TREND BRIEFS

Trend Briefs are communications from the NAEYC Academy for Early Childhood Program Accreditation intended to share data on programs seeking accreditation and to connect the findings to early childhood research trends.

Relationships Between NAEYC Early Childhood Program Accreditation Standards and Criteria, Family Engagement, and Strengthening Families™ Program Strategies

Introduction

The concept of family engagement has long been included in standards developed by the NAEYC Academy for Early Childhood Program Accreditation (NAEYC Accreditation) and the federal Head Start program. Increasingly family engagement is being built into state quality rating and improvement systems (QRIS). However, there are numerous means of describing and measuring how programs engage with families. As a result, ensuring that programs effectively engage families, especially in the context of diversity or high social risk, is a challenge for quality improvement. This Brief examines two means by which programs’ family engagement has been considered—NAEYC Accreditation Criteria that speak to family engagement and the seven program strategies that the Center for the Study of Social Policy’s (CSSP) Strengthening Families approach has identified as effective in helping families build protective factors promote optimal child development and prevent the likelihood of child abuse and neglect.²

NAEYC Accreditation of Programs for Young Children

NAEYC’s Early Childhood Program Accreditation Standards and Criteria (NAEYC Standards and Criteria) were developed to define high quality in early childhood programs serving children birth to age 8. Within the 10 standards, one (Standard 7, “Families”) is specifically focused on families: “The program establishes and maintains collaborative relationships with each child’s family to foster children’s development in all settings. These relationships are sensitive to family composition, language, and culture.”³ The 28 criteria in the Families standard are organized into 3 topic areas:

A. Knowing and Understanding the Program’s Families;
B. Sharing Information between Staff and Families;
C. Nurturing Families as Advocates for their Children.

However, the concept of family engagement also cuts across NAEYC’s other 9 program standards, informing criteria related to relationships, teaching, program policies, and many other best practices.⁴ In 2012, NAEYC staff identified 84 criteria related to family engagement across all 10 program standards.⁵ The breadth of criteria suggests that family engagement is not a feature added atop program quality, but rather an intentional element built into the definition of programmatic quality.

Strengthening Families

The Center for the Study of Social Policy (CSSP) developed Strengthening Families as a research-informed, cost-effective approach to help families build five protective factors:

1. parental resilience
2. social connections
3. knowledge of parenting and child development
4. concrete support in times of need, and
5. social and emotional competence of children.

STRENGTHENING FAMILIES is a research-informed, cost-effective strategy to increase family stability, enhance child development and reduce child abuse and neglect.

Through the Strengthening Families Initiative, more than 30 states are shifting policy, funding, and training to help programs working with children and families, such as early care and education programs, build protective factors with families. Many states also use the Strengthening Families approach to inform state prevention strategies, strengthen families in the child welfare system, and engage parents and communities in building protective factors.

For more information, visit www.strengtheningfamilies.net.
Research studies support the common-sense notion that when these protective factors are well-established in a family, the likelihood of child abuse and neglect diminishes. Research shows that these protective factors are also “promotive” factors that build family strengths and a family environment that promotes optimal child and youth development.

The Strengthening Families approach identifies what early care and education programs and other child- and family-serving programs can do to support parents in their important role and to build strong relationships between parents and staff. Through extensive field research of exemplary programs, CSSP identified many low-and-no-cost actions that help families build protective factors. These “small but significant changes” in everyday practice are exemplified in the Strengthening Families self-assessment tool for center-based programs and family child care providers. This tool is organized by seven Program Strategies (see inset).

Both NAEYC Standards and Criteria and the Strengthening Families (SF) approach for working with families are widely used in state Quality Rating and Improvement Systems (QRIS). While the overlap in content between these two systems has been clearly recognized by policy makers and practitioners, the relationship has not been quantified.

### Relating NAEYC Standards and Criteria to Strengthening Families Program Strategies

In late 2012, NAEYC in collaboration with CSSP enlisted expert raters to rate the relationship between SF Program Strategies and NAEYC family engagement (FE) criteria. Raters were drawn from among NAEYC staff and from interested attendees at a SF presentation at NAEYC’s 2012 Annual Conference. Raters were given the definitions of the seven SF Program Strategies. They were then asked to consider each NAEYC FE criterion and indicate which, if any, of the 7 SF Program Strategies they thought were related. Any NAEYC FE criterion could be related to between 0 and 7 SF Program Strategies; any SF Program Strategy could potentially be related to between 0 or all 84 NAEYC FE criteria; therefore up to 588 (7 x 84) relationships were possible.

A total of 41 raters were used, each rating about half of the 84 NAEYC FE criteria for relatedness to each of the 7 SF Program Strategies. The number of raters for each criterion ranged from 19 to 27 (mean: 22). A criterion was deemed to be related to a SF Program Strategy if half or more of the raters endorsed it as related.

Table 1 shows that a total of 127 relationships were

<table>
<thead>
<tr>
<th>SF Program Strategy</th>
<th># of Related FE Criteria</th>
<th>Proportion of All Relationships</th>
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</thead>
<tbody>
<tr>
<td>1. Facilitate Friendships &amp; Mutual Support</td>
<td>7</td>
<td>6%</td>
</tr>
<tr>
<td>2. Strengthen Parenting</td>
<td>19</td>
<td>15%</td>
</tr>
<tr>
<td>3. Respond to Family Crisis</td>
<td>1</td>
<td>1%</td>
</tr>
<tr>
<td>4. Link Families to Services &amp; Opportunities</td>
<td>21</td>
<td>17%</td>
</tr>
<tr>
<td>5. Facilitate Children's Social &amp; Emotional Development</td>
<td>13</td>
<td>10%</td>
</tr>
<tr>
<td>6. Observe and Respond to Early Warning Signs of Abuse &amp; Neglect</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>7. Value and Support Parents</td>
<td>66</td>
<td>52%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>127</strong></td>
<td><strong>100%</strong></td>
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</table>
identified among NAEYC FE criteria and SF Program Strategies. These relationships were not evenly distributed across SF Program Strategies. The SF Program Strategy “Value and Support Parents” was by far related to the most (n=66) NAEYC FE criteria. This represents 52% of the 127 relationships identified and 79% of the 84 NAEYC FE criteria rated. The SF Program Strategy showing the next highest number of relationships was “Link Families to Services and Opportunities”, with 21 related NAEYC FE criteria. In contrast, no NAYEC FE criteria were found to be related to SF Program Strategy “Observe and Respond to Early Warning Signs of Abuse and Neglect”.

This last finding was somewhat puzzling at first, because NAEYC’s Standards and Criteria include a number of criteria that reference child abuse and neglect. However, none of those criteria were included in the Family Engagement criteria subset. This is because NAEYC criteria related to child abuse and neglect are typically focused on preventing or reporting occurrences within the program environment, with less emphasis on children’s home and families. We subsequently identified the seven NAEYC criteria that reference child abuse/neglect, and conducted a follow-up rating task to assess whether raters would consider those criteria to be related to SF Program Standards. Ten raters engaged in the follow up task, which was identical to the earlier rating task except that it referenced only the seven child abuse-related (CA) NAEYC criteria. Raters indicated whether each NAEYC CA criterion was related to each of the 7 SF Program Strategies (or none of them). As with the first task, a NAEYC CA criterion was considered to be related to a SF Program Strategy if at least half of the raters indicated relatedness.

Twelve relationships were identified among the NAEYC CA criteria and SF Program Strategies. The SF Program Strategy “Observe and Respond to Early Warning Signs of Abuse and Neglect” was related to 5 of the 7 criteria, accounting for 42% of the total number of relationships. Criterion 10.D.03 is perhaps the most wholly and directly related to the SF Program Strategy concerning early warning signs of child abuse and neglect. All 10 raters linked this criterion to that Program Strategy.

10.D.03: The program has a written policy for reporting child abuse and neglect as well as procedures in place that comply with applicable federal, state, and local laws. The policy includes requirements for staff to report all suspected incidents of child abuse, neglect, or both by families, staff, volunteers, or others to the appropriate local agencies. Staff who report suspicions of child abuse or neglect where they work are immune from discharge, retaliation, or other disciplinary action for that reason alone unless it is proven that the report is malicious.

Table 2 shows the combined results of both ratings tasks, encompassing 91 NAEYC criteria (84 FE-related + 7 CA-related) and a total of 139 relationships with SF Program Strategies.

<table>
<thead>
<tr>
<th>SF Program Strategy</th>
<th># of Related FE + CA Criteria</th>
<th>Proportion of All Relationships</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Facilitate Friendships &amp; Mutual Support</td>
<td>7</td>
<td>5%</td>
</tr>
<tr>
<td>2. Strengthen Parenting</td>
<td>21</td>
<td>15%</td>
</tr>
<tr>
<td>3. Respond to Family Crisis</td>
<td>1</td>
<td>1%</td>
</tr>
<tr>
<td>4. Link Families to Services &amp; Opportunities</td>
<td>21</td>
<td>15%</td>
</tr>
<tr>
<td>5. Facilitate Children's Social &amp; Emotional Development</td>
<td>17</td>
<td>12%</td>
</tr>
<tr>
<td>6. Observe and Respond to Early Warning Signs of Abuse &amp; Neglect</td>
<td>5</td>
<td>4%</td>
</tr>
<tr>
<td>7. Value and Support Parents</td>
<td>67</td>
<td>48%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>139</strong></td>
<td><strong>100%</strong></td>
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With the addition of NAEYC child abuse-related criteria to the ratings task, there is now an identified relationship between NAEYC criteria and the SF Program Strategy related to abuse and neglect. However, the SF Program Strategy “Respond to Family Crisis” is still related to only one NAEYC FE criterion—Criterion 1.E.01, which reads:

**1.E.01:** For children with persistent, serious, challenging behavior, teachers, families, and other professionals work as a team to develop and implement an individualized plan that supports the child’s inclusion and success.

Criterion 1.E.01 was related to 4 other SF Program Strategies—the only criterion related to 5 strategies overall. Three NAEYC criteria (3.B.12, 6.A.02, 7.B.04) were each related to 4 SF Program Strategies. The amount of “spread” of individual NAEYC FE and CA criteria across multiple Program Strategies provides a different perspective on the data. If most NAEYC FE and CA criteria are related to only one or two SF Program Strategies, it supports an understanding that each program strategy captures a meaningfully different subset of content related to family engagement/support. Table 3 shows the number of SF Program Strategy relationships for each of the FE and CA criteria. About half of the 91 NAEYC family engagement and child abuse-related criteria (n=45; 49.5%) were related to only one SF Program Strategy; 28 NAEYC FE and CA criteria (30.8%) were found to be related to 2 SF Program Strategies. Note that for 7 NAEYC FE and/or CA criteria, a majority of raters did not consider them related to any SF Program Strategies.
Another perspective on the relationships in the ratings data is found by examining the number of rated relationships in each of the 10 NAEYC Program Standards. Table 4 shows the number of NAEYC FE and CA criteria rated by standard. As expected, by far the greatest number of criteria/program strategy relationships came from among the 28 criteria in Standard 7 (45 relationships in all).

### Conclusions

Substantial research supports the importance of family engagement as part of high quality early care and education programs. This report continues analysis of data on program performance on NAEYC accreditation criteria related to family engagement. These criteria are also considered through the frame provided by Strengthening Families. This report considered family engagement throughout NAEYC’s standards, not just in Standard 7 (Families). SF content was found to be related to NAEYC content across all 10 of NAEYC’s standards. Users should consider that this concept is broadly cross-cutting, potentially captured through a number of models and measurement approaches. Considering family engagement through a lens provided by the Strengthening Families approach reveals substantial overlap between NAEYC family engagement criteria and SF that is robustly assessed in NAEYC’s accreditation system. These analyses also underscore important measurement considerations. Each of these is discussed below.

### Overlap Between NAEYC Criteria and Strengthening Families Program Strategies

Raters have confirmed substantial overlap in the content of SF Program Strategies and NAEYC criteria related to family engagement and child abuse/neglect. However, there were 2 limitations noted in this analysis:

- **Limitation 1:** This was not a rating of SF program self-assessment items; NAEYC FE and CA criteria were related to summary statements about the seven Program Strategies. A level of detail was not captured on the SF side of the comparison.
- **Limitation 2:** Not all Program Strategies were equally related to NAEYC content. Program Strategy 6 was only related once we added child abuse criteria; Program Strategy 3 had only one criterion relationship.

### Implications for Measuring and Guiding Quality Improvement Related to Family Engagement

As noted above, family engagement is seen as an important component of high-quality early care and education programs. In addition, family engagement is increasingly being considered in state QRIS systems. Within QRIS systems, many programs utilize Strengthening Families to inform family engagement criteria and guide continu-
ous quality improvement processes and many programs engaged in QRIS pursue NAEYC accreditation. Demonstrating the commonalities between NAEYC criteria and SF can inform state efforts to measure quality as it relates to family engagement, and can provide programs with important information about what quality improvement approaches to employ.

Importantly, SF and NAEYC accreditation use different assessment strategies. Strengthening Families uses a self-rating instrument in program settings. NAEYC criteria are assessed during site visits by reliable raters using a multi-evidence process. Perhaps these NAEYC criteria subsets could be used to construct reliable-raters scores for SF in QRIS systems.

Taken together, these conclusions suggest that whether guided by NAEYC’s program standards or SF Program Strategies, programs can develop approaches to family engagement. The substantial overlap in content between the two approaches means that programs do not need to pursue each as completely separate efforts. The same practices programs employ to implement SF could be the very same practices they employ to meet some of the NAEYC criteria. In addition, with many QRIS systems integrating either or both SF- or NAEYC-informed criteria, programs can simultaneously work on implementing both approaches because of the intersections that have been identified. This overlap, coupled with differing measurement approaches, provides flexible means through which programs may approach and measure family engagement.

3. NAEYC Early Childhood Program Standards & Criteria, 2005, NAEYC.
5. See criteria list in Appendix A.
7. Program Strategies provided by CSSP staff in a personal communication to NAEYC staff on 10/22/2012.
8. See Appendix A.
Appendix A: NAEYC Criteria Related to Family Engagement

<table>
<thead>
<tr>
<th>Criterion Number</th>
<th>Language of Criterion</th>
<th>Description</th>
</tr>
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<tbody>
<tr>
<td>1.A.01</td>
<td>Teachers work in partnership with families, establishing and maintaining regular, ongoing, two-way communication.</td>
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<tr>
<td>1.A.02</td>
<td>Teachers gain information about the ways families define their own race, religion, home language, culture, and family structure.</td>
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<tr>
<td>1.A.03</td>
<td>Teachers communicate with family members on an ongoing basis to a. learn about children's individual needs and b. ensure a smooth transition between home and program.</td>
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<tr>
<td>1.A.04</td>
<td>Teachers are sensitive to family concerns and reassure family members who are concerned about leaving children in non-family care.</td>
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<tr>
<td>1.A.05</td>
<td>Teachers share information with families about classroom rules, expectations, and routines not only at enrollment but also as needed throughout the year.</td>
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<tr>
<td>1.E.01</td>
<td>For children with persistent, serious, challenging behavior, teachers, families, and other professionals work as a team to develop and implement an individualized plan that supports the child’s inclusion and success.</td>
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<tr>
<td>2.A.04</td>
<td>The curriculum can be implemented in a manner that reflects responsiveness to a. family home values, beliefs, experiences, and b. language.</td>
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<tr>
<td>2.D.01</td>
<td>Children are provided with opportunities for language acquisition that a. align with the program philosophy, b. consider family perspectives, and c. consider community perspectives.</td>
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<tr>
<td>2.D.02</td>
<td>Children are provided opportunities to experience oral and written communication in a language their families use or understands.</td>
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<tr>
<td>3.B.01</td>
<td>Teaching staff's daily interactions demonstrate a. the children they teach, b. the children's families, and c. the social, linguistic, and cultural context in which the children live.</td>
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<tr>
<td>3.B.10</td>
<td>Teaching staff individualize routine care (e.g., learning to use the toilet and to feed oneself) by incorporating family practices whenever possible and by respecting the home culture and the family's preferred language.</td>
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<tr>
<td>3.B.12</td>
<td>Teachers address challenging behavior by a. assessing the function of the child's behavior, b. convening families and professionals to develop individualized plans to address behavior, and c. using positive behavior support strategies.</td>
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<tr>
<td>3.F.03</td>
<td>Teachers and families work together to help children participate successfully in the early childhood setting when professional values and practices differ from family values and practices.</td>
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<tr>
<td>3.F.06</td>
<td>Teachers offer children opportunities to engage in classroom experiences with members of their families.</td>
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<tr>
<td>3.G.06</td>
<td>Teachers observe infants and exchange information about their abilities with their families and with other professionals (after getting family consent) who are involved with the infant’s care. Teachers use the information to plan opportunities and provide materials that challenge infants to develop socially, physically, linguistically, and cognitively.</td>
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<tr>
<td>4.A.02</td>
<td>The program has a written plan for assessment that describes assessment purposes, procedures, and uses of the results. The plan also includes a. conditions under which children will be assessed, b. timelines associated with assessments that occur throughout the year, c. procedures to keep individual child records confidential, d. ways to involve families in planning and implementing assessments, and e. methods to effectively communicate assessment information to families.</td>
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<tr>
<td>4.A.03</td>
<td>The program’s written assessment plan includes the multiple purposes and uses of assessment including a. arranging for developmental screening and referral for diagnostic assessment when indicated, b. identifying children’s interests and needs, c. describing the developmental progress and learning of children, d. improving curriculum and adapting teaching practices and the environment, e. planning program improvement, and f. communicating with families.</td>
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</tr>
<tr>
<td>4.B.01</td>
<td>Programs use a variety of assessment methods that are sensitive to and informed by family culture, experiences, children's abilities and disabilities, and home language; are meaningful and accurate; and are used in settings familiar to the children.</td>
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<tr>
<td>4.E.01</td>
<td>Families have ongoing opportunities to share the results of observations from home to contribute to the assessment process.</td>
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<tr>
<td>4.E.02</td>
<td>Family members are provided information, either verbally or in writing, about their child's development and learning on at least a quarterly basis, with written reports at least two times a year.</td>
<td></td>
</tr>
<tr>
<td>4.E.03</td>
<td>Teachers, families, and relevant specialists have regular opportunities to participate in two-way communication conferences to discuss each child’s progress, accomplishments, difficulties in the classroom and at home as well as to plan learning activities.</td>
<td></td>
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Appendix A: NAEYC Criteria Related to Family Engagement cont.

4.E.04 Staff work to achieve consensus with families about assessment methods that will best meet the child’s needs.

4.E.05 Communication with families about their child’s assessments is sensitive to family values, culture, identity, and home language.

4.E.06 The program staff provide families with information about the choice, use, scoring, and interpretation of screening and assessment methods that includes:
   a. the purpose and use for which an assessment is designed and its programmatic purpose and use,
   b. the interpretations of the results and their meaning in terms of future learning opportunities for their child,
   c. the way teaching staff or others have been trained to use assessment procedures and interpret results as well as the conditions under which the child will be assessed (e.g., group size, time constraints, familiarity with adults involved), and
   d. access to or information about the specific instruments used.

4.E.07 The program staff provide families with a full explanation of confidentiality by:
   a. listing the categories of individuals who will have access to individual child screening and assessment results as well as the reasons for their access,
   b. sharing regulations governing access to files and familial rights,
   c. describing the procedures used to keep individual child records confidential,
   d. explaining how and why children’s individual screening results and assessment information will be represented, used, and interpreted.

5.A.01 The program maintains current health records for each child:
   a. Within six weeks after a child begins the program, and as age-appropriate thereafter, health records document the dates of services to show that the child is current for routine screening tests and immunizations according to the schedule recommended, published in print, and posted on the Web sites of the American Academy of Pediatrics, the Centers for Disease Control of the United States Public Health Service (CDC-USPHS), and the Academy of Family Practice.
   b. When a child is overdue for any routine health services, parents, legal guardians, or both provide evidence of an appointment for those services before the child’s entry into the program and as a condition of remaining enrolled in the program, except for any immunization for which parents are using religious exemption.
   c. current information about any health insurance coverage required for treatment in an emergency;
   d. results of health examinations, showing up-to-date immunizations and screening tests with an indication of normal or abnormal results and any follow-up required for abnormal results;
   e. current emergency contact information for each child, which is kept up to date by a specified method during the year;
   f. names of individuals authorized by the family to have access to health information about the child;
   g. instructions for any of the child’s special health needs such as allergies or chronic illness (e.g., asthma, hearing or vision impairments, feeding needs, neuromuscular conditions, urinary or other ongoing health problems, seizures, diabetes); and
   h. supporting evidence for cases in which a child is under-immunized because of a medical condition (documented by a licensed health professional) or the family’s beliefs. Staff implement a plan to exclude the child promptly if a vaccine-preventable disease to which children are susceptible occurs in the program.

5.A.05 Staff and teachers provide information to families verbally and in writing about any unusual level or type of communicable disease to which their child was exposed, signs and symptoms of the disease, mode of transmission, period of communicability, and control measures that are being implemented at the program and that families should implement at home.

5.A.14 a. Infants unable to sit are held for bottle-feeding. All others sit or are held to be fed.
   b. Infants and toddlers/twos do not have bottles while in a crib or bed and
   c. do not eat from propped bottles at any time.
   d. Toddlers/twos do not carry bottles, sippy cups, or regular cups with them while crawling or walking.
   e. Teaching staff offer children fluids from a cup as soon as the families and teachers decide together that a child is developmentally ready to use a cup.

5.B.02 Staff take steps to ensure the safety of food brought from home:
   a. They work with families to ensure that foods brought from home meet the U.S. Department of Agriculture (USDA) Child and Adult Care Food Program (CACFP) food guidelines.
   b. All foods and beverages brought from home are labeled with the child’s name and the date.
   c. Staff make sure that food requiring refrigeration stays cold until served.
   d. Food is provided to supplement food brought from home if necessary.
   e. Food that comes from home for sharing among the children must be either whole fruits or commercially prepared packaged foods in factory-sealed containers. (This indicator only is an Emerging Practice.)
Appendix A: NAEYC Criteria Related to Family Engagement cont.

5.B.04 For all infants and for children with disabilities who have special feeding needs, program staff keep a daily record documenting the type and quantity of food a child consumes and provide families with that information.

5.B.05 a. For each child with special health care needs or food allergies or special nutrition needs, the child’s health provider gives the program an individualized care plan that is prepared in consultation with family members and specialists involved in the child’s care.
b. The program protects children with food allergies from contact with the problem food. The program asks families of a child with food allergies to give consent for posting information about that child’s food allergy and, if consent is given, then posts that information in the food preparation area and in the areas of the facility the child uses so it is a visual reminder to all those who interact with the child during the program day.

5.B.08 If the program provides food to infants, then the program staff work with families (who are informed by their child’s health care provider) to ensure that the food is based on the infants’ individual nutritional needs and developmental stage.

5.B.09 The program supports breastfeeding by
a. accepting, storing, and serving expressed human milk for feedings; accepting human milk in ready-to-feed sanitary containers
b. labeled with the infant’s name and date and
c. storing it in a refrigerator for no longer than 48 hours (or no more than 24 hours if the breast milk was previously frozen) or in a freezer at 0 degrees Fahrenheit or below for no longer than three months;
d. ensuring that staff gently mix, not shake, the milk before feeding to preserve special infection-fighting and nutritional components in human milk; and
e. providing a comfortable place for breastfeeding and
f. coordinating feedings with the infant’s mother.

5.B.11 a. Teaching staff do not offer solid foods and fruit juices to infants younger than six months of age, unless that practice is recommended by the child’s health care provider and approved by families.
b. Sweetened beverages are avoided.
c. If juice (only 100% fruit juice is recommended) is served, the amount is limited to no more than four ounces per child daily.

5.B.15 The program prepares written menus, posts them where families can see them, and has copies available for families. Menus are kept on file for review by the consultant described in criterion 5.A.02.

6.A.07 All teaching staff have specialized college-level course work and/or professional development training that prepares them to work with children and families of diverse races, cultures, and languages. Specialized college-level course work may include core courses that cover these topics or courses addressing these topics specifically. Teaching staff adapt their teaching in response to children’s differences.

7.A.01 As a part of orientation and ongoing staff development, new and existing program staff develop skills and knowledge to work effectively with diverse families.

7.A.02 Program staff use a variety of formal and informal strategies (including conversations) to become acquainted with and learn from families about their family structure; their preferred child-rearing practices; and information families wish to share about their socioeconomic, linguistic, racial, religious, and cultural backgrounds.

7.A.03 Program staff actively use information about families to adapt
a. the program environment,
b. curriculum, and
c. teaching methods to the families they serve.

7.A.04 To better understand the cultural backgrounds of children, families, and the community, program staff (as a part of program activities or as individuals), participate in community cultural events, concerts, storytelling activities, or other events and performances designed for children and their families.

7.A.05 Program staff provide support and information to family members legally responsible for the care and well-being of a child.

7.A.06 Program staff establish intentional practices designed to foster strong reciprocal relationships with families from the first contact and maintain them over time.

7.A.07 Program staff ensure that all families, regardless of family structure; socioeconomic, racial, religious, and cultural backgrounds; gender; abilities; or preferred language are included in all aspects of the program, including volunteer opportunities. These opportunities consider each family’s interests and skills and the needs of program staff.

7.A.08 Program staff engage with families to learn from their knowledge of their child’s interests, approaches to learning, and the child’s developmental needs, and to learn about their concerns and goals for their children. This information is incorporated into ongoing classroom planning.
Appendix A: NAEYC Criteria Related to Family Engagement cont.

7.A.09 Program staff use a variety of formal and informal methods to communicate with families about the program philosophy and curriculum objectives, including educational goals and effective strategies that can be used by families to promote their children’s learning. Staff use a variety of methods such as new family orientations, small group meetings, individual conversations, and written questionnaires, which help staff get input from families about curriculum activities throughout the year.

7.A.10 The program works with families on shared child caregiving issues, including routine separations, special needs, the food being served and consumed, and daily care issues.

7.A.11 Families may visit any area of the facility at any time during the program’s regular hours of operation as specified by the procedures of the facility.

7.A.12 The program facilitates opportunities for families to meet with one another on a formal and informal basis, work together on projects to support the program, and learn from and provide support for each other.

7.A.13 The program’s governing or advisory groups include families as members and active participants. Staff or other families in the program encourage and support family members in taking on leadership roles.

7.A.14 Program staff and families work together to plan events. Families’ schedules and availability are considered as part of this planning.

7.B.01 Program staff use a variety of mechanisms such as family conferences or home visits to promote dialogue with families. The program staff asks adults to translate or interpret communications as needed.

7.B.02 The program compiles and provides program information to families in a language the family can understand. This information includes program policies and operating procedures.

7.B.03 Program staff inform families about the program’s systems for formally and informally assessing children’s progress. This information includes the purposes of the assessment, the procedures used for assessment, procedures for gathering family input and information, the timing of assessments, the way assessment results or information will be shared with families, and ways the program will use the information.

7.B.04 When program staff suspect that a child has a developmental delay or other special need, this possibility is communicated to families in a sensitive, supportive, and confidential manner and is provided with documentation and explanation for the concern, suggested next steps, and information about resources for assessment.

7.B.05 Program staff communicate with families on a daily basis regarding infants’ and toddlers’/twos’ activities and developmental milestones, shared caregiving issues, and other information that affects the well-being and development of their children. Where in-person communication is not possible, program staff communicate through established alternative means.

7.B.06 Program staff communicate with families on at least a weekly basis regarding children’s activities and developmental milestones, shared caregiving issues, and other information that affects the well-being and development of their children. Where in-person communication is not possible, program staff communicate through established alternative means.

7.C.01 Program staff encourage families to regularly contribute to decisions about their child’s goals and plans for activities and services.

7.C.02 Program staff encourage families to raise concerns and work collaboratively with them to find mutually satisfying solutions that staff then incorporate into classroom practice.

7.C.03 Program staff encourage and support families to make the primary decisions about services that their children need, and they encourage families to advocate to obtain needed services.

7.C.04 Program staff use a variety of techniques to negotiate difficulties that arise in their interactions with family members. Program staff make arrangements to use these techniques in a language the family can understand.

7.C.05 Program staff provide families with information about programs and services from other organizations. Staff support and encourage families’ efforts to negotiate health, mental health, assessment, and educational services for their children.

7.C.06 Program staff use established linkages with other early education programs and local elementary schools to help families prepare for and manage their children’s transitions between programs, including special education programs. Staff provide information to families that can assist them in communicating with other programs.

7.C.07 To help families with their transitions to other programs or schools, staff provide basic general information on enrollment procedures and practices, visiting opportunities, and program options.

7.C.08 Before sharing information about a child with other relevant providers, agencies, or other programs, staff obtain written consent from the family.
Appendix A: NAEYC Criteria Related to Family Engagement cont.

8.A.01 Program staff maintain a current list of child and family support services available in the community based on the pattern of needs they observe among families and based on what families request (e.g., health, mental health, oral health, nutrition, child welfare, parenting programs, early intervention-special education screening and assessment services, and basic needs such as housing and child care subsidies). They share the list with families and assist them in locating, contacting, and using community resources that support children’s and families’ well-being and development.

8.A.03 Program staff are familiar with family support services and specialized consultants who are able to provide culturally and linguistically appropriate services. They use this knowledge to suggest and guide families to these services as appropriate.

8.A.05 Program staff identify and establish relationships with specialized consultants who can assist all children’s and families’ full participation in the program. This assistance includes support for children with disabilities, behavioral challenges, or other special needs.

8.A.07 Program staff include information gathered from stakeholders in planning for continuous improvement, building stakeholder involvement in the program, and broadening community support for the program.

8.B.01 Program staff use their knowledge of the community and the families it serves as an integral part of the curriculum and children’s learning experiences.

8.B.03 Program staff inform families about community events sponsored by local organizations, such as museum exhibits, concerts, storytelling, and theater intended for children.

8.B.05 The program engages with other community organizations and groups to coproduce or participate in cultural events to enrich the experience of children and families in the program.

8.C.03 The program encourages staff and families to work together to participate in and support community improvement or advocacy projects.

9.A.09 Program staff arrange the environment to be welcoming and accessible. A welcoming and accessible environment contains elements such as:
   a. multicultural materials that promote appreciation for diversity while being respectful of the cultural traditions, values, and beliefs of families being served;
   b. clearly defined places where families can gather information regarding the daily schedule and upcoming events;
   c. clearly defined places where families sign in, sign out, and gather information about their child’s day;
   d. places for displaying children’s work; and
   e. features that moderate visual and auditory stimulation.

9.A.15 Nursing mothers have a place to breast-feed their children that meets their needs for comfort and privacy.

10.A.01 The program has a well-articulated mission and philosophy of program excellence that guide its operation. The goals and objectives relate to the mission, philosophy, and all program operations and include child and family desired outcomes.

10.B.01 Policies detail staff responsibilities, planning time, training and resources, address the importance of families and professionals across disciplines, and emphasize the need to work as teams and to build community partnerships.

10.B.08 The program has written policies and procedures that demonstrate how the program prepares for, orients, and welcomes children and families. These policies and procedures are shared verbally and in writing with families of enrolled children and are available in languages that families use and understand. Policies address:
   a. the program’s philosophy and curriculum goals and objectives,
   b. the program’s commitment to welcome children and families; and
   c. guidance and discipline.

Procedures address:
   e. the variety of strategies used by the program for ongoing communication with families, including communication in their preferred language or through translation;
   f. how IFSPs, IEPs, and other individualized plans will be addressed for children with disabilities and other special learning needs;
   g. health and safety precautions and requirements that affect families and their children, including building security and access, medications, inclusion or exclusion of ill children, and emergency plans;
   h. the variety of techniques used by the program to negotiate difficulties and differences that arise in interactions between families and program staff;
   i. payment, meals and snacks, and sleeping arrangements;
   j. how the program ensures confidentiality of child and family information;
   k. how and when children are scheduled for field trips;
   l. safety precautions that will be used to safeguard the children on trips, including having a communication device to call for help whenever necessary while on the trip, having first-aid supplies on the trip, and alternate transportation arrangements if there is a problem with the transportation vehicles during the trip.

10.B.10 Policies guide the appropriate use of specialized consultants to support staff’s efforts to meet the needs of children and families to participate fully in the program, including children with disabilities, behavior challenges, or other special needs. Procedures address expected consultant skills, payment, access, availability, and working relationships with staff as well as how the program will arrange with other agencies to use their consultants for children who are eligible for their services.
Appendix A: NAEYC Criteria Related to Family Engagement cont.

10.B.14 Procedures address transition planning by administrators, teachers, and families to facilitate children’s transition from one teacher to another, from one group to another, from one classroom to another, and from one program to another.

10.D.06 Written procedures address all aspects of the arrival, departure, and transportation of children. The procedures:
a. facilitate family-staff interaction.
b. ensure that all children transported during the program day are accounted for before, during, and after transport.
c. ensure the safety of all children as pedestrians and as passengers.
d. address specific procedures for children with disabilities.
e. address special circumstances in picking up children at the end of the day.

10.E.03 Efforts are made and documented to hire and maintain staff with the cultural and racial characteristics of the families served. Policies are in place for obtaining staff or volunteers who speak the language of the children served, and these individuals regularly interact with the children and families.

10.F.01 At least annually, administrators, families, staff, and other routinely participating adults are involved in a comprehensive program evaluation that measures progress toward the program’s goals and objectives. Valid and reliable processes are used to gather data and evidence.

10.F.02 The annual evaluation processes include gathering evidence on all areas of program functioning, including:
a. policies and procedures;
b. program quality;
c. children’s progress and learning, family involvement and satisfaction, and community awareness and satisfaction.
d. A report of the annual evaluation findings is shared with families, staff, and appropriate advisory and governance boards, and the results are used as a basis for continuing successful activities and for changing those that need improvement.

10.F.04 The program offers staff and families opportunities to assist in making decisions to improve the program. Collaborative and shared decision making is used with all participants to build trust and enthusiasm for making program changes. Staff and families meet at least annually to consult on program planning and ongoing program operations.