorized to pick up children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	of verification of identity of unfamiliar persons picking up children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	of advance written notice required before children may leave with anyone not authorized on the enrollment form	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	that fire and disaster drills occurred monthly during the past twelve months	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	that fire and disaster drill records are displayed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	that records are kept of fire and disaster drills and evaluations/improvements needed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	that emergency information is posted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	that emergency information is portable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	that information about children's allergies and family's back-up contacts are posted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	of business liability insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	of comprehensive business liability insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	of business property insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	of commercial auto insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	that there is a written contract for care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	that the written contract includes the names of the family and provider, hours of care, payment terms, all additional fees, termination procedures, and signatures of both parties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	that the written contract includes information about child care rates during the provider's and children's absences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	of written program policies provided to families	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Item	Documentation provides evidence...	Provider		Assessor Verified
		Yes	No	
	of a family handbook that includes program policies, the program’s philosophy, goals, and curriculum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	that an intake form is used to document background information about the child’s developmental history, chronic medical conditions, and allergies, likes and dislikes, and family preferences regarding childrearing practices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	that an effort is made to determine whether the provider and family are a good fit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	that the enrollment process provides for a gradual transition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	that information is communicated to families in various ways	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	that the provider has descriptive information regarding community resources for families including information for developmental screening service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	that descriptive information regarding supports to help reduce child care costs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	that the provider shares written information about child development or childrearing issues with families	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	that the provider meets with families individually to discuss their children’s progress and mutually set goals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	that the provider facilitates events for families to build community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	that families participate in routine program activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	that the provider makes at-home learning activities available to families	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	that the provider utilizes different public relations tools	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	that the provider has voice mail or an answering machine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	that records are kept of calls and responses to inquiries are made within one business day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	that records are kept of all prospective clients who inquire about care and what follow-up action is taken	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	that the home appears safe and inviting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	that the provider’s credentials and/or evidence of training are displayed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Item	Documentation provides evidence...	Provider		Assessor Verified
		Yes	No	
	that the provider has a visual display demonstrating the benefits of the program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	that the provider plays an active role in a community organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	that the provider plays a leadership role in community organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	that orientation includes meeting children and families before assuming responsibilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	that orientation includes receipt of a written job description and written program policies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	that the provider meets with assistants and/or substitutes at least quarterly to share observations and plan activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	that the provider meets with assistants and/or substitutes at least once a to share observations and plan activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	that the provider meets with assistants and/or substitutes at least monthly when children aren't present to share observations and plan activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	that assistants and/or substitutes are paid at least the minimum wage and the provider withholds federal taxes, and pays the employer's share of Social Security and Medicare taxes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	that the provider pays worker's compensation insurance covering assistants and/or substitutes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	that there is a written employment agreement or salary scale for assistants and/or substitutes identifying a wage based on job responsibilities, education or training, and experience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Talan, T. & Bloom, P. (2018). *Business Administration Scale for Family Child Care (2<sup>nd</sup> Ed.)*. Duplication permitted.