

## FAMILY CHILD CARE PROVIDER STRENGTHENING FAMILIES SELF-ASSESSMENT

### About the Self-Assessment

The Program Self-Assessment helps programs determine how well they are implementing strategies to strengthen families. The Self-Assessment is based on findings from a national study that identified exemplary programs across the country. It allows all programs to compare their practices with those of the exemplary programs and identify areas for improvement. The Self-Assessment outlines how the protective factors can be supported through small but significant changes in program practice. It is written for programs committed to working with and supporting the families they serve. Versions of the Self-Assessment are available for:

- Center-based early care and education programs or preschools
- Home visiting programs
- Community-based programs such as family resource centers
- Family intervention programs such as mental health agencies
- Home-based early care and education programs

While there is significant overlap across these different versions, each also contains unique strategies specific to each setting.

The Program Self-Assessment materials in this document are applicable to center-based early care and education programs or preschools. The concrete actions described in the self-assessment can be carried out in a variety of settings such as full or half-day child care centers, after school programs, Head Start or public preschools. The strategies described can be implemented without creating new staff positions, making significant changes to existing facilities or raising additional financial resources.

### Organization

The Self-Assessment outlines practices used by exemplary programs to support families and is organized around seven program strategies that support the six Strengthening Families protective factors:

- **Parental Resilience:** Families bounce back.  
“Managing stress and getting through it when faced with challenges, adversity and trauma”

Being a parent can be a very rewarding and joyful experience. All parents experience stress from time-to-time. Thus, parental resilience is a process that all parents need in order to effectively manage stressful situations and help ensure they and their families are on a trajectory of healthy, positive outcomes.

Parental resilience is the process of calling forth one’s inner strength to proactively manage stress, meet personal/family challenges and be able to function well.

Program strategies for promoting parental resilience:

- Facilitate Friendships and Mutual Support
- Respond to Family Crisis
- Value and Support Parents

- **Social Connections:** Families have friends they can count on.  
 “Having positive relationships that provide emotional, informational and spiritual support”

When parents have a sense of connectedness they have people who care about them as individuals and as parents. They feel secure and confident that they have others with whom they can share the joy, pain and uncertainties that come with the parenting role.

They seek timely assistance from people they have learned to count on and they feel empowered to “give back” through satisfying, mutually beneficial relationships. Several research studies have demonstrated that high levels of emotional, informational, instrumental or spiritual support is associated with positive parental mood; positive perceptions of and responsiveness to one’s children; parental satisfaction, well-being and sense of competence; and lower levels of anger, anxiety and depression. Constructive and supportive social connections help buffer parents from stressors and support nurturing parenting behaviors that promote secure attachments in young children.

Program strategies for nurturing social connections:

- Facilitate Friendships and Mutual Support

- **Knowledge of Parenting and Child Development:** Families learn how their children grow and develop.  
 “Understanding child development and parenting strategies that advance physical, cognitive, language, social and emotional development”

No parent knows everything about children or is a “perfect parent.” An understanding of parenting strategies and child development helps parents understand what to expect and how to provide what children need during each developmental phase.

All parents can benefit from increasing their knowledge and understanding of child development. Developing brains need proper nutrition, regularly scheduled periods of sleep, physical activity and a variety of stimulating experiences. What parents do and how they treat children is often a reflection of the way they were parented. Acquiring new knowledge about parenting and child development enables parents to critically evaluate the impact of their current parenting practices, and to consider that there may be more effective ways of guiding and responding to their children.

Program strategies for nurturing knowledge of parenting and child development:

- Strengthen Parenting

- **Concrete Support in Times of Need:** Families get assistance to meet basic needs.  
 “Access to resources that address a family’s basic needs and minimize stress caused by challenges.”

When parents are faced with very trying conditions such as losing a job, substance abuse, not being able to feed their family or trauma, they need access to concrete support to address their needs and help to minimize the stress.

Assisting parents to identify, find and receive concrete support in times of need helps to ensure the basic necessities are met. A strengths-based approach helps parents feel valued because they are acknowledged as knowledgeable and competent. They develop a sense of self-confidence and self-efficacy because they have opportunities to build their skills, experience success and provide help to others. Thus, access to concrete support in times of need must be accompanied by a quality of service coordination and delivery that is designed to preserve parents’ dignity and to promote their and their family’s healthy development, resilience and ability to advocate for needed services and resources.

Program strategies for providing concrete support in times of need:

- Link Families to Services

- **Social and Emotional Competence of Children:** Families teach children how to have healthy relationships. “Family and child interactions that help children develop the ability to recognize, communicate, and regulate their emotions”

Early childhood is a period of both great opportunity and vulnerability. Early childhood experiences set the stage for later health, wellbeing and learning. In the past, most of the focus was on building young children’s academic skills in an effort to ensure they were prepared for school. However, in recent years a growing body of research has demonstrated the strong link between young children’s social-emotional competence and their cognitive development, language skills, mental health and school success. These dimensions of social-emotional competence do not evolve naturally. Numerous research studies show that a relationship with a consistent, caring and attuned adult who actively promotes the development of these dimensions is essential for healthy social-emotional outcomes in young children.

Program strategies for nurturing children’s social and emotional competence:

- Facilitate Children’s Social and Emotional Competence
- Respond to Family Crisis

- **Nurturing and Attachment:** Families ensure children feel loved and safe. “A child’s early experience of being nurtured and developing a bond with a caring adult”

Juggling the demands of work, home and other responsibilities leaves many parents feeling like they do not have nearly enough time for their children. But even small acts of kindness, protection, and caring – a hug, a smile, or loving words make a huge difference to children.

Infant brains develop best when a few stable caregivers work to understand and meet the infant’s need for love, affection, and stimulation. A lack of contact or interaction with a caregiver can change the infant’s body chemistry, resulting in a reduction in the growth hormones essential for brain and heart development. Furthermore, children who lack early emotional attachments will have a difficult time relating to peers. Parents nurture their older children by making time to listen to them, being involved and interested in the child’s school and other activities, staying aware of the child or teen’s interests and friends, and being willing to advocate for the child when necessary.

Program strategies for supporting nurturing and attachment:

- Facilitate Children’s Social and Emotional Competence
- Value and Support Parents

### Completing the Self-Assessment

While the Self-Assessment forms may appear long at first glance, most sections have fewer than ten items. To make the process easier, the forms address specific practices; thus, multiple practice examples often appear under a single strategy. While the time it takes to complete the Self-Assessment will vary from program to program and from form to form, on average, it can be completed in approximately 30 minutes.

Center for the Study of Social Policy (CSSP) strongly recommends that programs create a Self-Assessment team that represents a number of different perspectives at your program, including: administrative staff and/or program director, direct service staff and families who participate in the program (or whose children participate in the program)

Including a diverse group of participants in the Self-Assessment evaluation process allows programs to benefit from a large variety of viewpoints and perspectives. Once a team has been identified, the process begins by following the steps outlined below.

First, each member of the team should fill out the Self-Assessment forms individually. Though it is recommended that all sections of the assessment be completed, you may decide to start by completing only two or three of the strategies that relate to the specific protective factor/s that may be more of a priority for your organization.

Next, the team should convene to share and compare assessments. Teams should use this time to discuss rating results that differ among various team members, giving each person an opportunity to describe why they rated the practice the way they did and—if appropriate—to provide an example. Once everyone has had a chance to speak, all team members should be given an opportunity to re-rate the practice. It is not necessary for the entire team to come to consensus on every practice, but it is important that all team members come to understand each other's perspectives and that a final decision is made on how to rate the item based on broad input.

It is recommended that you capture the consensus of the group on a final self-assessment document.

### Creating an Action Plan

Once all team members have re-rated the practices, the team should identify areas where the program scored highly. Next, the team should create a sustainability plan to keep these areas strong. In developing a sustainability plan for each successful area, teams should be sure to specify: key reasons for success in the area, what needs to be done to ensure continued strength in the area and who will be responsible for maintaining successful outcomes in the area

Next, the team should highlight practice areas that a majority of the team rated poorly. While we encourage programs to work on each of these areas eventually, the team can begin by deciding whether each poorly rated practice should be addressed (1) immediately, (2) over time, or (3) not at all. In categorizing practices to address it is also important to think about practices that align with your organizations' priorities and also practices where small changes can lead to quick success. By beginning with these practices you will build momentum and ensure better follow through.

When a majority of team members identify items that should be addressed immediately, teams should brainstorm plans and activities to improve associated area outcomes. It is important that you encourage creativity, a willingness to test new ideas and include families in the planning and evaluation process.

Teams should be sure to specify:

- The expected results
- All required resources (including staff hour costs)
- A timeline for achieving the desired results
- Who is responsible for each action step
- Check-in points for monitoring implementation progress



# strengthening families program self-assessment

## STRATEGY 1: FACILITATE FRIENDSHIPS AND MUTUAL SUPPORT

### PROTECTIVE FACTOR: SOCIAL CONNECTIONS AND PARENTAL RESILIENCE

Check One Box:

5. Strongly Agree

4. Agree

3. Neither Agree  
Nor Disagree

2. Disagree

1. Strongly Disagree

Not Applicable

Comments

#### Facilitate Friendships and Mutual Support: Social Connections and Parental Resilience

|   | 5. Strongly Agree | 4. Agree | 3. Neither Agree<br>Nor Disagree | 2. Disagree | 1. Strongly Disagree | Not Applicable | Comments |
|---|-------------------|----------|----------------------------------|-------------|----------------------|----------------|----------|
| 1. A welcoming space is available for family members to talk informally.  |                   |          |                                  |             |                      |                |          |
| 2. The program structure allows time for parents to interact with each other and the provider at pick-up and drop-off times.  |                   |          |                                  |             |                      |                |          |
| 3. The provider introduces parents to each other.   |                   |          |                                  |             |                      |                |          |
| 4. The provider helps parents set up communication mechanisms, such as a family directory with names, phone numbers, email addresses, and family information sheets (with parents' permission). |                   |          |                                  |             |                      |                |          |
| 5. The provider connects families who have same-age children, similar interests, and like circumstances (such as those with twins and those who speak the same language, etc.).                 |                   |          |                                  |             |                      |                |          |
| 6. The provider creates opportunities for parents to get to know all the children in the group.   |                   |          |                                  |             |                      |                |          |
| 7. The provider plans opportunities for families to come together, socialize, meet new people, and enjoy a sense of community, such as:   |                   |          |                                  |             |                      |                |          |
| a) Periodic events like special breakfasts, potlucks, and family fun nights.  |                   |          |                                  |             |                      |                |          |
| b) Celebrations, graduations, and other child-centered programs.  |                   |          |                                  |             |                      |                |          |
| c) Field trips and other outings with parents as chaperones.  |                   |          |                                  |             |                      |                |          |
| d) Events highlighting cultural customs, potlucks, and other opportunities for parents to share and learn about each other's home life and cultural backgrounds.                                |                   |          |                                  |             |                      |                |          |
| e) Fun and affordable family activities, such as going bowling or to the zoo.   |                   |          |                                  |             |                      |                |          |
| f) Special programs for dads and other male family members.   |                   |          |                                  |             |                      |                |          |
| g) Meet and greet gatherings for new and old families.  |                   |          |                                  |             |                      |                |          |

# Program Self-Assessment—Strategy 1 (Continued)

Check One Box:

**Facilitate Friendships and Mutual Support: Social Connections and Parental Resilience**

|  | 5. Strongly Agree | 4. Agree | 3. Neither Agree Nor Disagree | 2. Disagree | 1. Strongly Disagree | Not Applicable | Comments |
|--|-------------------|----------|-------------------------------|-------------|----------------------|----------------|----------|
| 8. In group settings, the provider facilitates the discussion so each parent has a chance to participate in the conversation.  |                   |          |                               |             |                      |                |          |
| 9. The provider shares ideas for parents to get together outside of the family child care program, such as going to a playground or library and weekend activities like community and special family events. |                   |          |                               |             |                      |                |          |
| 10. The provider reaches out to isolated families by:  |                   |          |                               |             |                      |                |          |
| a) Making special efforts to connect them with other families.   |                   |          |                               |             |                      |                |          |
| b) Calling, visiting their home, or sending notes.   |                   |          |                               |             |                      |                |          |
| c) Personally inviting them to social activities.  |                   |          |                               |             |                      |                |          |
| d) Helping arrange transportation or child care so they can participate in social activities.  |                   |          |                               |             |                      |                |          |
| e) Connecting them with resources such as mental health specialists who can help them explore their feelings of isolation.   |                   |          |                               |             |                      |                |          |
| 11. The provider models friendly behavior for parents and children by:   |                   |          |                               |             |                      |                |          |
| a) Warmly greeting parents and children at drop-off or pick-up.  |                   |          |                               |             |                      |                |          |
| b) Having children greet families upon arrival (saying “good morning”) and departure (saying “bye-bye”).   |                   |          |                               |             |                      |                |          |
| c) Including all children and all families in program events.  |                   |          |                               |             |                      |                |          |
| d) Encouraging parents to invite all children in the family child care home to their child’s celebrations.   |                   |          |                               |             |                      |                |          |
| e) Helping to resolve issues among families that affect the program.   |                   |          |                               |             |                      |                |          |
| f) Promoting understanding of different cultures and backgrounds among families.   |                   |          |                               |             |                      |                |          |



# strengthening families program self-assessment

## STRATEGY 2: STRENGTHEN PARENTING

### PROTECTIVE FACTORS: KNOWLEDGE OF PARENTING AND CHILD DEVELOPMENT

Check One Box:

#### Strengthen Parenting: Knowledge of Parenting and Child Development

|   | 5. Strongly Agree | 4. Agree | 3. Neither Agree Nor Disagree | 2. Disagree | 1. Strongly Disagree | Not Applicable | Comments |
|---|-------------------|----------|-------------------------------|-------------|----------------------|----------------|----------|
| 1. The provider models warm and responsive interactions with children.  |                   |          |                               |             |                      |                |          |
| 2. The provider uses appropriate child guidance techniques.   |                   |          |                               |             |                      |                |          |
| 3. Whenever a parent asks for information or it appears that a parent needs support, the provider discusses parenting and child development issues during:  |                   |          |                               |             |                      |                |          |
| a) Pick-up and drop-off times.  |                   |          |                               |             |                      |                |          |
| b) Phone calls.   |                   |          |                               |             |                      |                |          |
| c) Informal get-togethers.  |                   |          |                               |             |                      |                |          |
| d) Parent-provider conferences.   |                   |          |                               |             |                      |                |          |
| 4. The provider shares information on parenting and child development issues through:   |                   |          |                               |             |                      |                |          |
| a) Books/brochures/handouts/websites in a parent resource library.  |                   |          |                               |             |                      |                |          |
| b) Opportunities for parents with similar concerns to come together and share.  |                   |          |                               |             |                      |                |          |
| c) Regular postings on bulletin boards and in newsletters.  |                   |          |                               |             |                      |                |          |
| d) Take home materials.   |                   |          |                               |             |                      |                |          |
| 5. Parenting information is available in the primary language spoken by families.   |                   |          |                               |             |                      |                |          |
| 6. The provider engages the parents in the program to learn about their cultural and ethnic traditions and parenting practices.   |                   |          |                               |             |                      |                |          |
| 7. The provider engages parents in a non-judgmental discussion about:   |                   |          |                               |             |                      |                |          |
| a) The family's cultural/ethnic expectations and practices about parenting.   |                   |          |                               |             |                      |                |          |
| b) How their parents raised them.   |                   |          |                               |             |                      |                |          |
| c) New parenting practices.   |                   |          |                               |             |                      |                |          |
| 8. The provider invites parents to visit and observe anytime.   |                   |          |                               |             |                      |                |          |
| 9. The provider suggests ways parents can encourage children to express their feelings appropriately at home. Suggestions might include naming feelings and listening and talking with each other about feelings. |                   |          |                               |             |                      |                |          |

## Program Self-Assessment—Strategy 2 (Continued)

Check One Box:

**Strengthen Parenting: Knowledge of Parenting and Child Development**

|   | 5. Strongly Agree | 4. Agree | 3. Neither Agree Nor Disagree | 2. Disagree | 1. Strongly Disagree | Not Applicable | Comments |
|---|-------------------|----------|-------------------------------|-------------|----------------------|----------------|----------|
| 10. The provider suggests ways parents can encourage children to practice positive social skills at home. Suggestions might include eating together, using polite language and manners, limiting TV watching, playing and reading together. |                   |          |                               |             |                      |                |          |
| 11. Physical punishment (spanking or hitting) is not allowed by anyone in the family child care home including parents and family members.  |                   |          |                               |             |                      |                |          |
| 12. Verbal punishment (yelling and name calling) is not allowed by anyone in the family child care home including parents and family members.   |                   |          |                               |             |                      |                |          |
| 13. The provider talks with parents about child guidance:   |                   |          |                               |             |                      |                |          |
| a) Explaining why physical and verbal punishments are not allowed in the program.   |                   |          |                               |             |                      |                |          |
| b) Providing information on age appropriate expectations for the child's behavior.  |                   |          |                               |             |                      |                |          |
| c) Recognizing and reinforcing desired/appropriate behavior and offering ideas for alternate ways to respond to   |                   |          |                               |             |                      |                |          |
| d) Explaining the child guidance techniques the provider models.  |                   |          |                               |             |                      |                |          |
| e) Encouraging the parents to discuss guidance challenges they may have at home.  |                   |          |                               |             |                      |                |          |
| 14. When a provider is concerned about a parent's parenting skills, the provider:   |                   |          |                               |             |                      |                |          |
| a) Acknowledges that children's behavior can be frustrating and recognizes parents' efforts to manage the child's behavior.   |                   |          |                               |             |                      |                |          |
| b) Reaches out to the parent in a respectful way and shares concerns about the child or about the parent's parenting practices.   |                   |          |                               |             |                      |                |          |
| c) Connects the parent to resources and supports that may help to address the parenting issues.   |                   |          |                               |             |                      |                |          |
| d) Connects the parent to other parents who can share or model positive parenting approaches.   |                   |          |                               |             |                      |                |          |
| e) Acknowledges parents' desire and effort to become better parents.  |                   |          |                               |             |                      |                |          |

## Program Self-Assessment—Strategy 2 (Continued)

Check One Box:

**Strengthen Parenting: Knowledge of Parenting and Child Development**

|   | 5. Strongly Agree | 4. Agree | 3. Neither Agree Nor Disagree | 2. Disagree | 1. Strongly Disagree | Not Applicable | Comments |
|---|-------------------|----------|-------------------------------|-------------|----------------------|----------------|----------|
| 15. For parents with children with special needs, the provider:   |                   |          |                               |             |                      |                |          |
| a) Is especially supportive at the time that the special needs are initially identified.  |                   |          |                               |             |                      |                |          |
| b) Acknowledges parents' frustration, protectiveness, guilt, or loss.   |                   |          |                               |             |                      |                |          |
| c) Connects parents with parenting materials, websites, support groups, play groups, and community resources specific to their child's special needs. |                   |          |                               |             |                      |                |          |
| d) Checks in with parents regularly about any parenting issues they may be having.  |                   |          |                               |             |                      |                |          |
| e) Helps parents understand appropriate developmental expectations for their special needs child.   |                   |          |                               |             |                      |                |          |
| f) Talks with parents about the impact that the child's special needs are having on the family.   |                   |          |                               |             |                      |                |          |
| g) Ensures that parent-child activities are appropriate for families with children with special needs.  |                   |          |                               |             |                      |                |          |



# Strengthening families program self-assessment

## STRATEGY 3: RESPOND TO FAMILY CRISES

### PROTECTIVE FACTOR: PARENTAL RESILIENCE AND SOCIAL AND EMOTIONAL COMPETENCE OF CHILDREN

Check One Box:

**Respond to Family Crises: Parental Resilience and Social Emotional Competence of Children**

|   | 5. Strongly Agree | 4. Agree | 3. Neither Agree Nor Disagree | 2. Disagree | 1. Strongly Disagree | Not Applicable | Comments |
|---|-------------------|----------|-------------------------------|-------------|----------------------|----------------|----------|
| 1. The provider develops a personal relationship with each parent or family member by taking time to get to know them individually; listening; providing encouragement and support in a non-judgmental way; respecting confidentiality; and building trust. |                   |          |                               |             |                      |                |          |
| 2. The provider lets parents know in the following ways that they can turn to the provider in the event of a crisis:  |                   |          |                               |             |                      |                |          |
| a) Informally in day-to-day interactions– listening, showing concern, sharing some of their own personal challenges or desires.   |                   |          |                               |             |                      |                |          |
| b) Formally through materials and policies shared when families enroll in the program.  |                   |          |                               |             |                      |                |          |
| 3. If a family is experiencing a financial crisis, the provider may reduce tuition or allow for a delayed payment.  |                   |          |                               |             |                      |                |          |
| 4. If appropriate, the provider mobilizes other parents in the program to help out a family in crisis.  |                   |          |                               |             |                      |                |          |
| 5. The provider proactively responds to signs of parent or family distress by:  |                   |          |                               |             |                      |                |          |
| a) Expressing her/his concern and offering help.  |                   |          |                               |             |                      |                |          |
| b) Making herself/himself available to the parent if they need to talk.   |                   |          |                               |             |                      |                |          |
| c) Helping families make immediate and long-term plans  |                   |          |                               |             |                      |                |          |
| d) Offering to connect the family to needed resources including parent help lines or other parents who have experienced a similar crisis.   |                   |          |                               |             |                      |                |          |
| 6. The provider maintains resource and referral linkages to crisis services such as:  |                   |          |                               |             |                      |                |          |
| a) Food pantries  |                   |          |                               |             |                      |                |          |
| b) Domestic violence services   |                   |          |                               |             |                      |                |          |
| c) Shelter  |                   |          |                               |             |                      |                |          |
| d) Respite care for children  |                   |          |                               |             |                      |                |          |
| e) Alcohol and substance abuse services   |                   |          |                               |             |                      |                |          |
| f) Mental health services   |                   |          |                               |             |                      |                |          |
| g) Economic supports  |                   |          |                               |             |                      |                |          |
| h) Legal assistance   |                   |          |                               |             |                      |                |          |

## Program Self-Assessment—Strategy 3 (Continued)

Check One Box:

**Respond to Family Crises: Parental Resilience and Social Emotional Competence of Children**

|   | 5. Strongly Agree | 4. Agree | 3. Neither Agree Nor Disagree | 2. Disagree | 1. Strongly Disagree | Not Applicable | Comments |
|---|-------------------|----------|-------------------------------|-------------|----------------------|----------------|----------|
| 7. The provider responds to family crises as soon as possible by:   |                   |          |                               |             |                      |                |          |
| a) Problem solving with the family about immediate needs and options.   |                   |          |                               |             |                      |                |          |
| b) Calling on other parents, family members, emergency contacts, or staff (if applicable) to step in at the family child care home or to help address the family's needs directly if necessary. |                   |          |                               |             |                      |                |          |
| c) Helping the family access appropriate community support services if necessary  |                   |          |                               |             |                      |                |          |
| 8. Staff (if applicable) or family members who assist know how to respond appropriately to family crises. Training is provided on issues such as:   |                   |          |                               |             |                      |                |          |
| a) Maintaining confidentiality.   |                   |          |                               |             |                      |                |          |
| b) Resolving conflicts.   |                   |          |                               |             |                      |                |          |
| c) Talking to families about difficult issues.  |                   |          |                               |             |                      |                |          |
| d) Recognizing problems such as domestic violence, depression, developmental delays, mental illness, chronic health problems, substance abuse, and other signs of imminent crisis.              |                   |          |                               |             |                      |                |          |
| e) Helping families make immediate and long-term plans.   |                   |          |                               |             |                      |                |          |
| f) Referring an issue to the provider if a parent has a concern that a family or staff member feels is beyond their ability to handle.  |                   |          |                               |             |                      |                |          |



# Strengthening families program self-assessment

## STRATEGY 4: LINK FAMILIES TO SERVICES AND OPPORTUNITIES

### PROTECTIVE FACTOR: CONCRETE SUPPORT IN TIMES OF NEED

Check One Box:

#### Link Families to Services and Opportunities: Concrete Support in Times of Need

|   | 5. Strongly Agree | 4. Agree | 3. Neither Agree Nor Disagree | 2. Disagree | 1. Strongly Disagree | Not Applicable | Comments |
|---|-------------------|----------|-------------------------------|-------------|----------------------|----------------|----------|
| 1. The provider talks with the family about their hopes and dreams for their children and family and:   |                   |          |                               |             |                      |                |          |
| a) Identifies their interests, skills, needs, and goals for themselves and their children.  |                   |          |                               |             |                      |                |          |
| b) Identifies opportunities in the family child care program that may help them achieve their goals and use their skills and talents.   |                   |          |                               |             |                      |                |          |
| c) Identifies other resources, websites, other parents, and community opportunities that may help them continue their learning and achieve their goals  |                   |          |                               |             |                      |                |          |
| 2. The provider encourages parents to share information about community resources with each other, such as toy exchanges, resale shops, play grounds, and family activities.  |                   |          |                               |             |                      |                |          |
| 3. The provider, staff (if applicable), and parents have access to up-to-date resource information about services that are available in the community, such as information on hours, fees, location, phone and email contacts,  |                   |          |                               |             |                      |                |          |
| 4. When the provider makes referrals to outside services she/he:  |                   |          |                               |             |                      |                |          |
| a) Brainstorms with families about what resources would be helpful.   |                   |          |                               |             |                      |                |          |
| b) Follows-up with families to see if they used the referral and, if so, were they happy with the services they received. If they did not use the referral, helps parents address barriers to following-up on services, such as transportation, language, child care, fees, nervousness. etc. |                   |          |                               |             |                      |                |          |
| c) Makes a personal connection between the family and the other service provider if possible.   |                   |          |                               |             |                      |                |          |
| 5. The provider personally contacts community service providers in order to:  |                   |          |                               |             |                      |                |          |
| a) Bring other services to the family child care home when possible   |                   |          |                               |             |                      |                |          |
| b) Ease the referral process  |                   |          |                               |             |                      |                |          |
| c) Share information with parents about resources   |                   |          |                               |             |                      |                |          |
| d) Communicate gaps in social services to agencies  |                   |          |                               |             |                      |                |          |



# Strengthening families program self-assessment

## STRATEGY 5: FACILITATE CHILDREN'S SOCIAL AND EMOTIONAL DEVELOPMENT

### PROTECTIVE FACTORS: SOCIAL AND EMOTIONAL COMPETENCE OF CHILDREN AND NURTURING AND ATTACHMENT

Check One Box:

**Facilitate Children's Social and Emotional Development:  
Social and Emotional Competence of Children  
and Nurturing and Attachment**

|   | 5. Strongly Agree | 4. Agree | 3. Neither Agree Nor Disagree | 2. Disagree | 1. Strongly Disagree | Not Applicable | Comments |
|---|-------------------|----------|-------------------------------|-------------|----------------------|----------------|----------|
| 1. The provider recognizes children's feelings, names them, and uses teaching aids like books and puppets to help children understand feelings.                             |                   |          |                               |             |                      |                |          |
| 2. The provider encourages children to express their feelings through words, artwork, expressive play, and actions.   |                   |          |                               |             |                      |                |          |
| 3. The provider encourages children to observe and listen to the feelings of others.  |                   |          |                               |             |                      |                |          |
| 4. The provider helps children to name their feelings and problem-solve using words.  |                   |          |                               |             |                      |                |          |
| 5. The provider encourages children to form friendships, engage in cooperative play, use polite language and manners, and respect differences in others.                    |                   |          |                               |             |                      |                |          |
| 6. The provider models how to express emotions appropriately, problem solve with words, and treat others with respect and kindness.   |                   |          |                               |             |                      |                |          |
| 7. The provider includes the topic of social and emotional development of children in group discussions and informal conversation with parents.                             |                   |          |                               |             |                      |                |          |
| 8. The provider encourages parents to observe their child interacting with other children in the family child care program.   |                   |          |                               |             |                      |                |          |
| 9. The provider helps parents understand their child's social and emotional development including:  |                   |          |                               |             |                      |                |          |
| a) Informing parents of the meaning of social and emotional development.  |                   |          |                               |             |                      |                |          |
| b) Informing parents of the importance of children's social and emotional development for success in school and relationships.  |                   |          |                               |             |                      |                |          |
| c) Providing parents opportunities to discuss social and emotional issues within a cultural context.  |                   |          |                               |             |                      |                |          |
| d) Providing parents opportunities to discuss social and emotional issues within a cultural context.  |                   |          |                               |             |                      |                |          |
| e) Giving parents ideas on how to foster their child's social/emotional learning at home, such as naming and managing feelings, sharing, turn-taking, and cooperative play. |                   |          |                               |             |                      |                |          |

## Program Self-Assessment—Strategy 5 (Continued)

Check One Box:

**Facilitate Children’s Social and Emotional Development:  
Social and Emotional Competence of Children  
and Nurturing and Attachment**

|   | 5. Strongly Agree | 4. Agree | 3. Neither Agree Nor Disagree | 2. Disagree | 1. Strongly Disagree | Not Applicable | Comments |
|---|-------------------|----------|-------------------------------|-------------|----------------------|----------------|----------|
| 10. If the provider is concerned about a child’s social and emotional development, the provider:  |                   |          |                               |             |                      |                |          |
| a) Reaches out to the parent in a respectful way and shares concerns about the child’s social and emotional development.                              |                   |          |                               |             |                      |                |          |
| b) Connects the family to resources that can support the child’s social and emotional development (e.g., play therapy, mental health services, etc.). |                   |          |                               |             |                      |                |          |
| c) Helps the parent problem solve about how they can address the issue at home.   |                   |          |                               |             |                      |                |          |
| d) Connects a parent to other parents who can share/model positive parenting approaches.  |                   |          |                               |             |                      |                |          |



# Strengthening families program self-assessment

## STRATEGY 6: RECOGNIZE AND RESPOND TO EARLY WARNING SIGNS OF CHILD ABUSE OR NEGLECT

### PROTECTIVE FACTORS: CONCRETE SUPPORT IN TIMES OF NEED AND SOCIAL AND EMOTIONAL COMPETENCE OF CHILDREN

Check One Box:

| Recognize and Respond to Early Warning Signs of Child Abuse/Neglect: Concrete Supports in Times of Need and Social Emotional Competence       | 5. Strongly Agree | 4. Agree | 3. Neither Agree Nor Disagree | 2. Disagree | 1. Strongly Disagree | Not Applicable | Comments |
|---|-------------------|----------|-------------------------------|-------------|----------------------|----------------|----------|
| 1. The provider receives training on how to recognize early signs of child abuse and neglect.   |                   |          |                               |             |                      |                |          |
| 2. The provider looks out for the following signs that a family may be under stress:  |                   |          |                               |             |                      |                |          |
| a) Acting out, distress, challenging behavior, or other child symptoms.   |                   |          |                               |             |                      |                |          |
| b) Unusual parental behavior at pick-up or drop-off.  |                   |          |                               |             |                      |                |          |
| c) Repeated unexplained absences.   |                   |          |                               |             |                      |                |          |
| d) Repeated unusual late pick-ups.  |                   |          |                               |             |                      |                |          |
| e) More missed payments than usual.   |                   |          |                               |             |                      |                |          |
| f) Divorce, job loss, or other family crises.   |                   |          |                               |             |                      |                |          |
| g) Parents acknowledge or show signs of stress.   |                   |          |                               |             |                      |                |          |
| 3. The provider observes how parents treat and talk with their child and the child's behavior around parents.                                 |                   |          |                               |             |                      |                |          |
| 4. The provider observes how children are dressed, how clean they are, if they are hungry, or if they are over tired.                         |                   |          |                               |             |                      |                |          |
| 5. The provider notices bruises and cuts on the children and asks the child about them.   |                   |          |                               |             |                      |                |          |
| 6. The provider notices bruises and cuts on the children and asks the parents about them.   |                   |          |                               |             |                      |                |          |
| 7. The provider is aware of the state regulations regarding mandated reporters.   |                   |          |                               |             |                      |                |          |
| 8. The provider has a plan regarding how to report child abuse and neglect.   |                   |          |                               |             |                      |                |          |
| 9. The provider knows how cases are generally handled once a report is made.  |                   |          |                               |             |                      |                |          |
| 10. The provider knows how cases are generally handled once a report is made.   |                   |          |                               |             |                      |                |          |
| 11. Upon enrollment, the provider informs all parents --verbally and in writing--about the provider's plan regarding child abuse and neglect. |                   |          |                               |             |                      |                |          |



## Program Self-Assessment—Strategy 6 (Continued)

Check One Box:

**Recognize and Respond to Early Warning Signs of Child Abuse/Neglect: Concrete Supports in Times of Need and Social Emotional Competence**

|  | 5. Strongly Agree | 4. Agree | 3. Neither Agree Nor Disagree | 2. Disagree | 1. Strongly Disagree | Not Applicable | Comments |
|--|-------------------|----------|-------------------------------|-------------|----------------------|----------------|----------|
| 12. If a child welfare report needs to be made:  |                   |          |                               |             |                      |                |          |
| a) If possible, parents are notified that a report is being made.  |                   |          |                               |             |                      |                |          |
| b) The provider explains her/his status as a mandated reporter.  |                   |          |                               |             |                      |                |          |
| c) The provider explains the reporting process to the family and what they can expect in terms of a response from the agency.  |                   |          |                               |             |                      |                |          |
| d) The provider tries to be caring and supportive to parents during the reporting process.   |                   |          |                               |             |                      |                |          |
| e) The provider acts as an advocate for families with the child protective services system.  |                   |          |                               |             |                      |                |          |
| 13. If a report does not need to be made or if the report ends up unsubstantiated—the provider helps find suitable respite care, emergency crisis services, home visiting, or educational supports for the family. |                   |          |                               |             |                      |                |          |
| 14. If a child is placed in custody, the provider:   |                   |          |                               |             |                      |                |          |
| a) Maintains contact with the parent.  |                   |          |                               |             |                      |                |          |
| b) Advocates with the child welfare department if possible.  |                   |          |                               |             |                      |                |          |
| c) Helps the parent connect with resources that will help them to get their child back.  |                   |          |                               |             |                      |                |          |



# strengthening families program self-assessment

## STRATEGY 7: VALUE AND SUPPORT PARENTS

### PROTECTIVE FACTORS: PARENTAL RESILIENCE AND

### NURTURING AND ATTACHMENT

Check One Box:

#### Value and Support Parents: Parental Resilience and Nurturing and Attachment

|   | 5. Strongly Agree | 4. Agree | 3. Neither Agree Nor Disagree | 2. Disagree | 1. Strongly Disagree | Not Applicable | Comments |
|---|-------------------|----------|-------------------------------|-------------|----------------------|----------------|----------|
| 1. The provider has a warm relationship with each parent and with other members of the child's family.  |                   |          |                               |             |                      |                |          |
| 2. The provider keeps information about children and families confidential.   |                   |          |                               |             |                      |                |          |
| 3. The provider interacts daily with each child's parent. This could include telling parents about the child's day, emailing photos, or sharing a daily activity log.                           |                   |          |                               |             |                      |                |          |
| 4. There is a place in the home where parents can sit comfortably.  |                   |          |                               |             |                      |                |          |
| 5. The provider offers treats like coffee or muffins at drop-off or pick-up time.   |                   |          |                               |             |                      |                |          |
| 6. The provider shows respect for parents' points of view and makes an effort to honor parents' special requests for their children, such as providing vegetarian meals or using cloth diapers. |                   |          |                               |             |                      |                |          |
| 7. Parents are encouraged to share skills, talents, and cultural traditions with children, provider, and other parents in the program.  |                   |          |                               |             |                      |                |          |
| 8. The provider shows appreciation to parents for such things as participating in the program and making timely payments.   |                   |          |                               |             |                      |                |          |
| 9. Parents have opportunities to participate in stress-relieving family activities such as potlucks, picnics, etc.  |                   |          |                               |             |                      |                |          |
| 10. Parents have opportunities to participate in stress-relieving activities for adults only such as date nights with partner, Moms' or Dads night out, exercise classes, etc.                  |                   |          |                               |             |                      |                |          |
| 11. The provider has specific ways to encourage fathers and other male family members to feel comfortable and get involved.   |                   |          |                               |             |                      |                |          |
| 12. The provider encourages parents to attend conferences, workshops, and trainings, and share information with other parents.  |                   |          |                               |             |                      |                |          |
| 13. The provider encourages parents to have input into decisions about the program.   |                   |          |                               |             |                      |                |          |
| 14. Staff or others who may help out in the family child care program, have warm relationships with the children's family members.  |                   |          |                               |             |                      |                |          |
| 15. Staff or others who may help out in the family child care program, have warm relationships with the children's family members.  |                   |          |                               |             |                      |                |          |