

## 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
		Yes	No	Verified
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"/>

Item	Documentation provides evidence...	Provider		Assessor
		Yes	No	Verified
	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"/>
	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"/>

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	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"/>
	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"/>

Item	Documentation provides evidence...	Provider		Assessor
		Yes	No	Verified
	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"/>
	of a family handbook that includes program policies, the program's philosophy, goals, and curriculum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Item	Documentation provides evidence...	Provider		Assessor
		Yes	No	Verified
	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"/>

Item	Documentation provides evidence...	Provider		Assessor
		Yes	No	Verified
	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"/>
	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"/>

Item	Documentation provides evidence...	Provider		Assessor
		Yes	No	Verified
	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.