California Guidelines for Child Care in Home Settings

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A Message from the California Department of Social Services

The California Department of Social Services (CDSS) is pleased to present *California Guidelines for Child Care in Home Settings*, which provides guidance on critical elements of high-quality child care in home settings. This publication is an update and expansion of the *Guidelines for Early Learning in Child Care Home Settings* published in 2010 by the California Department of Education. This publication is part of the comprehensive effort by the CDSS to strengthen children's learning and development through high-quality early learning and care settings.

California Guidelines for Child Care in Home Settings acknowledges and includes both licensed family child care homes (FCCH) and families, friends, or neighbors (FFN) who care for children in their homes or in the children's homes. Throughout the publication, these guidelines highlight skills and strategies for serving children in mixed-age groups from infancy through school age, a hallmark of child care in home settings. The guidelines also address the many roles of licensed FCCH providers who, in addition to caring for children, also maintain compliance with licensing laws and requirements, own and operate a small business, and so much more. The guidelines in this publication complement and build upon regulations and policies that govern child care in home settings.

The introduction of this publication is followed by three themed sections: Creating High-Quality Child Care in Home Settings; Relationships With Children and Families; and Supporting Children's Learning and Development. This content is grounded in current research and practical experience gathered through collaboration with early childhood experts and practitioners, including FCCH and FFN care providers from around the state and is organized into guidelines that reflect best practices to promote the learning and development of California's diverse children and families.

Overall, it is our hope that *California Guidelines for Child Care in Home Settings* is a practical resource that will assist the efforts of care providers to nurture and support children and families in home settings and promote children's development, well-being, and success.

Lupe Jaime-Mileham

Lupe Jaime-Mileham, EdD
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Contents

Introduction

Every day, child care providers in home settings open their arms and their hearts to children and families. They create places of comfort, belonging, and discovery. In these small yet powerful settings, children learn through play, nurturing relationships, and the rhythms of daily life. The work is deeply personal and profoundly important. It shapes children's earliest experiences and strengthens entire communities.

California Guidelines for Child Care in Home Settings offers practical guidelines for individuals providing care for children in home settings. The primary audience for this publication is made up of providers who care for children in the their home or the home of the children they care for. The guidelines provide insights, guidance, and resources particularly for the following type of caregivers:

- individuals who are just starting to provide child care in home settings
- established care providers who already practice many of the recommendations—affirming and building on their experience and expertise

College instructors, professional development specialists, technical assistance providers, and community leaders who support quality child care and learning for children in home settings may also find this publication useful in their work.

This publication contributes to a shared understanding of child care in home settings and what makes up high-quality child care in these settings. It offers guidance on the following considerations:

- establishing, managing, and sustaining child care in home settings
- ongoing professional learning for home child care providers
- developing relationships with children and families
- supporting children's learning and development

High-quality child care can look different across home settings and communities. Care providers may organize spaces, routines, and materials in different ways to build on the strengths and meet the needs of the young children and families they serve. At the same time, high-quality child care is grounded in the same core principles across settings, including responsive, nurturing relationships; environments that support engagement and well-being; and meaningful opportunities for exploration and discovery.

Regardless of whether it is used for individual reflection, training, or collaboration, this publication aims to inspire a shared commitment to providing every child with a strong foundation for lifelong learning and well-being.

Caregiving Roles

In this publication, the term **caregiver** refers to a person responsible for the care, well-being, safety, and education of a child. A caregiver might be a relative, such as an immediate or extended family member, who takes care of the child in the child's home or the caregiver's home.

A caregiver might also be a **care educator** or a **care provider**. Both terms refer to a person responsible for the care, well-being, safety, and learning of children in a home setting, child care center, or a community-based care environment. In licensed family child care homes, the **care provider** is running a business as the **owner-operator** of a small or large family child care home, with or without employees. This publication uses the terms *child care provider*, *care provider*, and *provider* to refer to a person who is caring for children in a home setting. Child care providers in home settings include both licensed family child care home providers and family, friend, or neighbor care providers.

The Essential Role of Child Care in Home Settings

The term "child care in home settings" refers to child care that takes place in a home rather than in a child care center or a school setting. Child care in home settings includes both licensed family child care home (FCCH) and family, friend, or neighbor (FFN) care. Both types of care play important roles in California's early learning and care landscape.

According to National Survey of Early Care and Education data, in the United States, approximately 6.4 million children ages birth to 5 years old are cared for in home settings (Datta et al., 2021). Child care in home settings is the most common type of care for children under age 3 (Nevins et al, 2023). In addition, about 63 percent of providers care for at least one school-age child (Datta et al., 2021). Millions of families rely on child care in home settings because home settings offer consistent care for children from birth through school age.

> **"很多我現在那些 afterschool 全部都是從小到大一直在這裡。混合年齡照顧是重要的。對家長好像無後顧之憂的那種方法，總之放心孩子一直到她十二歲獨立。家長可以放心讓孩子到這裡。**
> [Many of my current after-school program students have all been here since childhood. Mixed-age care is important. It seems to offer parents peace of mind. They can trust that their children can be here until they are independent at 12 years old. Parents can feel safe to have their children here.]"
>
> Feng Si Li, FCCH Provider

Child care in home settings may be preferred by some families for various reasons, including preferring a provider who shares their culture or language. It is especially helpful for families who

- have infants and toddlers,
- work non-traditional hours, or
- live in rural communities.

High-quality child care in home settings strengthens families, supports economic stability, and lays the foundation for children's learning and future success. There are two primary types of child care in home settings—FFN and licensed FCCHs.

> **"My kids aren't missing out on anything. The care provider takes them to the school functions, or she'll take them to our tribal functions. I'll just meet up with them later. I also like that she's flexible. If I have to work late one day, she's like, 'Oh, sure, no problem.' Her flexibility works with my schedule and meets my needs."**
>
> Ashley Pomona, Parent

Family, Friend, or Neighbor Child Care

FFN care is the most common type of child care in home settings and includes both paid and unpaid care providers. National studies show nearly half the children in the United States under 6 years old spend time in FFN care (Lou et al., 2022). Some FFN providers may be paid a modest wage by families or receive compensation from a state child care subsidy program. However, about one in four FFN providers receive no payment for their work (Early Edge, 2024). Many FFN providers report taking pride in their work and providing care out of love or a desire to help a friend, neighbor, or family member.

> "Family, friend, or neighbor providers are essential members in the early childhood education (ECE) ecosystem. They provide care that is valued by parents and fill gaps for care in locations with limited licensed ECE programs." (Nevins et al., 2023)

FFN providers may care for children in their home or go to the family's home. FFN providers reflect the rich diversity of the communities they serve. They come from varied cultural, linguistic, and educational backgrounds and bring their traditions, caregiving styles, and lived experience to their work. FFN providers may refer to themselves as grandmothers or grandfathers, nannies, aunties or uncles, family friends, or other titles. In California, some Tribal communities refer to FFN caregivers as "trusted relatives." This designation reflects the deep relational and cultural foundations of caregiving within Native communities.

License-Exempt Care

In California, FFN providers are license-exempt. They are not required to be licensed if they are taking care of their own children and one other family's children. Non-relative FFN providers who receive public child care subsidies are required to complete a background check via **TrustLine**, California's registry of in-home and license-exempt child care providers.

Licensed Family Child Care Homes

> **"Being a FCC provider means being a businesswoman, teacher, cook, cleaner, entrepreneur, and visionary. Working from the comfort of my own home is a real blessing".**
>
> Sarika Rathi, FCCH Provider

In California, FCCH providers are licensed individuals who offer child care in their homes and meet specific health, safety, and training requirements. Licensed FCCHs are independent businesses that serve small groups of children in the provider's home. They are a valued option for families seeking high-quality child care in a small group and in a home setting. In 2023, California licensed FCCHs served approximately 270,000 children across all age groups (California Child Care Resource & Referral Network, 2025).

All licensed FCCHs must meet California Child Care Licensing Division regulations. These regulations include standards for ensuring children's health and safety as well as requirements for financial record keeping and reporting.

Diverse Approaches

There are many pathways into the FCCH profession, and licensed FCCH providers bring a wide range of professional experience and educational backgrounds to their work. Some may hold degrees in early childhood education or other fields of study. Many may have completed professional development trainings, and all of them have gained expertise through experience. Approximately 63 percent of FCCH providers hold a college degree or have completed some college coursework (Office of Planning, Research and Evaluation, 2016).

The diversity of experience and education contributes to rich and varied learning environments, program structures, and daily operations. The distinct character of each home setting is also influenced by the provider's family culture, philosophy on how children learn, and learning environment design.

Home setting structures differ in group size, ages of children served, and staffing arrangements. For example, small FCCHs may be operated by a single provider, a provider and hired assistant, or a provider and their spouse, partner, or other family member. This wide range of structures and styles allows families to choose the option that best aligns with their preferences, cultural backgrounds, and needs.

> **"En mi opinión, tengo el mejor trabajo del mundo. Trabajar con mis niños es lo mejor, la mejor decisión que he tomado en mi vida.** [In my opinion, I have the best job in the world. Working with my kids is the best thing and the best decision I've ever made in my life.]"
>
> Araceli Flaharty, FCCH Provider

Family Child Care Home Licenses

There are two types of FCCH licenses in California:

- **Large FCCH home licenses** allow programs to serve up to 14 children when an assistant is present.
- **Small FCCH home licenses** allow programs to serve up to eight children and do not require an assistant.

Both large and small FCCH licenses require specific adult-to-child ratios based on the ages of children in care. Check with **Capacity Regulations for Child Care Home License** on the California Department of Social Services website for more information.

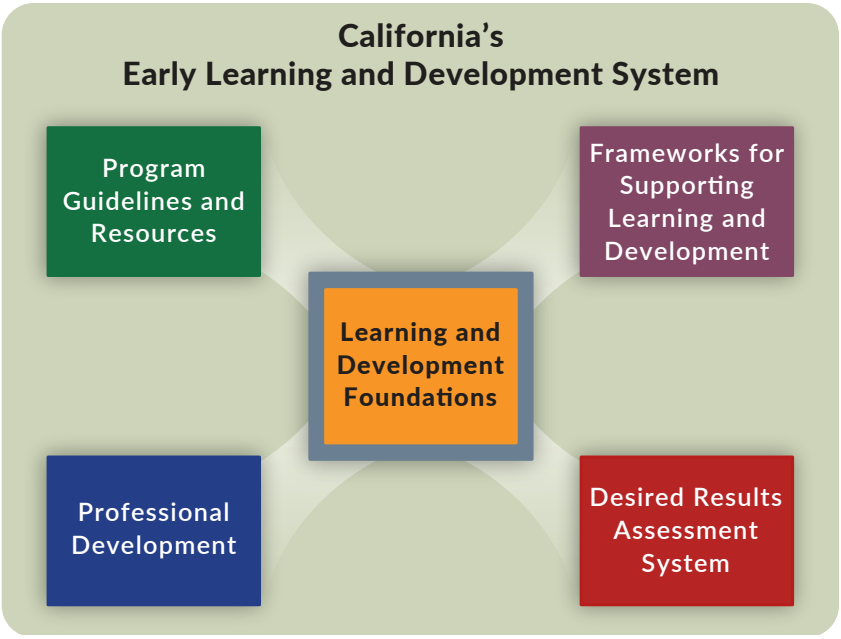
FCCH settings in California may operate under different regulatory and funding systems. These systems shape program expectations, staffing requirements, and educational approaches.

Title 22 and Title 5 Regulations

Title 22 regulations, administered by the California Department of Social Services, establish the basic health, safety, and supervisory requirements for all licensed FCCH settings, regardless of funding source. Title 22 programs are not required to follow a specific curriculum, though many choose to provide educational activities and learning experiences for children. Title 22 programs can serve a broad age range, typically from birth to age 12, and often care for children in mixed-age settings.

Title 5 programs are state subsidized to serve eligible low-income families. These programs must meet both Title 22 licensing requirements and additional Title 5 program quality standards. They operate under contracts with the state and follow eligibility guidelines for enrollment. Title 5 regulations include more rigorous adult-to-child ratios and higher staff qualification standards. Many Title 5 programs focus on early learning for children from birth to age 5, and some contracts also include serving school-age children up to age 12.

California Guidelines for Child Care in Home Settings and California's Early Learning and Development System



California Guidelines for Child Care in Home Settings offers core content for FCCH and FFN care providers. It extends the vision of California's Early Learning and Development System into home settings and affirms the essential role these providers play in young children's learning, development, and well-being.

This publication is part of the California Early Learning and Development system. At the heart of the system are the learning and development foundations and progressions. The foundations and progressions present expectations for learning and development for different age groups and across developmental domains:

- The California Infant–Toddler Learning and Development Foundations cover children's development from birth through 36 months.
- The California Preschool/Transitional Kindergarten Learning Foundations cover children's development from age 3 to 5 and a half years.
- The Preschool Through Third Grade Learning Progressions describe expectations for learning and development from preschool through third grade.

Child care providers in home settings may serve mixed-age groups. They can reference the foundations or progressions that address the expectations for the ages of children they serve.

California Guidelines for Child Care in Home Settings complements other resources such as the Desired Results Assessment System, frameworks for learning, and professional development resources for child care providers. Together, these resources create an aligned and cohesive early learning and development system to support young children in their development.

The guidelines represent practices for establishing and maintaining child care in home settings and developmentally appropriate practices based on current research in early learning and care.

These guidelines are not mandatory. However, they are strongly recommended by the California Department of Social Services for all child care in home settings. *California Guidelines for Child Care in Home Settings* complements the California Code of Regulations licensing requirements for FCCHs. The guidelines in this publication also align with and reflect the guidance shared by other California quality improvement resources, such as the **California Infant/Toddler Learning and Development Guidelines** (2019) and the **California Preschool Guidelines for All Settings** (2026).

Key Features of High-Quality Child Care in Home Settings

> **"I love to be part of building the future. And the children are our future."**
>
> Khulood Jamil, FCCH Provider

High-quality child care supports learning and development when daily experiences are grounded in responsive relationships, intentional developmentally appropriate practices, and inclusive environments that promote a sense of belonging and engagement for all children. Research consistently links emotional support, responsive child care, and play-based learning with stronger social and emotional development, language development, early academic skills, and well-being (Doran et al., 2022). Children benefit when these practices are consistently used and supported through their care providers' ongoing learning and professional development.

The following seven characteristics encompass features of high-quality child care in home settings:

- responsive relationships
- safe, emotionally supportive, and welcoming environments and routines for mixed-age groups
- strong family partnerships and support
- culturally and linguistically responsive and affirming care
- inclusive care for children with developmental delays, disabilities, or medical needs
- play for supporting learning, development, and well-being
- ongoing learning and professional development

Responsive Relationships

Children of all ages rely on consistent, responsive adults to help them feel safe and guide their understanding of themselves and others. Each time a child care provider responds with kind attention and patience, children understand that they are cared for. When children feel seen, safe, and cared for, they can relax and focus on exploring and learning.

Children grow and learn through responsive relationships. Every interaction with a child is an opportunity to make meaningful connections. Even simple moments like a morning greeting can help shape how children understand themselves, others, and the world around them. Understanding children's experiences with their families helps providers form and maintain responsive relationships and meet children's needs in the child care setting.

Responsive relationships develop when caregivers consistently provide timely and appropriate responses to children's emotional and physical needs. Through their first relationships, infants and young children begin building a sense of who they are and how they fit in their world. Child care in home settings offers small group sizes that support deeper relationships and allow children to receive individualized attention and responsive care (Dalgaard et al., 2022). Additionally, children's relationships with providers in home settings often extend over many years. These long-term relationships support secure attachment, emotional regulation, and strong learning outcomes because providers gain deeper understanding of each child's individual ways of being, background, and developmental strengths and needs (Bromer et al., 2021).

As members of their communities, child care providers in home settings may already have meaningful relationships and shared experiences with the families they serve. Many families intentionally seek care providers who share their languages, traditions, values, faith, or cultural ways of being. Even when starting from this common ground, it is important for providers to learn about each family's specific beliefs and practices.

Safe, Emotionally Supportive, and Welcoming Environments and Routines for Mixed-Age Groups

Creating safe, welcoming, and emotionally supportive spaces for children and their families is essential for the well-being and healthy development of all children (Pacchiano et al., 2019). Physical safety and well-being are critical elements of high-quality child care in home settings. For physical safety, individuals providing child care in home settings ensure the following conditions:

- indoor and outdoor environments are well maintained
- safety rules are clear and applied consistently
- active supervision is used to support children's safe play and prevent injuries
- adults are prepared to respond to emergencies

Welcoming, emotionally supportive environments ensure that all children—regardless of age, developmental level, or ability—feel equally included in the child care setting. Each child's individuality is embraced, and a sense of community allows every child to feel seen, respected, and included.

Well-planned, predictable routines and responsive, nurturing relationships promote emotional security, reduce stress, and create predictable patterns that support engagement and learning (Villegas & Fiese, 2020; Zero to Three, 2024).

Physically and emotionally safe as well as nurturing environments are especially important for children who have experienced trauma. Such environments help children cope with stress and build resilience.

Strong Family Partnerships and Support

Families and child care providers in home settings each play significant roles in children's learning. When they work in partnership, families and providers can extend children's learning both at home and in the child care setting. Child care providers in home settings value families as children's first and most important teachers and as essential partners in children's care, learning, and development.

Providers may or may not have had existing relationships with the families of the children they care for. In either case, providers make ongoing efforts to develop and maintain strong

partnerships with the children's families. Working closely with families supports children to feel valued and secure, laying foundations for them to feel good about themselves, form friendships, and explore and learn with confidence.

Strong, trusting relationships with families allow for meaningful two-way communication and shared decision-making between care providers and families. When families are actively engaged and respected as partners, children demonstrate better language development, stronger social skills, and more positive attitudes toward learning (Epstein, 2018; Henderson & Mapp, 2002).

FCCH and FFN providers offer meaningful support to the children and families they serve. Child care in home settings may offer flexible or extended hours to support families who work nontraditional hours or who need earlier drop-off or later pick-up times. Mixed-age groups in home child care settings also may offer families the opportunity to keep siblings in care together. Additionally, FCCH and FFN providers help families build community connections and connect them to resources.

> **"照顧小孩子，其實是我一開始真的從我的興趣，我將我的興趣變成了現在我的職業，那我更加希望就是希望會成為我的事業，繼續下去。我是喜歡做這樣的工作。我不是只是照顧小孩子，我不是陪玩，我是陪伴他們成長。這包含承擔了和家長一起照顧、陪伴這個小孩子成長的過程。我喜歡這種關係。我喜歡建立這種和人與人之間的關係。雖然這份工作是時間長很辛苦，但是看到小孩子成長的時候，我是真的有一種成就感。** [Caring for children actually started as an interest for me, and I've turned that interest into my profession. I hope it will continue as my career. I love this work. I'm not just taking care of children; I'm not just playing with them; I'm accompanying them as they grow. This involves sharing the responsibility of caring for and accompanying children's growth with their parents. I love this kind of relationship. I enjoy building these interpersonal connections. Although this work is time-consuming and tiring, seeing the children grow gives me a real sense of accomplishment.]"
>
> Hui Ying Li, FCCH Provider

Culturally and Linguistically Responsive and Affirming Care

Culturally and linguistically responsive and affirming care promotes each child's sense of belonging and helps families feel respected and included. Culturally and linguistically responsive and affirming care refers to practices that recognize, value, and build on the cultures, languages, and lived experiences children and families bring to the early learning and care setting.

Child care providers in home settings often live in the same communities and share home languages, cultural practices, and lived experiences with the families they serve. Even so, these characteristics may not be sufficient to provide culturally and linguistically responsive and affirming care for all children. Establishing authentic, two-way communication with families offers ongoing opportunities to learn more about what's most important to families, their values, and their child-rearing practices (National Association for the Education of Young Children, n.d.).

Multilingual learners have developed foundational language abilities through relationships in their home and communities. Using the home language in child care is a powerful tool that supports children's sense of belonging, bridges connections to their prior knowledge, and promotes deeper ties to their homes and communities.

Supporting Multilingual Learners

The term **multilingual learner** refers to a child who is acquiring two or more languages at the same time or a child who is learning English while continuing to develop their home language. Research shows that multilingualism is an asset that contributes to linguistic, social, and developmental strengths and serves as a foundation for lifelong learning (Espinosa, 2013; Steele, 2017).

Many FCCH and FFN providers speak the languages of the children they serve. If they are not fluent in a child's home language, they can use various strategies to encourage multilingual learners to use their home languages:

- partnering with family or community volunteers who speak the child's home language
- using interpreters and translation technology tools to communicate with families and learn about what a child knows and can do
- communicating with families about the benefits of multilingualism and how home language provides an essential foundation for English language development
- encouraging families to promote their child's continued development of the home language

Inclusive Care for Children With Developmental Delays, Disabilities, or Medical Needs

All children have individual strengths, interests, areas for growth, and needs for attention and care. This means that all children can benefit from inclusive care. However, care providers may need to provide additional support and thoughtful planning for some children, including the following:

- children who have specific disabilities or conditions, as diagnosed by medical or educational professionals
- children who do not have a specific diagnosis but their behavior, development, health, or mental health affects their ability to participate in the child care setting
- children who have experienced or are experiencing trauma or who are showing signs of stress

Examples of additional support may include adjusting materials, breaking tasks into smaller steps, creating quiet or cozy spaces, and offering choices that honor sensory, communication, or mobility differences. When care providers intentionally make these adjustments, children learn that there are many ways to engage, communicate, and belong.

Rightful Presence

Child care providers in home settings show they are truly inclusive when their policies and daily practices support the full participation of children with disabilities or developmental delays. This work begins with *rightful presence*. **Rightful presence** means affirming that children with disabilities already belong in general education and care spaces. Providers can plan their interactions, environments, routines, and materials to be welcoming, accessible, and resourced for every child to thrive. Inclusion efforts are strengthened by a shared commitment with providers, families, and specialists to ensure true belonging, meaningful participation, and equitable access to support children with disabilities alongside the other children in the setting (Adams, 2025; National Center on Inclusion Toward Rightful Presence, 2025).

Play for Supporting Children's Learning, Development, and Well-Being

For young children, learning happens through play. As they play, children test ideas, explore possibilities, practice relationships, and engage deeply with their experiences. Play is especially powerful in child care in home settings, where relationships are close, routines are responsive, and children of different ages learn together.

> **"'Play's the most important work children do.' I love that. Through play, they can strengthen the areas of their development. Play allows us to respect their individual pace and their holistic growth."**
>
> Maria Isabel Michea, FCCH Provider

Play Supports Whole-Child Development

Research consistently affirms that play is the main way children learn in all domains of development (Brown & Vaughan, 2009). Play allows integrated learning to unfold in meaningful and deeply personal ways. When children engage in child-led, open-ended play, they engage their sense of wonder, imagination, emotions, and thinking. During play, a child may be negotiating roles with a peer, experimenting with cause and effect, regulating frustration, using language to communicate ideas, or coordinating their body to manipulate materials. As children choose what to explore and how to engage in play, they develop confidence in their abilities and a sense of themselves as capable learners. This awareness that their actions and choices matter supports children's motivation, persistence, and joy in learning.

Play Strengthens Relationships and a Sense of Belonging

Through shared play, children build trust with providers and develop meaningful connections with other children. They feel seen and valued when a provider observes their play closely, follows their ideas, and responds with interest. Responsive interactions help children feel safe to take risks, try new ideas, and express themselves authentically. Play also offers natural opportunities for communication, collaboration, and empathy as children investigate and solve problems together as well as learn to understand different perspectives.

Child care in home settings provides an additional benefit: mixed-age play. Mixed-age play allows younger children to observe and learn new skills, language, and strategies from older peers. In turn, older children develop leadership, patience, and nurturing skills as they support younger children. Research shows that mixed-age play extends learning, including social knowledge and cultural routines, beyond what typically occurs in same-age groupings (Gray, 2013). These experiences reflect the social nature of learning and mirror how children naturally learn in families and communities.

Play Supports Executive Functioning

During play, children practice essential skills called executive functioning that support learning and well-being. This set of skills includes focusing attention; managing emotions, impulses, and behaviors; short-term memory; and flexibility in attention, thinking, and behavior. As children plan what to do next, adapt to changes, manage frustration, and persist through challenges, they strengthen the systems of the brain that support attention, regulation, and learning (Center on the Developing Child, 2011).

Play Supports Physical Development

Running, climbing, balancing, carrying, building, and manipulating materials support gross and fine motor development. Physical play strengthens the muscles, coordination, spatial awareness, and body control.

Play Builds Resilience and Emotional Well-Being

Play supports children's awareness that they can make things happen and their ability to cope with uncertainty, stress, and challenges. Through play, children can revisit experiences, work through feelings, experience frustration and success, test limits, try again, and experiment with different outcomes. These experiences help children develop resilience—the ability to adapt, recover, and keep going in the face of difficulty.

Ongoing Learning and Professional Development

FFN and licensed FCCH providers bring extensive knowledge, skills, and experience to child care in home settings. They also continue to improve the quality of the care they provide by engaging in ongoing learning and professional development. Ongoing learning and professional development experiences help providers deepen their understanding of child development, enhance their practices, improve their skills and confidence, and reduce provider stress and isolation (Bromer et al., 2021; Child Care Aware of Missouri, 2025).

Ongoing Learning and Professional Development

Ongoing, or continuous, learning is the lifelong process of gaining new knowledge and insights through everyday experiences and informal opportunities (Intuitive, 2024). Chatting with other child care providers to exchange ideas and practical tips is a form of ongoing learning.

Professional development is a more structured, focused approach to building specific job-related skills, expertise, and competencies. Some professional development experiences include workshops, trainings, or network meetings.

Organization of the Guidelines

The guidelines are organized into three interrelated sections—"Creating High-Quality Child Care in Home Settings," "Relationships With Families and Children," and "Supporting Children's Learning and Development"—which are comprised of Guideline Areas. Each section includes guideline areas related to the section's focus. Each guideline area introduces key issues and practical guidance for high-quality child care in home settings. Related resources for providers are listed at the end of each guideline area.

The first section, "Creating High-Quality Child Care in Home Settings," contains guidelines on establishing policies and practices for managing and sustaining child care in home settings; promoting children's health, safety, and nutrition; and engaging in ongoing learning and professional development.

The second section, "Relationships With Families and Children," includes guidelines on partnering with families and children, affirming the lived experiences and cultures of families and children, and nurturing children's well-being through relationships.

The third and final section, "Supporting Children's Learning and Development," includes guidelines related to setting up environments for child care and using observation to plan for play, engage families, and assess learning. This section also includes guidelines that cover supporting mixed-age care experiences through relationships and routines, supporting inclusive practices for children with disabilities or developmental delays, and supporting children who are multilingual.

Overall, this publication offers guidance on policies and practices that support care providers in home settings to develop and maintain high-quality early learning and care experiences for the children and families they serve.

Callout Boxes

Throughout these guidelines, various callout boxes are used to support understanding and emphasize key information. Each icon signals a different type of content:


The **magnifying glass icon** indicates definitions; key terms are explained in these boxes.


The **lightbulb icon** highlights important information, including helpful resources, links, and practical tips related to the guidelines.


The **examples icon** illustrates the guidelines in practice, drawn either from the experiences of California providers or from scenarios created to model best practices.

Guidelines at a Glance

Creating High-Quality Child Care in Home Settings

Guideline Area 1: Establishing Policies and Practices for Managing and Sustaining Child Care in Home Settings

- **Guideline 1.1.** Make Decisions That Balance Family and Work Needs
- **Guideline 1.2.** Engage in Practices That Promote Well-Being
- **Guideline 1.3.** Build Collaborative Relationships With Employees
- **Guideline 1.4.** Develop Essential Business Practices

Guideline Area 2: Promoting Safety, Health, and Nutrition

- **Guideline 2.1.** Ensure Children's Safety
- **Guideline 2.2.** Support Children's Physical Health
- **Guideline 2.3.** Ensure Children Are Well-Nourished
- **Guideline 2.4.** Protect Children From Abuse and Neglect

Guideline Area 3: Engaging in Ongoing Learning and Professional Development to Support All Children in Mixed-Age Settings

- **Guideline 3.1.** Continue Learning About Child Development
- **Guideline 3.2.** Engage in Reflective Practice and Continuous Growth and Learning
- **Guideline 3.3.** Seek Professional Growth Opportunities

Relationships With Children and Families

Guideline Area 4: Partnering With Families and Children

- **Guideline 4.1.** Honor Family Members as Children's First Teachers and Promote a Sense of Belonging
- **Guideline 4.2.** Partner With Families to Support Their Children's Learning and Development
- **Guideline 4.3.** Engage in Ongoing Two-Way Communication With Families
- **Guideline 4.4.** Advocate for Strong Families and Make Connections With Community Resources

Guideline Area 5: Affirming the Lived Experiences of Children and Families

- **Guideline 5.1.** Examine Beliefs and Biases to Understand How They Influence Perspective and Practice
- **Guideline 5.2.** Be Responsive to and Inclusive of Families' Cultures, Languages, Practices, and Beliefs

Guideline Area 6: Nurturing Children's Well-Being Through Responsive Relationships

- **Guideline 6.1.** Create Conditions That Promote Trust, Connection, and Belonging
- **Guideline 6.2.** Establish Nurturing Relationships to Support Children's Emotional Well-Being and Resilience
- **Guideline 6.3.** Set Developmentally Appropriate Expectations for Children's Behavior
- **Guideline 6.4.** Provide Guidance to Support Children's Behavior
- **Guideline 6.5.** Understand the Impact of Stress and Trauma and Implement Trauma-Informed Practices

Supporting Children's Learning and Development

Guideline Area 7: Setting Up Home Environments for Child Care

- **Guideline 7.1.** Create a Safe, Comfortable, and Predictable Environment
- **Guideline 7.2.** Set Up the Environment to Accommodate Mixed-Age Groups
- **Guideline 7.3.** Design Indoor and Outdoor Environments for Play-Based Learning
- **Guideline 7.4.** Maximize Storage Space

Guideline Area 8: Observing Children to Plan for Play and Learning, Engage Families, and Assess Learning and Development

- **Guideline 8.1.** Value Child-Led Play and Understand Its Benefits
- **Guideline 8.2.** Understand and Support the Development of All Children in Mixed-Age Settings
- **Guideline 8.3.** Observe, Document, and Reflect to Gain Insight Into Children's Thoughts and Feelings
- **Guideline 8.4.** Observe, Document, and Reflect to Plan for Play and Learning
- **Guideline 8.5.** Observe, Document, and Reflect to Engage Families
- **Guideline 8.6.** Observe to Assess Learning and Development

Guideline Area 9: Supporting Mixed-Age Care Experiences Through Relationships and Routines

- **Guideline 9.1.** Promote Caring Relationships Among Children
- **Guideline 9.2.** Plan Care Routines and Transitions for Multiple Ages

Guideline Area 10: Promoting Inclusive Practices

- **Guideline 10.1.** Understand Legal Protections and Services for Children With Disabilities in Child Care Settings
- **Guideline 10.2.** Promote a Sense of Belonging and Full Participation for All Children
- **Guideline 10.3.** Partner With Families and Specialists to Provide Individualized, Strength-Based Support

Guideline Area 11: Supporting Multilingual Children in Child Care Home Settings

- **Guideline 11.1.** Recognize Multilingualism as an Asset and Support Continuing Development of a Child's Home Language
- **Guideline 11.2.** Partner With Families to Support Children's Multilingual Development
- **Guideline 11.3.** Understand and Respond to Multilingual Development
- **Guideline 11.4.** Provide Additional Support for Children's Full Participation When Their Language Differs From the Care Provider's

Resources for Providers: Introduction

- TrustLine, California Department of Social Services, https://www.trustline.org/
- Capacity Regulations for Child Care Home License, California Department of Social Services, https://www.cdss.ca.gov/Portals/9/CCLD/CCP%20Documents/Capacity%20Requirements%20FCCHs.pdf?ver=2019-06-28-121849-180

Developmental Milestones

- California Infant–Toddler Learning and Development Foundations, California Department of Social Services, https://californiaearlylearninganddevelopment.org/educators/infant-toddler/foundations/
- California Preschool/Transitional Kindergarten Learning Foundations, California Department of Education, https://www.cde.ca.gov/sp/cd/re/psfoundations.asp
- California Preschool Through Third Grade (P–3) Learning Progressions, California Department of Education, https://www.cde.ca.gov/ci/gs/p3/#tab6

Play

- The Powerful Role of Play in Early Education, California Department of Education, https://www.cde.ca.gov/sp/cd/re/documents/powerfulroleofplay.pdf

Free Online Early Care and Learning Videos and Training Opportunities

- California Early Learning Videos, California Department of Social Services, https://www.caearlylearningvideos.org/en_login.aspx
- California Early Childhood Online, California Department of Social Services, https://caearlychildhoodonline.org/

Creating High-Quality Child Care in Home Settings

Guideline Area 1: Establishing Policies and Practices for Managing and Sustaining Child Care in Home Settings

Child care providers in home settings have a unique opportunity to contribute to children's well-being and future success. Care features such as small group size and continuity of care allow care providers to individualize care and build meaningful relationships with children and their families over time. Care providers' responses to children during daily routines and interactions influence each child's ability to do the following (Sosinsky et al., 2016):

- form meaningful quality relationships now and in the future
- feel pride in their abilities and cultural heritage
- communicate effectively
- build emotional and behavioral regulation and executive function skills

Executive Function Skills

Executive function skills are cognitive processes that include attention, impulse management, short-term memory, and adaptation to change.

Family child care home (FCCH) and family, friend, or neighbor (FFN) care providers who understand the importance of their work strive to do the following:

- understand children's development
- ensure children's health and safety
- build strong partnerships with families
- implement policies and practices to sustain their work or business

Program policies are a key element of high-quality licensed FCCH. They help programs run smoothly by setting guidelines for families and care providers. Clear program policies support sustainability and provider-family relationships by building shared understanding and reducing potential conflict.

Program policies also address families' questions and provide information on how a program operates. Financial and operational policies may be added to the program handbook, which can be shared with families when they enroll. A handbook provides families with easy access to information.

Guideline Area 1 focuses on policies and practices to support successful, high-quality child care provided in home settings. Care providers who use effective policies and practices are better able to balance personal needs and caregiving responsibilities. They are also less likely to experience burnout and financial strain related to their work.

Guidelines 1.1 and 1.2 offer practices that support licensed FCCH and FFN providers. Guidelines 1.3 and 1.4 address managing employees and essential business practices for FCCH settings. These practices may also provide insight for FFN care providers who are considering becoming licensed.

Guideline 1.1. Make Decisions That Balance Family and Work Needs

Invite household members to be involved in planning and operations.

Plan with household members.

Meet with everyone living in the home to discuss how the child care business will use indoor and outdoor spaces, impact home routines, and affect home life. Provide all household members with opportunities to share their thoughts and feelings.

Respect personal space and property.

Include household members in decisions about which areas and items will be used for child care and what will remain private. Household members maintain the right to have private spaces and personal belongings when there is child care in the home. To avoid potential conflict and reduce feelings of resentment, care providers can collaborate with their children to identify which toys will and will not be shared. Shared toys can be kept in the child care space for all children to use. Personal toys stay in children's bedrooms.

Encourage shared responsibility.

To foster pride and teamwork, care providers can invite interested household members to participate in child care tasks. Adult children living at home or spouses may enjoy engaging in children's play, facilitating activities, or record keeping. School-age children may enjoy putting on puppet shows or transforming a large cardboard box into a playhouse for younger children.

Engage in ongoing communication with household members.

Check in regularly with individual household members and make adjustments as needed.

Guideline 1.2. Engage in Practices That Promote Well-Being

Prioritize personal well-being to sustain the work.

Plan for managing personal responsibilities.

Establish schedules that meet the needs of the household and the children and families served. For example, a care provider may choose a closing time that allows time for family dinner or evening activities. To balance work and personal responsibilities, care providers plan for flexibility within their established schedule. For example, they may need to close early or hire a qualified substitute one afternoon per month for family appointments or activities.

> **"I make sure I separate my business from my personal time. I focus on working from 7–5 then I focus on my family."**
>
> Gricelda Reyes, FCCH Provider

Make self-care a priority.

Design daily self-care routines to promote well-being. Prioritize health through nutritious meals, adequate sleep, and physical activity. Engage in daily practices such as meditation, journaling, or time in nature.

Nurture social connections.

Spend time with friends and family or join a community group or club. Social connections can reduce feelings of isolation common among child care home providers. Build supportive professional connections through an FFN network or FCCH association. Socializing and sharing ideas, challenges, and experiences with other care providers can be joyful and reduce stress.

> **"參加家庭托兒協會辦的活動讓同行交流意見，同時分享經驗，我覺得這是很得益的。** [Participating in activities organized by the family child care association allows colleagues to exchange ideas and share experiences. I have found this to be very beneficial.]"
>
> Lian Yuan Liu, FCCH Provider

Practice stress management techniques.

Techniques such as mindfulness, gratitude, and deep breathing can reduce stress and regulate emotions:

- **Mindfulness**, the practice of being fully aware of one's thoughts, feelings, and bodily sensations, can be incorporated into daily routines. For example, practice mindfulness by tuning into the colors, patterns, and scents of plants on a daily walk. Notice the smell, texture, and flavor of a meal. The benefits of mindfulness include reduced stress and anxiety and improved emotional regulation (Supportive Care, 2025).
- **Gratitude** increases positive emotions and overall life satisfaction (Millacci, 2017). To practice gratitude, care providers might make a list of things they are grateful for or express appreciation to a friend.
- **Deep breathing** (also called belly breathing) helps the body relax and calms the nervous system (Blanchfield, 2025). When care providers experience stressful situations, they can use deep breathing to help manage their response.

> **"When I finish everything, I take 20 minutes or 30 minutes and try painting or relaxing my body and my mind, so I can sleep well. And on the weekend, I always try to get out of my house because I stay here every day."**
>
> Maria Isabel Michea, FCCH Provider

Set boundaries to preserve work-life balance.

Set respectful boundaries that support care providers' well-being and ability to provide high-quality care. Clear boundaries clarify roles, expectations, and personal responsibilities and are essential for sustaining respectful relationships between care providers and families. Building healthy boundaries is key for improving well-being and establishing self-care habits (DeRouen, 2021). The following practices can support respectful boundaries:

- thinking before saying "yes"
- informing families of personal boundaries and emphasizing their importance
- protecting personal time and space, for example, setting specified hours for responding to non-urgent messages and reserving areas of the home as private for household members
- using respectful language and tone when protecting personal boundaries

> **"Los límites no son muros. No, no, no, al contrario. Son guías, para mí son guías para que permitan una convivencia profesional y pacífica y respetosa para las familias de los niños.** [Boundaries aren't walls. No, no, no—quite the opposite. They're guidelines; to me, they're guidelines that allow for a professional, peaceful, and respectful coexistence for the children's families.]**"**
>
> Maria Lopez, FCCH Provider

Examples: Protecting Boundaries

Late Pickup at an FCCH

Zahara had a situation where a parent occasionally arrived 10–15 minutes after closing. They apologized each time, but it became a pattern. She acknowledged the parent's situation trying to get there after work. Zahara also reminded them of her policies by saying, "I understand things can get busy at the end of the day, but my child care closes at 6:00 p.m. I need all children to be picked up on time so I can attend to my family. As a reminder, there is a late fee outlined in my contract. Let's talk about whether an alternative pickup plan might be helpful."

Even though she was frustrated, Zahara kept calm and professional, and the parent worked out an alternative way for their child to be picked up on days when work went long. Zahara was relieved and proud of herself for speaking up.

Unclear Expectations in FFN Care

Tony cares for his grand-nephew Mateo during the week. Over time, his niece, Mateo's mother Linda, started making last-minute requests for Tony to watch him. It's hard to set boundaries with family, but Tony knew he needed to say something. Tony told Linda how glad he was to care for Mateo and help her out. He also told Linda if she needed to pick Mateo up later or needed an extra day, she needed to let Tony know ahead of time. Tony asked Linda to plan changes in advance and check with him first. Because he told her how he feels, Tony is more comfortable telling Linda no when she occasionally makes last-minute requests.

Guideline 1.3. Build Collaborative Relationships With Employees

Focus on collaboration to strengthen employees' connection and investment in the program.

Encourage open communication.

Work together to develop a mutual agreement on ways to communicate with each other, both verbally and in writing. Open, respectful communication helps care providers and their employees feel safe being honest when they share information and opinions.

Ensure employees know their responsibilities and the program goals.

Discuss the program philosophy, values, and goals during the hiring process. Provide a written job description and employee handbook to clarify responsibilities and expectations. To provide quality care, employees need to fully understand their role and how the program operates. Encourage continued learning and professional development.

Schedule time to check in with employees.

Discuss employees' progress, provide feedback, and get their input in a relaxed, non-judgmental way. Encourage employees to share their ideas about planning and purchasing supplies, books, toys, and equipment. Ask employees for ideas to improve the program.

Celebrate achievements.

Schedule monthly meetings with employees to reflect on and celebrate what went well in the past month.

Guideline 1.4. Develop Essential Business Practices

Develop policies that lay the groundwork for successful operations.

Craft a program mission statement.

A mission statement explains why the program exists, what it values, and what it provides for children and families. Mission statements help families and staff understand how and why a program operates the way it does. Mission statements guide program structure, care provider practices, and planning.

> **"I have both a mission statement and my written philosophy. I think it's important because it sets the stage for my business. I ask myself if what I'm doing is consistent with my mission and philosophy. As I evolve, my mission statement and philosophy may also evolve."**
>
> Rachel Bymun, FCCH Provider

Develop financial policies.

Financial policies define the family's and care provider's financial responsibilities for agreed-upon services. Financial policies support program sustainability by protecting care providers' income.

Create and adapt operational policies.

Operational policies focus on how the business functions and what services are provided. Operational policies let families know what they can expect from their child care program. Operational policies typically address the following:

- **Health and safety:** Illness, medication, safety and emergency preparedness, handwashing, food and meals, and outdoor play and weather
- **Privacy and security:** Visitors, dropoff and pickup procedures, program privacy and confidentiality, social media and website postings
- **Program policies:** Inclusion policy, guidance and behavior policy, diapering and toilet-learning policy. An inclusion policy needs to state that an FCCH program does not discriminate against children with disabilities. It is illegal to discriminate against children with disabilities or to charge more for their care.

Tips for Program Policies

Developing Program Policies

- Reflect on the program to identify which policies are most important to start with.
- Review licensing regulations before designing policies.
- Connect with other FCCH providers and the local Child Care Resource and Referral agency for more information about policy development.
- Address what families can expect from the program and what is expected of them.
- Make policies easy to read and understand. Be clear and concise and use bullet points for key points and information.

Sharing Program Policies With Families

- Explain the reason for the policy and how it benefits children and families.
- Encourage questions and feedback.
- Listen actively to the family's feedback.
- Explore reasons a family is concerned and determine if policies can be negotiated.
- Let families know that policies will be reviewed regularly and their input will inform policy revisions.

Develop a business contract.

An FCCH business contract is a written, legally binding agreement between a care provider and a family. The contract defines all financial responsibilities and expenses related to child care. Both the care provider and family agree to follow the terms of the contract. If either signer of the contract violates the terms, the other signer is entitled to seek payment for damages. Any financial policies included in the program's business contract are legally enforceable.

Once signed, any changes to the contract need to be in writing and agreed to by both the care provider and the family. Clear contracts promote trust and communication. An FCCH business contract needs to list the name of the care provider and responsible family member (or members) and specify the name (or names) of the child or children who will receive care.

> "應該有個合約，大家都可以有個follow的東西，這樣就比較畫清哪個界限，對保障自己、保障小孩子都是好的。 [There should be a contract for everyone to follow. This makes the boundaries clearer, which is good for protecting yourself and the children.]"
>
> Sharon Yu, FCCH Provider

Consider the following financial elements when creating business contracts:

- **Service days and times:** What days and hours are the family paying for? Are extended hours available? How will child absences and program closures be managed? Many programs charge families for days children miss due to illness or family vacations. Their contracts note that the family is paying for reserved space. Programs may opt to close for holidays, caregiver vacation, or professional development. A contract needs to specify payment agreements related to closures.
- **Tuition:** How much will the family pay for regular service? What additional fees are there for extended hours? When is tuition due? What payments are accepted? Will late fees be charged? Programs typically require tuition be paid before care starts.
- **Additional supplies:** Is the care provider or family responsible for covering the costs of daily supplies such as food, formula, diapers, wipes, or sunscreen?
- **Service terminations:** What happens when the family or care provider ends the child care relationship? How much notice should be given?

Maintain accurate records to meet licensing requirements.

Accurate records meet licensing requirements and sustain financial program management. FCCH providers are responsible for maintaining up-to-date business and financial records. Keeping detailed records of income, expenses, attendance, and billing helps care providers monitor cash flow, prepare for taxes, and make informed program decisions. Providers may choose to invest in software programs or apps to help manage their business, or they may develop their own record-keeping system. When developing a record-keeping plan, care providers need to consider what records they need to keep, where they will record or file records, and how often they will update records.

Maintain child care licensing records.

Ensure children's health and safety and comply with licensing regulations. Child Care Licensing requires FCCH settings to keep records that safeguard children's health and safety. Licensing records need to be readily accessible for review during Licensing inspections and visits. Licensed providers are required to maintain a child's records for at least 3 years after termination of the contract. Although not required by Licensing, each child's file needs to also include a copy of the contract signed by their parent or guardian.

Forms for Licensed FCCHs

The California Department of Social Services provides a list of links to **Forms and Records to Keep in Your Family Child Care Home**. This list includes guidance on which forms are required in various circumstances.

Maintain financial business records.

For tax and budgeting purposes, care providers need to keep detailed records and proof of all business expenses and payments they receive related to child care services.

Maintain attendance records.

Attendance records show when children are present and absent. Care providers can use sign-in sheets or apps to track this information.

Tips for Record Keeping

- Maintain and regularly update records.
- Have a system for organizing records.
- Open a business checking account to keep business finances separate from personal finances.

Resources for Providers: Guideline Area 1

Well-Being and Self-Care

- A 20-Minute Nature Break Relieves Stress, Harvard Health Publishing, https://www.health.harvard.edu/mind-and-mood/a-20-minute-nature-break-relieves-stress
- Improve Your Emotional Well-Being, Centers for Disease Control and Prevention, https://www.cdc.gov/emotional-well-being/improve-your-emotional-well-being/index.html
- Infant and Early Childhood Mental Health Consultation Network, California Department of Social Services and WestEd, https://iecmhcnetwork.org
- The Connection Between Self-Care and Mental Health, Psychology Today, https://www.psychologytoday.com/us/blog/a-deeper-wellness/202302/understanding-the-mental-health-and-self-care-connection
- Nine Ways to Support and Strengthen Your Mental Health, Psychology Today, https://www.psychologytoday.com/us/blog/stonewall-strong/202504/nine-ways-to-support-and-strengthen-your-mental-health

Setting Boundaries

- Maintaining Boundaries as a Caregiver: Go From Guilt to Glow, Mental Health America, https://mhanational.org/resources/maintaining-boundaries-as-a-caregiver-go-from-guilt-to-glow/
- What Is Mindfulness? Mindful, https://www.mindful.org/what-is-mindfulness/
- Focus on Ethics. Professional Boundaries in Early Childhood Education, National Association for the Education of Young Children, https://www.naeyc.org/resources/pubs/yc/dec2020/professional-boundaries

Collaborative Relationships With Employees

- California Early Childhood Online, California Department of Social Services
  - Leadership in Family Child Care Settings, Module 6, https://caearlychildhoodonline.org/en_modulecatalog.aspx?moduleId=1156

Contracts

- California Early Childhood Online, California Department of Social Services
  - Leadership in Family Child Care Settings, Module 2, https://caearlychildhoodonline.org/en_modulecatalog.aspx?moduleId=1156
- Four Key Ingredients of an Effective Contract, Civitas Strategies, https://www.tomcopelandblog.com/blog/the-four-basic-contract-rules

Developing Policies

- California Early Childhood Online, California Department of Social Services
  - Leadership in Family Child Care Settings, Module 4, https://caearlychildhoodonline.org/en_modulecatalog.aspx?moduleId=1156

Licensing

- Child Care Licensing, California Department of Social Services, https://www.cdss.ca.gov/inforesources/child-care-licensing

Budgeting, Record Keeping, and Taxes

- CDSS Forms/Records to Keep in Your Family Child Care Home, California Health & Human Services Agency, https://www.cdss.ca.gov/Portals/9/Additional-Resources/Forms-and-Brochures/2020/I-L/LIC311D.pdf?ver=2022-08-10-140050-717
- Record Keeping in Family Child Care, California Department of Social Services, https://ccld.childcarevideos.org/family-child-care-providers/record-keeping-in-family-child-care/
- Taking Care of Business, Civitas Strategies, https://www.tomcopelandblog.com/

Business and Financial Health

- California Early Childhood Online, California Department of Social Services
  - Leadership in Family Child Care Settings, Module 5, https://caearlychildhoodonline.org/en_modulecatalog.aspx?moduleId=1156

Guideline Area 2: Promoting Safety, Health, and Nutrition

Children rely on adults to keep them safe, healthy, and nourished. All caregivers, from parents and family members to care providers, support children's overall well-being through nurturing, responsive relationships as well as physical activity, time outdoors, and nutritious foods. When parents choose child care, they put their trust in a care provider. A child care setting may be a child's first experience with a caregiver other than their family.

All care providers have a responsibility to protect the health and safety of children in their care. Licensed family child care home (FCCH) providers are required to follow specific health and safety regulations under Title 22. Family, friend, or neighbor (FFN) providers are encouraged to follow these health and safety practices.

Although these guidelines align with Child Care Licensing regulations, they do not address all the requirements or best practices of quality care. The California Department of Social Services website includes the full text of **California's licensing regulations for family child care homes** (Title 22, Division 12).

Guideline Area 2 addresses ensuring children's safety (2.1), supporting children's physical health (2.2), making sure children are well-nourished (2.3), and protecting children from abuse and neglect (2.4).


LUV MUFFINS

Guideline 2.1. Ensure Children's Safety

Prepare and maintain a safe environment.

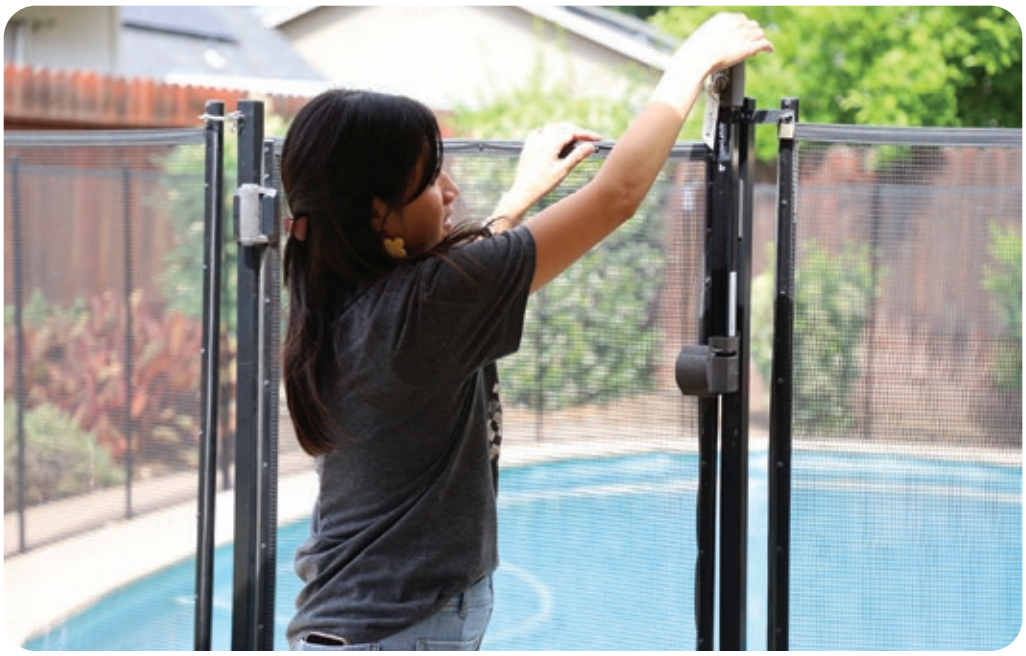
Conduct regular safety checks.

Check indoor and outdoor spaces, furniture, equipment, and materials. Licensed FCCH providers are required to follow specific Child Care Licensing guidelines regarding physical space, and all providers can take steps to prepare a safe environment.

Make unsafe areas inaccessible to children.

To prevent injuries, for example, do the following:

- Use safety gates in stairways.
- Install drowning safety features such as fences, locking covers, and alarms to secure pools, fixed-in-place wading pools, hot tubs, spas, fishponds, and other bodies of water.



- Install child-safe latches and alarms on all outside doors and gates to prevent children from wandering.
- Inspect the child care setting for common hazards, and secure and store items to prevent accidents. Check that play equipment is safe and in good repair.

Reduce hazards.

Take actions like the following to reduce hazards:

- Cover wall electrical outlets.
- Secure furniture to the wall to prevent tipping.
- Remove window-blind cords from children's reach, including in sleep areas.
- Store firearms and ammunition separately from each other and ensure they are securely locked up.
- Remove any small objects or choking hazards from the children's spaces.
- Barricade or remove any poisonous plants.
- Remove all tobacco products from areas of the home or vehicles where children are present.
- Prioritize children's health and safety around pets. Consider the potential for allergies, injuries, and infections when pets are in the child care setting. Check with the local health department for regulations and advice on pets in child care.
- Ensure earthquake safety. Follow recommendations for earthquake safety when securing furniture and shelving.

> "**好像今天我也有員工出去參加了，那個助手也有出去參加 CPR 和 First Aid 那些訓練。上半年他們也參加了一個健康安全的培訓計劃。所以在這方面，我們員工和老師方面是保證我們本身都有這些 professional skill。當我們照顧小孩子時是很有責任心的、很有安全的。** [Just today, one of my staff members and my assistant attended CPR and First Aid training. They also participated in a health and safety training program earlier this year. So, in this regard, we ensure that our staff and teachers possess these professional skills. We are very responsible and safe when we care for the children.]"
>
> Wan Ru Julie Jiang, FCCH Provider

Safely store household hazardous materials and objects.

Some common household hazards include cleaning compounds and detergents; pesticides; medicines, vitamins, and supplements; and vaping products. Care providers need to keep hazardous household substances in original containers and in locked storage that is out of children's reach. When using potentially harmful substances, such as cleaners, follow the manufacturer's directions. Household chemicals should never be stored with food.

Engage in essential safety practices.

Follow specific processes when dealing with bio-contaminants.

Bio-contaminants include mold, blood, feces, and other body fluids that are also potentially dangerous. Take the following actions when handling bio-contaminants:

- Wash hands frequently.
- Clean before disinfecting.
- Use gloves when in contact with blood or body fluids.
- Dispose of contaminated materials safely.
    - Double-bag blood-soaked materials.
    - Have a dedicated container for used diapers.
    - Dispose of sharps, such as insulin syringes, safely (parents may provide sharps containers).

Use poison safety practices.

Post the Poison Control phone number in the care setting and program it into phones. Consider displaying the California Poison Control System's Informational Poison Safety Poster in the care setting.

Avoid alcohol and other intoxicants.

Care providers should never consume or be under the influence of alcohol or drugs when caring for children.

Suspected Poisoning? Respond Quickly!

- If the person is awake, call **Poison Control** (1-800-222-1222).
- If the person is unconscious, call **911**.
- Be prepared to provide
  - details on the age and weight of the person poisoned,
  - details of the substance they were exposed to and when it happened, and
  - the care setting's address.

Recognize and adapt to each child's developing skills, interests, and needs.

Young children usually change rapidly as they grow and develop new skills. A child who is content to play with toys on a blanket may soon develop skills to move faster and farther away to explore the space around them.

Always use active supervision to ensure children's safety.

Active supervision means watching and listening closely to always know where each child is and what they are doing. Supervise children in both indoor and outdoor spaces. Supervision also includes staying near and regularly checking on sleeping children.

> **"I focus mainly on safety. Everything is arranged for me to be able to see everyone in the room. As a family child care provider, you are doing a lot of different things at once, so I make sure that all the furniture is arranged in a way so that even though I'm standing in different places, I am able to see what everybody's doing."**
>
> Wendy McWilliams, FCCH Provider

Tips for Active Supervision

- Be positioned to observe children wherever they are and reach them quickly.
- Ensure older infants and toddlers stay seated while eating or drinking to avoid choking or injuries.
- Hold infants during bottle feeding.
- Accompany infants and toddlers in the bathroom at all times.
- Stay nearby to help children as needed with toileting and handwashing.
- Keep one hand on the child during diapering and have all supplies within reach.
- Maintain 100 percent visual supervision and stay within arm's reach when children are near or in water.
- Stay on the same floor as sleeping children and keep doors to sleeping areas open, checking on sleeping infants regularly.

Adapting Supervision as Children Grow

- Observe children to learn what each child is interested in, what they can do, and what they are working on.
- Notice what children are doing now and anticipate what they might do next.
- Adjust indoor and outdoor spaces to keep them safe for children's changing needs.

Transport children safely.

- Prevent accidents by maintaining vehicles, following all traffic rules, and avoiding distractions while driving.
- Follow all federal and state guidance on seat belts and child safety seats.
- Use seat belts any time a car is in motion and secure all children in an appropriate child safety seat. The correct seat is based on the child's age, height, and weight. Also follow manufacturer instructions when installing child safety seats and when securing children in them.
- Check the California Office of Traffic Safety website for information on **Child Passenger Safety** laws and recommendations.
- Maintain a comfortable interior temperature and consider how children are dressed. The temperature inside a parked car can rise or fall rapidly.
- Never leave a child alone inside a parked car.

Child Safety Seat Checks

Every local California Highway Patrol (CHP) office does child safety seat checks. Contact local offices for dates, locations, and details about car seats, including safety seat check events, by visiting the **CHP website**.

Plan and prepare for emergencies.

Create an emergency disaster plan. Licensed FCCH settings need to fill out the Emergency Disaster Plan Form provided by Child Care Licensing for situations that may require evacuation, lockdown, or sheltering in place. FFN care providers should also create emergency plans specific to their child care setting. For each possible event, emergency plans should address how to accommodate all children in care, including infants and toddlers, children with disabilities, and children with chronic medical conditions.

Here are important emergency preparedness practices:

- staying up to date with pediatric cardiopulmonary resuscitation (CPR) and first aid training.
- maintaining a well-stocked first aid kit in a location easily accessible to adults but out of reach of young children.
- keeping current emergency information for each child, including allergy information and emergency contacts.
- regularly checking fire extinguishers and smoke alarms to ensure they are fully functioning.
- posting a list of emergency phone numbers, including 911, police, fire, poison control, abuse and neglect hotline, and the local Child Care Resource and Referral agency.
- creating emergency kits for food and supplies to last at least 24 hours.
- conducting practice drills regularly (licensed FCCH providers are required to conduct and document fire drills every 6 months)

Emergency Planning Support

The Governor's Office of Emergency Services provides the **My Hazards tool** to help Californians identify hazard risks in a specific area and understand how to reduce risks. Once providers have identified the emergencies they need to plan for, they can start drafting their plan. **How to Plan for Emergencies & Disasters: A Step-by-Step Guide for California Child Care Providers**, published by the UCSF California Childcare Health Program, offers detailed guidance for preparing a disaster plan that meets Child Care Licensing requirements.

Ensure safe sleep.

Meet all safe sleep requirements for infants.

It is essential to provide a safe environment and follow safe sleep practices, including consistent monitoring to be sure infants are not experiencing any physical distress. In licensed FCCH settings, infants under 12 months old must have an **Individual Infant Sleeping Plan**, and care providers are required to check on sleeping infants every 15 minutes.

Ensure a safe sleep environment.

- Remove all toys, blankets, pillows, and bumpers from the crib.
- Use only a crib, bassinet, or play yard that meets federal safety standards (check the **Consumer Product Safety** website for safety recalls). Couches and armchairs are not safe for infants to sleep on.
- Make sure the mattress is flat and firm, with no incline, and has a tight-fitting sheet.
- Keep the home smoke- and vape-free.

Infant Sleep Related Deaths

According to the American Academy of Pediatrics (2022), more than 3,500 babies in the United States die suddenly and unexpectedly every year while sleeping.

Following safe sleep guidelines for infants under 12 months old can reduce the risk of sleep-related infant deaths.

Engage in safe sleep practices.

- Have only one child at a time per crib, bassinet, portable crib, or play yard.
- Move infants who have fallen asleep in a car seat, swing, or another similar device immediately to a crib.
- Always place infants to sleep on their backs until they are 12 months old.
- Always be within sight and sound of a sleeping infant.
- Check sleeping infants for signs of distress every 15 minutes.
- Get emergency medical treatment immediately if there are signs of labored breathing.
- Use clothing rather than blankets to keep the infant comfortable. Be careful not to overheat the infant.
- Do not swaddle infants.

Guideline 2.2. Support Children's Physical Health

Take precautions to reduce and prevent illness.

Understand and enforce immunization requirements.

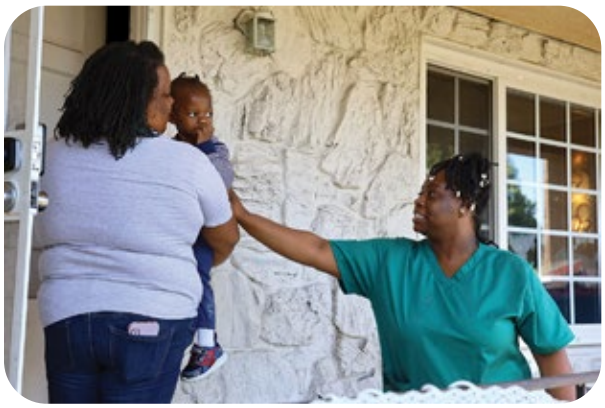
Licensed FCCH providers are required to enforce immunization requirements, maintain immunization records for their site, and submit reports. They also need to make sure they have a plan for collecting and documenting vaccine requirements. Staff and volunteers must show proof of certain vaccines to work in private or public child care or education programs.

Immunization Requirements in California

For specific information on the required shots for child care, including adults and children (transitional kindergarten to grade 12), visit the **Immunization Branch of the California Department of Public Health website**.

Conduct daily health checks.

Check a child's health when they are being dropped off or when a caregiver is arriving at the child's home. If there is a concern about a child's health, take the child's temperature before the parent or family member leaves so the child can be sent home if necessary. If a child has signs of illness, it is also important to consider prior illness or whether family members have been ill (California Childcare Health Program, n.d.). Notice signs of illness, such as the following:



- changes in general mood or behavior
- fever or elevated body temperature
- skin rashes, unusual spots, swelling, or bruises
- complaints of pain or not feeling well
- observable symptoms such as severe coughing, sneezing, or breathing difficulties; discharge from nose, ears, or eyes; or diarrhea or vomiting

Deal with illnesses in the care setting.

If a child gets sick while in care, contact the parent or family member right away to decide together what to do. Some FCCH providers offer sick care as an option and follow licensing regulations. Regardless of whether the child will be picked up or stay in care, they need to be separated from the other children.

Build time into routines for washing hands.

Adults and children need to wash their hands thoroughly with soap and water for at least 20 seconds at these times:

- before eating snacks or meals
- after diapering and toileting
- after playing outside
- after contact with any body fluids
- after removing gloves, for example, if using them for diapering

Hand sanitizer should only be used when soap and water are not readily available and is recommended only for children over 2 years of age. Teach children to sneeze or cough into their elbow or shoulder rather than covering with their hand (HealthyChildren.org, 2024).

"To support children's health, I have them wash their hands when they arrive and throughout the day. I offer home-cooked freshly made meals, outdoor play, plenty of hydration, and individualized, warm, responsive care."

Raissa Lee, FCCH Provider

Clean, sanitize, and disinfect highly used surfaces and objects regularly.

Always follow the label instructions for sanitizing sprays and disinfectants. Sanitize and disinfect items in a well-ventilated area away from children. Then, allow the items to air dry. When infants and toddlers are present, frequently clean, sanitize, and disinfect items they have mouthed.

Cleaning, Sanitizing, and Disinfecting Surfaces

The following process can be used on high-touch surfaces including tabletops, changing tables, bathrooms, and door handles:

1. **Clean** with soap and water while scrubbing. This process removes dirt, impurities, and most types of germs from surfaces.
2. **Sanitize** food surfaces and commonly mouthed items such as toys with a weaker bleach solution or sanitizing spray.
3. **Disinfect** surfaces using stronger bleach solutions or other chemical products to kill almost all remaining germs after cleaning. It is especially important to disinfect surfaces when someone is sick or at a higher risk of being sick.

Promote physical activity, healthy rest and sleep habits, and oral health.

Ensure that all infants, children, and teens have daily physical activity.

The American Academy of Pediatrics (2020) recommends that infants, children, and teens—regardless of ability—have time for physical activity each day. Here's how much activity they need:

- Infants need at least 30 minutes of floor time and other interactive play, spread throughout each day.
- Children aged 3 to 5 years old need at least 3 hours of physical activity per day, or about 15 minutes every hour they are awake.
- Children 6 years and older need 60 minutes of moderate to vigorous physical activity on most days of the week.

Tips for Supporting Physical Activity in Child Care Settings

- Adapt the environment so all children can move freely according to their own abilities and interests.
- Provide infants who aren't crawling or walking a space where they can move their bodies but are protected from more active children.
- Play outside or go on neighborhood walks.
- Play active games that focus on having fun and socializing. As children get older, consider adding organized activities such as sports.
- Dance to music.

Support children's rest and sleep.

Sleep supports growth, learning, and play. Sometimes children will need to take a nap or rest while with a care provider. Licensed FCCH providers are required to follow specific regulations for sleep, but all care settings need to have places where children can rest, nap, read, or play quietly. The amount of sleep children need each day depends on their age (American Academy of Sleep Medicine, 2016).

Sleep Recommendations for Children

The American Academy of Sleep Medicine (2016) offers sleep recommendations for children:

- Infants from 4 to 12 months old generally sleep 12 to 16 hours per day.
- Children 3 to 5 years old need to sleep 10 to 13 hours per day.

These numbers reflect total sleep hours in a 24-hour period. If a child still naps, take that into account when adding up their typical sleep hours.

Partner with families to help children develop good oral health habits.

Tooth decay is a common chronic childhood disease in the United States, and eating a lot of foods with added sugar can lead to cavities (Krol & Whelan, 2022). The American Academy of Pediatrics recommends toothbrushing when an infant's first tooth shows. They recommend brushing children's teeth at least twice a day, for example, after breakfast and before bedtime.

There are many other simple ways to prevent tooth decay:

- Reduce children's sugar consumption by limiting the amount and frequency of foods that have added sugars.
- Avoid sugared beverages, limit fruit juice, and encourage children to drink water between meals. If offering juice, children 1 to 3 years old should have no more than four ounces of juice per day. Children 4 to 6 years old should not have more than 6 ounces of juice per day.
- Ensure children never go to sleep with a bottle in their mouth.

Administer medication safely.

Give children medication only with permission from a parent or guardian.

Prescription medications must be administered as directed on the label, as prescribed by the child's physician. Over-the-counter (non-prescription) medications may be administered without approval or instructions from the child's physician and must be administered as directed by the product label.

Communicate with families to establish clear guidelines for administering medication.

Once a provider has permission, they need to follow a set process to ensure medication is given in a safe manner. In licensed FCCH settings, if a child needs specialized procedures (such as EpiPen use, nebulizers, glucose monitoring, seizure medication protocols), training must be provided by a licensed health care provider or a qualified medical professional identified in the child's Specialized Health Care Plan. The Specialized Health Care Plan is a form required by Child Care Licensing to ensure providers have proper training and support for administering specialized procedures.

Administering Medication Safely

Providers can follow recommendations adapted from the Nursing "Rights" of Medication Administration (Hanson & Haddad, 2023) and the California Department of Social Services Health and Safety Workgroup.

Right child: Check the name on the medication label to be sure it is the name of the child receiving the medication.

Right medication: Read the label and inspect the medication to confirm it is the right one intended for the child.

Right dose: Read and follow the dosing instructions. Use an accurate dose-measuring device.

Right route: Read and follow the instructions to give the medication as intended. For example, is the medication oral (to be swallowed) or topical (to be applied to the skin)?

Right time: Read and follow the instructions for when and how often to give the medication.

Right storage: Read and follow the instructions for appropriate storage, such as temperature control. Medications must not be accessible to children and need to be stored away from food, hazardous materials, or cleaning supplies.

Guideline 2.3. Ensure Children Are Well-Nourished

Follow food safety protocols and recommendations for children's nutrition.

Store and prepare food safely.

Licensed FCCH providers need to follow specific Child Care Licensing requirements for food safety, such as how, where, and how long foods may be stored.

- Ensure that the kitchen is equipped with a sink, refrigerator, food storage space, and hot and cold running water. Hot water needs to be hot enough to thoroughly clean dishes and utensils after use.
- Store food separately from potentially hazardous items, such as cleaning materials and poisons.
- Clean all food storage areas regularly to keep them free of dirt, debris, mold, pest contamination, and other hazards.
- Serve fresh foods that do not show any signs of being spoiled or contaminated.
- Label all food items provided by families, such as milk or formula, with the name of the child for whom they are for, contents of the container, and date it was provided.

Practices to Reduce the Risk of Foodborne Illnesses

The following four food safety practices reduce the risk of foodborne illnesses (Partnership for Food Safety Education, n.d.):

1. **Clean**: Wash hands and clean surfaces regularly. Rinse fruits and vegetables.
2. **Separate**: Separate raw proteins from other foods. Use different cutting boards for fresh produce and proteins. Do not place cooked food on plates used for raw protein.
3. **Cook**: Use a food thermometer to measure the internal temperature of cooked proteins. Cook each type of protein to the required internal temperature to ensure it is safe to eat.
4. **Chill**: Make sure the refrigerator maintains a temperature of 40 degrees or below. Refrigerate food as soon as possible. Allow room for air to circulate around items in the refrigerator. Thaw frozen food in the refrigerator rather than on the counter.

Ensure proper nutrition.

Licensed FCCH settings need to follow Child Care Licensing requirements regarding the types and amounts of food they provide for children. Consider families' cultural food preferences when selecting and preparing foods. Incorporate healthy foods that are familiar to children when possible.

To better understand children's nutritional needs, care providers can review guidelines from Child Care Licensing and the **Child and Adult Care Food Program**.

- Ensure foods are appropriate for a child's age. For example, children under 12 months old should never be given honey due to the risk of infant botulism. Prepare food in ways to prevent choking hazards.
- Offer meals and snacks that include a variety of fruits and vegetables, whole grains, and proteins such as lean meats, poultry, fish, beans, peas, lentils, eggs, and low-fat dairy.
- Limit the added sugar and saturated fat content in meals and snacks.
- Offer healthy beverages including clean, safe drinking water and pasteurized milk fortified with Vitamins A and D.
- Record infants' intake of breast milk or formula and support breastfeeding.

Manage food allergies.

A food allergy is an immune reaction to a certain food. Allergy symptoms can be mild to life-threatening. While food allergies can appear at any age, they most commonly develop in infants and young children. Food allergies are more likely to be present when family members have allergies or when children have other allergies. Because allergic reactions can be life-threatening, it is critical for care providers to know what to do if a child has an allergic reaction.

Symptoms of food allergies can happen after eating, inhaling, or coming in contact with food or non-food allergens. Common symptoms include hives, skin rashes, swelling, difficulty breathing, digestive issues, change in skin color, and chest pain. Allergy symptoms may appear differently depending on the child's age. An infant may rub their eyes, repeatedly stick out their tongue, cry a lot, and arch their back.

If a Child Has an Allergic Reaction

Follow instructions from the family on exactly what to do if the child has an allergic reaction. In licensed FCCH programs, this information needs to be maintained in the child's Allergy and Anaphylaxis Emergency Plan.

- **Call 9-1-1**.
- **Notify the child's parent or family members immediately.**
- **Speak to the child in a calm voice in a developmentally appropriate way.**

Licensed FCCH providers need to document and report the incident to the Community Care Licensing Division.

Recognize common allergens (allergy-inducing substances).

The following are the most common food allergens:

- cow's milk
- eggs
- peanuts
- tree nuts, such as cashews, pecans, pistachios, and walnuts
- fish, such as tuna, salmon, cod
- shellfish, such as shrimp, lobster
- soy
- wheat
- sesame

Allergies can also occur with other foods and with non-food items, including playdough, art supplies, lotions, pets, pollen, and latex.

Communicate with families to gather information on children's allergies.

Licensed FCCH providers need to have an Allergy and Anaphylaxis Emergency Plan for each child. This form is completed by the child's health provider. If children have known allergies, the care provider needs to do the following:

- learn from the family exactly what to do if the child is exposed to an allergen or has an allergic reaction
- have access to and know how to use any relevant emergency medications like an EpiPen
- prevent the child from coming into contact with the food or non-food item they are allergic to
- keep emergency care plans accessible for all children in case of allergic reactions

Prevent allergic reactions.

Care providers must not allow children to share foods they bring from home.

> **"I started my family child care business 15 years ago because my daughter has severe food allergies. When we were looking for child care, we couldn't find a program that really understood her food allergies. In our program, we tell children about food allergies. For example, we shared that our playdough is different because my daughter is allergic to wheat. By giving the kids more information, it may help them consider their friends at school, too. They might ask, 'Well, why can't you have this?' or 'Why can't you have cake?' I think it's important to add that being inclusive should also include children who have food issues as well. Sometimes we forget about them, and they need just as much as support."**
>
> Rachel Bymun, FCCH Provider

Learn about food assistance in California.

Support families experiencing food insecurity.

Care providers need to learn and share information about local food assistance programs. The California Department of Social Services oversees a **variety of emergency food services** that families may be able to access. These services include the Emergency Food Assistance Program and the Commodity Supplemental Food Program. These programs, along with **CalFresh** (California's Supplemental Nutrition Assistance Program) and **Women, Infants, and Children (WIC)**, have income and age requirements.

Find food assistance resources.

The **Nourish California Resource Hub** provides information about food assistance resources in California. It provides an easy-to-use map tool to search for nearby food resources. The website also has links for signing up for **CalFresh** and **WIC**.

Learn about local food banks.

Care providers can visit the **California Association of Food Banks**. Food banks can be a valuable resource for families experiencing temporary or long-term food insecurity who don't meet the income requirements for state and federal programs. Additionally, many counties have online portals and community centers that provide information and applications for various food and financial support resources.

Child Care Food Program

Care providers may be eligible for financial support from the Child and Adult Care Food Program (CACFP). This state and federally funded child nutrition program provides reimbursements for meals and snacks that are served in eligible programs. Information about the program, how to apply, and other resources such as nutritional guidelines for different age groups, can be found on the **CACFP website**.

Guideline 2.4. Protect Children From Abuse and Neglect

Understand and meet the care provider responsibility to keep children safe.

Respect and protect children's personal rights to ensure their emotional and physical well-being.

Licensing regulations require FCCH providers to ensure that everyone working, volunteering, or having any contact with children in the child care setting understands and protects children's personal rights.

Recognize warning signs of abuse and neglect.

If care providers know the warning signs of abuse and neglect in children, they can consult the appropriate resources to get help. Care providers can also seek assistance to evaluate a child's behavior and physical condition and determine whether specialized help is needed right away.

Children's Personal Rights in Child Care

In California, children have personal rights when they are in child care (CDSS, 2022). These rights include but are not limited to the following:

- to be treated with dignity in their personal relationship with care providers and other persons
- to receive safe, healthful, and comfortable accommodations, furnishings, and equipment
- to be free from corporal or unusual punishment, infliction of pain, humiliation, intimidation, ridicule, coercion, threat, mental abuse, or other actions of a punitive nature, including, but not limited to, interference with eating, sleeping, or toileting; or withholding shelter, clothing, medication, or aids to physical functioning

Warning Signs of Abuse in Children

Emotional abuse:

- The child is excessively withdrawn, fearful, or anxious about doing something wrong.
- The child is extreme in their behavior, either being excessively compliant and passive or excessively demanding and aggressive.
- The child does not seem to be attached to the parent or caregiver.
- The child shows behaviors that are inappropriately adult-like.

Physical abuse:

- The child has frequent injuries or unexplained bruises, welts, or cuts.
- The child has injuries that appear to have a pattern such as marks from a hand or belt.
- The child is always watchful and "on alert," as if waiting for something bad to happen.
- The child shies away from touch, flinches at sudden movements, or seems afraid to go home.
- The child wears inappropriate clothing to cover up injuries, such as long-sleeved shirts on hot days.

Neglect:

- The child wears clothes that are ill-fitting, filthy, or inappropriate for the weather.
- The child has consistently poor hygiene (unbathed, matted and unwashed hair, noticeable body odor).
- The child has untreated illnesses or physical injuries.
- The child is frequently unsupervised, left alone, or allowed to play in unsafe situations and environments.
- The child is frequently late or missing from school or child care.

Sexual abuse:

- The child has trouble walking or sitting.
- The child has knowledge of or interest in sexual acts inappropriate to their age or even shows seductive behavior.
- The child makes strong efforts to avoid a specific person without an obvious reason.
- The child doesn't want to change clothes in front of others or participate in physical activities.
- The child is diagnosed with a sexually transmitted disease or pregnancy, especially if they are under 14 years old.
- The child runs away from home.

Shaken Baby Syndrome (Abusive Head Trauma)

Shaken baby syndrome is an injury to an infant, toddler, or young child that happens from being shaken violently. Signs a baby may have been shaken include extreme irritability, feeding problems, breathing difficulties, seizures, an inability to focus the eyes, a bulging soft spot, and unequal pupil sizes. Shaken baby syndrome can result in brain damage, blindness, or death. Learn more at the National Center on Shaken Baby Syndrome website.

Report suspected abuse or neglect.

If a provider suspects a child has experienced or is in danger of abuse or neglect, they must contact their county child protective services agency's 24-hour emergency response hotline. They may also contact the local police or county sheriff.

Licensed FCCH providers and some license-exempt child care providers are mandated reporters, which means they are required by law to report suspected child abuse and neglect. It is important that care providers report any suspected abuse or neglect of children even if they are not mandated reporters.

Mandated Reporting

Care providers have unique opportunities to notice signs of child abuse or neglect. Their caregiving duties allow them to pay attention to children's behavior and development. Also, regular contact with children can reveal changes in appearance and behavior that indicate abuse. They may have infants in their care who cannot speak for themselves and are completely reliant on caregivers to protect them.

California offers free training for mandated reporters on the State of California's **Mandated Reporter Training Platform**, which also includes information about who should report.

For additional support on knowing when and how to report, call or text the **Childhelp National Child Abuse Hotline** at 1-800-4-A-CHILD (1-800-422-4453). Professional crisis counselors are available 24 hours a day, 7 days a week, in over 170 languages. All calls are confidential. The hotline offers crisis intervention, information, and referrals to thousands of emergency, social service, and support resources.

Resources for Providers: Guideline Area 2

Safe Environments

- Earthquake Safety:
  - Earthquake Country Alliance Step 1: Secure Your Space, Statewide California Earthquake Center, https://www.earthquakecountry.org/step1/
  - Earthquakes: Drop! Cover! Hold On!, Child Care Aware of America, https://www.childcareaware.org/our-issues/crisis-and-disaster-resources/tools-publications-and-resources/earthquakes/
- Pre-Licensing Readiness Guide - Family Child Care Home, California Department of Social Service, https://www.cdss.ca.gov/Portals/9/Additional-Resources/Forms-and-Brochures/2020/I-L/LIC9217.pdf?ver=2022-05-12-112705-613
- Health and Safety Facility Checklist for Families, California Department of Social Services, https://www.cdss.ca.gov/cdssweb/entres/forms/english/ccp6.pdf
- Health and Safety Self-Certification (for FFN care providers), California Department of Social Services, https://www.cdss.ca.gov/cdssweb/entres/forms/english/ccp4.pdf
- Emergency Plan Library, UCSF California Childcare Health Program, https://cchp.ucsf.edu/sites/g/files/tkssra18506/files/Emergency-Plan-Library.pdf
- Child Proofing Tips for Grandparents, American Academy of Pediatrics, https://www.healthychildren.org/English/safety-prevention/at-home/Pages/a-message-for-grandparents-keeping-your-grandchild-safe-in-your-home.aspx
- Recalls & Product Safety Warnings, United States Consumer Product Safety Commission https://www.cpsc.gov/Recalls

Safe Sleep

- Safe to Sleep, National Institutes of Health, https://safetosleep.nichd.nih.gov/
  - Safe to Sleep Videos for Grandparents and Other Trusted Caregivers (English), https://safetosleep.nichd.nih.gov/resources/caregivers/grandparents
  - Safe to Sleep Videos para abuelos y personas que cuidan un bebé (Español), https://safetosleep.nichd.nih.gov/resources/caregivers/abuelos
- Safe Sleep in Child Care, California Department of Social Services, https://www.cdss.ca.gov/inforesources/child-care-licensing/public-information-and-resources/safe-sleep
- Individual Infant Sleeping Plan, California Department of Social Services, https://www.cdss.ca.gov/Portals/9/FMUForms/I-L/LIC9227.pdf

Supporting Health and Well-Being

- Immunization Requirements
  - California Immunization Handbook, California Department of Public Health, https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/Immunization/IMM-365.pdf
  - Recommended Child and Adolescent Immunization Schedule, American Academy of Pediatrics, https://downloads.aap.org/AAP/PDF/AAP-Immunization-Schedule.pdf
- Cleaning, Sanitizing, and Disinfecting
  - How to Clean and Disinfect Early Care and Education Settings, Centers for Disease Control and Prevention, https://www.cdc.gov/hygiene/about/how-to-clean-and-disinfect-early-care-and-education-settings.html
- Oral Health
  - Policy on Oral Health in Child Care Centers, American Academy of Pediatric Dentistry, https://www.aapd.org/globalassets/media/policies_guidelines/p_ochcarecenters.pdf
  - Good Oral Health Starts Early: AAP Policy Explained, American Academy of Pediatrics, https://www.healthychildren.org/English/healthy-living/oral-health/Pages/Brushing-Up-on-Oral-Health-Never-Too-Early-to-Start.aspx
  - Healthy Habits for Happy Smiles, Head Start, https://headstart.gov/sites/default/files/pdf/brushing-your-childs-teeth.pdf
- Promoting Physical Activity and Rest
  - Making Physical Activity a Way of Life: AAP Policy Explained, American Academy of Pediatrics, https://www.healthychildren.org/English/healthy-living/fitness/Pages/Making-Fitness-a-Way-of-Life.aspx
  - Physical Activity for Children and Teens with Disabilities: AAP Policy Explained, American Academy of Pediatrics, https://www.healthychildren.org/English/healthy-living/fitness/Pages/Physical-Activity-for-Children-with-Disabilities-AAP-Policy-Explained.aspx
  - Importance of Rest Time for Kids & Babies: Naps & Sleep Guide, First 5 California, https://www.first5california.com/en-us/articles/importance-of-rest-time/
  - Recharge With Sleep: Pediatric Sleep Recommendations Promoting Optimal Health, American Academy of Sleep Medicine, https://aasm.org/recharge-with-sleep-pediatric-sleep-recommendations-promoting-optimal-health/
  - Healthy Sleep Habits: How Many Hours Does Your Child Need?, American Academy of Pediatrics, https://www.healthychildren.org/English/healthy-living/sleep/Pages/healthy-sleep-habits-how-many-hours-does-your-child-need.aspx

Understanding and Supporting Well-Being and Resilience

- HealthyChildren.org: The AAP Parenting Website, American Academy of Pediatrics, https://www.healthychildren.org/
  - Healthy Mental & Emotional Development: 4 Key Building Blocks, https://www.healthychildren.org/English/healthy-living/emotional-wellness/Building-Resilience/Pages/healthy-mental-and-emotional-development-in-children-key-building-blocks.aspx
  - Building Resilience, https://www.healthychildren.org/English/healthy-living/emotional-wellness/Building-Resilience/Pages/default.aspx
- Resources to Support a Trauma-Informed Approach to Child and Family Service, California Training Institute, https://www.caltrin.org/blog-trauma-informed-care/

Food Safety and Nutrition

- Storing and Preparing Food Properly
  - Four Food Safety Practices to Follow at Home, Partnership for Food Safety Education, https://fightbac.org/four-food-safety-practices-to-follow-at-home/
  - Free Health Education Resources, Partnership for Food Safety Education, https://fightbac.org/free-resources/
  - Food safety videos, Academy of Nutrition and Dietetics
    - Wash: How Clean Is Your Kitchen?, https://www.youtube.com/watch?v=0ceAWUVuB5s
    - Separate: Avoid Cross-Contamination, https://www.youtube.com/watch?v=KysocGTwnxM
    - Cook: Is It Done Yet?, https://www.youtube.com/watch?v=un0MqIjVLmw
    - Refrigerate: Keep It Cool, https://www.youtube.com/watch?v=Cb9UF5lpen0
  - Food Safety, Centers for Disease Control and Prevention, https://www.cdc.gov/food-safety/
  - FoodSafety.gov, U.S. Department of Health & Human Services, https://www.foodsafety.gov/

- Managing Food Allergies
  - Create an Allergy and Anaphylaxis Emergency Plan, American Academy of Pediatrics, https://www.healthychildren.org/English/health-issues/conditions/allergies-asthma/Pages/Create-an-Allergy-and-Anaphylaxis-Emergency-Plan.aspx
- Providing Nutritious Meals and Snacks
  - Nutrition Standards for CACFP Meals and Snacks, Child and Adult Care Food Program, USDA Food and Nutrition Service, U.S. Department of Agriculture, https://www.fns.usda.gov/cacfp/nutrition-standards
  - Healthy Eating Research website, https://healthyeatingresearch.org/
  - WIC: USDA's Special Supplemental Nutrition Program for Women, Infants, and Children, USDA Food and Nutrition Service, U.S. Department of Agriculture, https://www.fns.usda.gov/wic
  - How Does Nutrition Affect the Developing Brain?, Zero to Three, https://www.zerotothree.org/resource/distillation/how-does-nutrition-affect-the-developing-brain/

Protecting Children From Abuse and Neglect

- Mandated Reporter: What Must Be Reported, California Department of Social Services, https://www.cdss.ca.gov/Portals/9/OCAP/Reporting%20Tip%20Sheet%20ADA%20Compliant.pdf
- Report Suspected Child Abuse or Neglect, California Department of Social Services, https://www.cdss.ca.gov/Reporting/Report-Abuse/Child-Protective-Services/Report-Child-Abuse
- Suspected Child Abuse Report Form 8572, California Office of the Attorney General, https://oag.ca.gov/sites/all/files/agweb/pdfs/childabuse/ss_8572.pdf
  - Report Form 8572 Instructions, https://oag.ca.gov/sites/all/files/agweb/pdfs/childabuse/8572_instruct.pdf
- What You Should Know About Mandated Reporting, California Department of Social Services, https://www.cdss.ca.gov/Portals/9/OCAP/what-you-should-know-about-mandated-reporting-2020.pdf
- Childhelp National Child Abuse Hotline, call or text 1-800-4-A-CHILD (1-800-422-4453), https://childhelphotline.org/

Guideline Area 3: Engaging in Ongoing Learning and Professional Development to Support All Children in Mixed-Age Settings

Licensed family child care home (FCCH) and family, friend, or neighbor (FFN) providers are essential members of the child care and learning workforce. They bring significant knowledge, skills, and experience to their work. They also benefit from engaging in ongoing learning and professional development.

Informally seeking new knowledge for personal and professional growth is known as **ongoing or continuous learning** (Intuitive, 2024). For example, Providers may join an online forum to share information with each other.

In contrast, **professional development** involves focused learning to strengthen job-related skills and expertise. Professional development opportunities include training events, coaching programs, or college courses.

Providers can benefit from ongoing learning and professional development experiences in the following ways (Child Care Aware of Missouri, 2025; Harkin & Sangalang, 2019):

- increased confidence
- improved care quality
- enhanced development and learning for children in care
- reduced isolation through networking
- increased satisfaction

These experiences can take many forms, such as learning about children from their families, independently exploring online or other resources to find information to support children and families, participating in trainings and workshops, and exploring career advancement options. Reflective practice offers opportunities for child care providers to identify their strengths and ways they want to grow. Together, these experiences help providers enhance the knowledge and skills needed to effectively care for children and partner with families.

Guideline Area 3 addresses continuing learning about child development (3.1), engaging in reflective practice and continuous learning (3.2), and seeking professional growth opportunities (3.3).

> **“我做這一行，是從一個叫做系統開始做的。是一步一個腳印。在 City College 讀了一些書。是見證了我一路的成長。我之前在大陸是做會計的，移民了之後不可能再做這行業。我都試過很多份工作，我都做過老闆、開個 store、又做過 cashier、又做過一些金融的工作，後來我還是喜歡做小孩子的。因為我可以看到小朋友的成長，一個是開心和給我成就感的，另外就是我可以有學校有很多的課，是保持著我成長的，提供很多課，那我是從一個系統開始做，一直做到現在。**
>
> [I started in this field from within a system. It was step by step. I studied at City College, which witnessed my growth along the way. Before, I worked as an accountant in mainland China, but after immigrating, it was impossible to continue in that industry. I've tried many jobs; I've been a boss, owned a store, worked as a cashier, and done some finance work. But ultimately, I still prefer working with children. Because I can see children grow, which is both joyful and gives me a sense of accomplishment. I maintain my growth through the many courses offered by the school. I started from a system and have continued to do so until now.]”
>
> Wan Ru Julie Jiang, FCCH Provider

Guideline 3.1. Continue Learning About Child Development

Learn about the children in the care setting.

Communicate informally with families.

Communicate with families at arrival and departure. Invite families to share about children's experiences from the weekend, the evening before, or the morning before coming to child care. Share with families about children's experiences during child care. Learning about children's experiences helps providers and families know more about children's growing interests, strengths, preferences, and needs. To learn more about communicating with families, visit Guideline Area 4.

Using Technology to Communicate With Families

Providers can use software applications (apps) to communicate with individuals and groups of families. Through text, photos, and videos, these apps can help providers and families stay current on children's activities, interests, and development. These apps may also allow families to interact directly with each other. To maintain family privacy, providers need to discuss with each family their preferences on how and where photos and videos of their children may be shared. They also need to obtain written permission from each family. FCCH providers can include social media and privacy policies in their program handbooks.

Schedule regular check-in meetings with families.

Share information and plan to support children's learning and development. The information families provide helps providers understand each child as an individual and support their learning in meaningful ways.

Observe individual and small groups of children.

Learn about their interests, culture, strengths, and emerging skills. Providers use information from observations to plan, adapt care routines, and tailor learning experiences

Explore developmental learning standards and other resources.

Become familiar with California's resources related to the key knowledge, skills, and dispositions children typically develop from birth to age 12.

Learning and Development Foundations

The California Infant–Toddler Learning and Development Foundations and the California Preschool/Transitional Kindergarten Learning Foundations serve as California's learning standards from birth to age 5 and a half. They describe key knowledge and skills that young children typically achieve with supportive relationships and appropriate learning environments.

Frameworks for Learning and Development

The California Framework for Infant–Toddler Learning and Development and the California Preschool Curriculum Frameworks are guides to supporting children's learning and development as described in the learning and development foundations. The frameworks support early learning and care providers to create responsive learning experiences through the following:

- environments
- routines
- interactions
- developmentally, individually, and culturally appropriate teaching strategies

Preschool Through Third Grade (P–3) Learning Progressions

The P–3 Learning Progressions show learning and development outcomes from preschool through third grade.

Desired Results Assessment System

The Desired Results Assessment System is California's comprehensive approach to assessment. Its purpose is to strengthen services for children from birth through age 12 years in early learning and care settings and before- and after-school programs. The system offers tools for providers to observe, assess, and document learning. Providers can use the Desired Results Developmental Profile (DRDP) instrument to track children's progression of skills across developmental domains, including children with identified developmental disabilities or delays.

California K–12 Standards (Common Core and California Content Standards)

The Common Core and California Content Standards define what kindergarten through grade 12 (K–12) students need to know in English language arts, math, science, and history.

Guideline 3.2. Engage in Reflective Practice and Continuous Growth and Learning

Engage in reflective practice.

Set aside time daily, or as often as possible, to think deeply about work and interactions with children and families.

Reflection might begin with what went well and why it went well. Providers can also consider any challenges and reflect on their feelings, reactions, and responses. It can be helpful to keep a journal, but it is not necessary. Reflection does not need to take a long time. A few minutes each day can deepen understanding and support ongoing growth and learning.

Build connections with other child care providers.

Reflecting with others can strengthen practice, build a sense of community, and make reflective practice more meaningful. Sharing similar experiences with peers can create a supportive space to ask questions, share successes, and think through challenges together. Discussions with peers can help providers learn about different perspectives on similar situations.

> **"I am not a joiner. I like the idea of having someone to talk to that is experiencing the same things I am. But I don't feel comfortable with a group of strangers. While at a story hour at the local library, I met a grandmother who was caring for her grandchildren. We began chatting about our work. We decided we should meet on a regular basis to reflect on our work and share ideas. We also shared phone numbers, so if we were having a really tough day, we could reach out."**
>
> Noemi Lopez, FFN Care Provider

Participate in structured reflective practice opportunities.

Reflective journaling, guided observation, peer feedback, and facilitated discussions are examples of structured reflective practices. Structured reflection encourages providers to explore their thinking and refine their approaches. Professional development organizations, coaching or mentoring systems, community partners, or formal education programs may offer structured opportunities for reflective practice.

Engage in continuous learning.

Explore online and other resources to learn about topics of interest.

Providers can reflect on what they know about the children in their care and what they want to learn more about.

Research community organizations.

Learn about available services and establish relationships with staff. Increased knowledge about community resources strengthens one's ability to connect families with services as needed. Providers can consider their own interests and the needs of children and families they serve to identify which agencies they want to visit. For example, a provider who wants to support children's language and literacy development might visit a local library, meet the children's librarian, and learn about upcoming story times or books for various age groups. In addition, they might pick up resources to share with children's families.

> "**我就拉一個群在那裡有10個托兒者，有空時就聚一聚，在那裡聊天，什麼都說。有什麼難題的時候，我們都在群裡聊。有時候我們上課，我們會提醒大家記得上課。我們登記了很多課程，有時候我們會忘記了。** [I created a group chat with about 10 providers. When we get together, we have free time to chat about anything. When we have any problems, we talk about them in the group. Sometimes when we have classes, we'll remind each other to attend class because we've registered for so many courses, sometimes we forget.]"
>
> Feng Si Cai, FCCH Provider

Find out about community resources for families.

Explore the community and work with local organizations and their professional networks to learn about support services and community events for children and families. Some examples of helpful resources include additional child care options, adult education, crisis shelters, community centers, family support groups, food banks, immigration services, language classes, legal services, low-cost clinics, mental health services, and parenting classes.

Partnering With Families to Share Information

In addition to sharing resources with families, providers should give families opportunities to share resources they have. Families might participate in the following ways:

- sharing verbally
- writing a description of the resources for a newsletter or group text
- posting information in an online forum for families
- adding contact information or brochures to a display in the welcome area

Guideline 3.3. Seek Professional Growth Opportunities

Choose the ongoing learning and professional development options that are the best fit.

Engage in peer learning.

Providers can build connections with other providers to share ideas, learn new strategies, and stay informed about new research on children's learning and development. Providers can choose from a variety of networking opportunities sponsored by their local Child Care Resource and Referral agencies (R&Rs) and other organizations.

FFN networks may be operated by R&Rs or by nonprofit community-based programs, such as public libraries. FFN networks provide a sense of community and offer safe spaces for providers to ask questions, share experiences, and learn together.

> **"I feel like it's really important to have connections with my FCC peers, to talk about things that happen and learn from each other."**
>
> Wendy McWilliams, FCCH Provider

Resource and Referral Agencies

R&Rs are state-funded, community-based programs that operate in every California county. They offer parents and child care providers resources and information on child care and education. They also provide training for providers. To learn more about R&Rs, visit the California Child Care Resource & Referral Network.

Sign up for free community workshops on a variety of topics.

For example, local Women, Infants, and Children (WIC) programs may offer nutrition workshops covering portion sizes or when and how to introduce new foods. Local special education agencies may offer workshops on developmental milestones, communicating with parents, or supporting children with disabilities or developmental delays. Mental health services may offer workshops about supporting children's social-emotional well-being.

Participate in professional development experiences.

Local R&Rs, Quality Counts California consortia, California Department of Social Services Quality Initiatives, professional organizations, mentoring programs, the Tribal Child Care Association of California, and other agencies offer a variety of trainings and workshops specifically for child care providers. Some organizations may offer structured reflection through learning communities, case studies, video reflections, and one-on-one coaching sessions.

Explore career advancement opportunities.

California providers interested in continuing education have many options:

- Some FFN providers may be interested in becoming licensed FCCH providers. The California Department of Social Services offers information on and support to achieve this goal. For more information, visit **Do I Need a License?** and **Family Child Care Home Licensing Information**.
- Most community colleges offer early childhood education certificates and degree pathways. They often have flexible schedules and online learning options that meet working adults' needs. Also, financial assistance may be available through grants, stipends, scholarships, or financial aid programs.

Tribal Child Care Resources

The Tribal Child Care Association of California offers professional development opportunities specific to the care and education of Native American children.

Resources for Providers: Guideline Area 3

Child Development

- California Framework for Infant–Toddler Learning and Development, California Department of Social Services, https://californiaearlylearninganddevelopment.org/educators/infant-toddler/framework/
- California Infant–Toddler Learning and Development Foundations, California Department of Social Services, https://californiaearlylearninganddevelopment.org/educators/infant-toddler/foundations/
- California Preschool Curriculum Frameworks, California Department of Education, https://www.cde.ca.gov/sp/cd/re/psframework.asp
- California Preschool/Transitional Kindergarten Learning Foundations, California Department of Education, https://www.cde.ca.gov/sp/cd/re/psfoundations.asp
- California Preschool Through Third Grade (P–3) Learning Progressions, California Department of Education, https://www.cde.ca.gov/ci/gs/p3/#tab6
- Kids and Teens: Developmental Milestones, John Hopkins Medicine, https://www.hopkinsmedicine.org/health/wellness-and-prevention/kids-and-teens-developmental-milestones
- School Age, Virtual Lab School, https://www.virtuallabschool.org/school-age
- Center on the Developing Child, Harvard University, https://developingchild.harvard.edu/
- Developmentally Appropriate Practice (DAP) Position Statement, National Association for the Education of Young Children, https://www.naeyc.org/resources/position-statements/dap/contents

Professional Learning Programs and Resources

- Family Child Care at Its Best, California Department of Social Services and WestEd, https://fccbtraining.org/ (in-person and virtual workshops designed for child care providers in home settings)
- Program for Infant/Toddler Care, California Department of Social Services and WestEd, https://www.pitc.org/ (comprehensive training system that promotes responsive, relationship-based care for infants and toddlers in child care settings)
- California Early Childhood Online, California Department of Social Services, https://caearlychildhoodonline.org/ (free online modules on child development and best practices, with certificates of completion)
- Supporting Inclusive Early Learning: Working Together for Inclusion & Belonging, California Department of Social Services and WestEd, https://cainclusion.org/ (resources on inclusive practice, promoting healthy social-emotional development, and preventing challenging behavior in child care settings)
- Infant and Early Childhood Mental Health Consultation Network, California Department of Social Services and WestEd, https://iecmhcnetwork.org (no-cost consultation services, resources, and training activities for FCCH and FFN providers)

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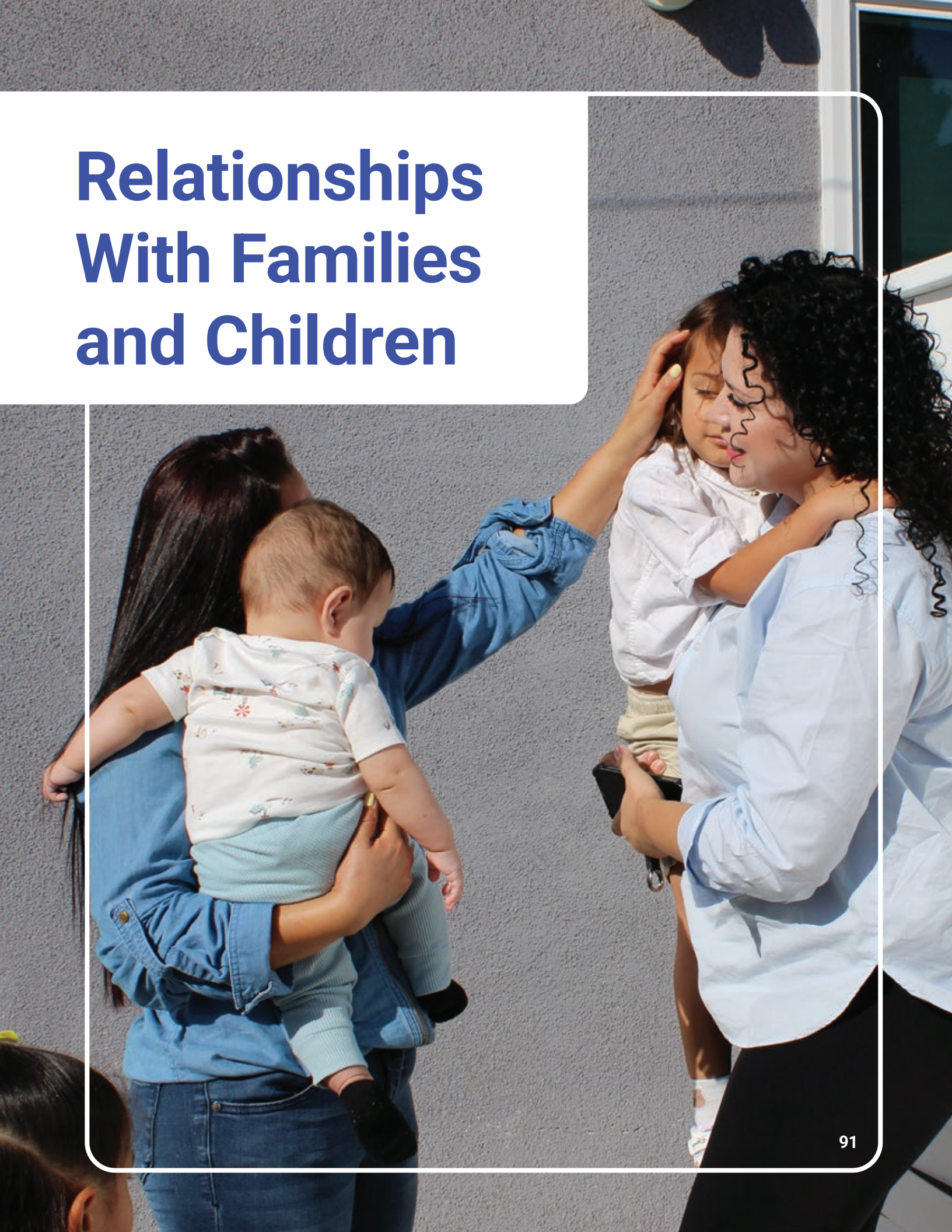
Relationships With Families and Children



Guideline Area 4: Partnering With Families and Children

Partnerships between families and care providers offer important benefits to the child, family, and care provider.

> "In partnership, people are interested in understanding the other person's perspective, engaging in two-way communication, consulting with each other on important decisions, and respecting and working through differences of opinion. People in partnership often discover that working through these differences increases the trust in the relationship and opens possibilities for new discoveries; they find that they are enriched by the experience of working toward shared visions and goals." (Keyser, 2017, p.5)

Children are observant and pay close attention to their family's interactions with people. When they observe their family and care providers interacting comfortably and respectfully, children tend to feel that it is safe to trust the care provider. As families and care providers share information about children at home and in the child care setting, they are both more able to meet children's needs. This information sharing can offer children more consistent, nurturing, and predictable interactions and care.

Finding a trusted licensed family child care home (FCCH) or family, friend, or neighbor (FFN) care provider can be a huge relief to families. Caring and skilled care providers can help significantly reduce the stress a family experiences as their child begins care. A family can be confident that their child will be well cared for, and they gain a new partner who can share their knowledge and daily stories about the child.

"Because you're not just helping out others, but you're also being able to watch the children grow and learn … I like that I get to watch the children, being able to help their mom so she could provide for their family. I try to teach them ways in my house so they could take it back to their home. Just proper things … social and emotional … how to handle it, help children handle their emotions so they're not taking it back home to mom and stressing her out."

Dakota Johnson, Trusted Relative Care Provider

An important aspect of partnerships with families is sharing observations and documentation with each other. Information about this can be found in Guideline 8.5 Observe, Document, and Reflect to Engage Families.

As care providers build partnerships with families, they learn about children's and families' histories, experiences, values, and goals. As a child's first teacher, the family can offer insight into likes and dislikes as well as the child's relationships within the family. This information can support care providers in providing an environment and interactions that affirm a child's family and culture and better meet the child's needs. Care providers also benefit from the joy of observing children grow, knowing that they are making a difference in children's lives.

> **"I've been thinking a lot lately about why I am here … And there's been an interesting shift for me in I guess sort of submitting to this time with my grandchildren, that … it's probably the most important work. These early relationships. We're having relationships. And I am sometimes profoundly overwhelmed with the meaning of that ... We are teaching and we are guiding and protecting, but we're loving and we're creating foundations for their entire future life."**
>
> Lisa Brey, FFN Care Provider

The start of a child care partnership is an opportunity for connection. FCCH settings, where other children and families also receive care, offer many opportunities to build community connection and networks of support. Care providers help build these connections by promoting a community culture within their programs.

Guideline Area 4 addresses honoring family members as children's first teachers and promoting a sense of belonging (4.1), partnering with families to support their children's learning and development (4.2), engaging in meaningful two-way communication with families (4.3), and advocating for strong families and making connections with community resources (4.4).

Guideline 4.1. Honor Family Members as Children's First Teachers and Promote a Sense of Belonging

Welcome families and share information about child care philosophy, expertise, and experience.

Provide a welcoming area for children and families.

When the child care setting is the care provider's home, a welcoming area communicates to families that they are important and their presence is valued by the people who will care for their children. A welcoming area can include the following:

- places to store families' belongings, including strollers and car seats
- an accessible, attractive sign-in area, if necessary
- photos of children and families
- photos of children engaged in play and learning
- comfortable seating for adults in the environment to welcome them into the learning space

Share details about the care provider's approach to nurturing children and supporting their learning.

Important topics to discuss include activities the care provider likes to do with children, their ways of feeding children or helping them with sleep or rest, and ideas about socialization and guidance.

Provide families with information about the care provider's education and experience.

An FCCH provider can share their program philosophy and background. This information establishes the care provider's competence, professionalism, and expertise. It also allows families to make informed decisions about whether a child care setting meets their and their children's needs.

FFN providers can share their experience or education related to the care and learning of children. While sharing their experience, care providers can emphasize the importance of working with the family to get to know the child and plan for care.

Even when there is shared culture, language, and personal history, families and providers may have different ideas and expectations about the child care partnership.

> **"I started to care for one of my neighbor's kids. And at the time he was 18 months, and I would watch him at his house. And I remember the mom saying, "We're very strict, we're not going to turn on the TV." I really had to use my imagination about how to care for him. And so, we used board games, books, and outdoor play. And then it just really opened my mind to a different way of caring for kids that were screen-free."**
>
> Noemi Lopez, FFN Care Provider

Questions to Learn More About Individual Families and Their Children

Learn about the child and family, including their hopes and expectations for the child's care. If more than one family member is present, ask each person to share information and ideas.

Ask families questions like the following to get to know them and their child (Program for Infant/Toddler Care, 2025):

- What would you like us to know about your child, family, and culture?
- Who are the important people in your child's life? What are their relationships to your child?
- What languages are spoken to your child and in your family, and how can we support your child's language development?
- What are your hopes and goals for your child in child care?
- Do you have any worries about your child in child care?
- What does your child enjoy doing?
- What does a typical day look like for your child?
- How do you feel about your child watching TV, playing on a computer, or playing video games?
- How does your child go to sleep? Eat? Take a bottle?
- Does your child have any health issues or developmental disabilities or delays that we need to know about?
- How does your child express happiness? Sadness? Fear? Anger?
- How do you respond to each of these emotions?
- How do you comfort your child?
- Is there anything else you would like us to know about your child and family?
- What questions do you have for us?

Invite older children into conversations about their care.

Ask older children questions about themselves. Regardless of whether a child has been in their care for a while or is just starting care, it can be helpful for the care provider to talk to children about their life and interests. Care providers can modify questions based on a child's age and what they already know about the child. Include questions like the following to start conversations with school-aged children:

- What are some of your favorite things to do?
- What sports, if any, are you involved in, and what do you like about them?
- What kinds of healthy snacks do you like?
- Do you have homework, and how do you usually do it?
- Have you spent time with younger children?
- What are you looking forward to or not looking forward to coming here?
- Is there anything you would like to tell me about yourself that will help me understand how you like to do things?

> **"We have our transition form to learn about the children's development and the families' expectations. As well, families might have read our policies, but they know we are flexible, and they have a voice. Policies are some guidelines to make the program work for us and everyone."**
>
> Oscar Tang and Pyrena Hui, FCCH Providers

Develop shared agreements.

Logistics are the practical details of care. Develop agreements about the logistics of care, for example, how many hours per day the child will be in care.

Discuss the logistics of all care arrangements, including the following:

- days and hours of care, including details on flexible hours
- any fees for care
- location of care (child's home or care provider's home)
- areas of the home to be used for care
- other children or adults who will be in the child care setting
- frequency and preferred modes of communication
- transportation of children (who can drive children, car seat)
- safety and emergency information from families (kept in a secure location to maintain confidentiality)
    - names and locations of doctors, clinics, and emergency care
    - written permission for the FFN or FCCH care provider to seek medical attention for the child, if needed
    - insurance information
    - names of people to call if immediate family aren't available
    - safety and emergency information from care providers
    - safety and emergency protocols and procedures and schedules for practice drills

Create needs and services plans for infants.

Licensed FCCH providers are required to develop personalized infant needs and service plans for children under 12 months (or older, if necessary). These written plans are developed with the family, kept on file, and need to cover feeding, sleeping, toileting, and other specific, individualized care needs.

Support children and families as care begins.

Discuss how to support children as they transition into care.

Starting a new child care arrangement can be stressful for children. For some children, it may be the first time they are being cared for by someone outside the immediate family.

Discuss different ways children respond to saying goodbye to their family.

Discussions about separations offer families and care providers a chance to share their beliefs about children's social-emotional development. Care providers can also share how they might support a child during these transitions and ask the family for ideas.

Share ways that care providers will provide comfort and reassurance to the child.

It is important for families to understand that crying is a child's healthy way of communicating sadness. The care provider might ask the family for photos to keep in the child care setting so they can talk with the child about family members throughout the day.

Schedule time for the family and child to visit the child care setting.

Spending time with care providers while family members are present can help children develop trusting relationships. This approach can help both the child and family become more comfortable in the environment.

If providing care in the family's home, arrange to visit while the family is home.

Care providers can become familiar with the home setting and ways the family interacts with the child at home.

Arrange for a gradual separation process to help the child become more comfortable with goodbyes.

For example, the family might leave for one hour the first time and then increase the time each visit. Let the family know how the child is doing after the family leaves.

Discuss the environment and daily routines.

Discuss how space is used and what children will be doing.

The physical environment and daily schedule are both significant factors in a child care setting. Clear communication about routines helps prevent misunderstandings and builds predictability for children.

Offer families a tour and describe the day-to-day experiences children will have.

Care providers who provide care in their own home can offer a tour of the child care setting that includes the following (Program for Infant/Toddler Care, 2025):

- describing what a day in care might look for their child
- describing and showing where and how children eat, have bottles, sleep, and are diapered or use the toilet
- visiting the indoor and outdoor play areas and giving examples of the kinds of activities children do in these areas
- discussing health and safety practices
- offering both written and verbal lists of items families need to provide and what the care provider will provide

Discuss expectations in the family's home while caring for children.

When care is to be provided in the family's home, discuss the following:

- areas to be used for care routines (eating, diapering and toileting, napping)
- indoor and outdoor space and materials
- areas that are not to be used
- expectations around cooking, cleaning, and transportation
- other "house" rules
- plans for goodbyes and hellos

Guideline 4.2. Partner With Families to Support Their Children's Learning and Development

> **"I want to share why I love the ages between 7 months and 18 months, which I call the most dangerous time of a toddler's life because they're falling, they're bumping into things. But I love it because I get to witness them being adventurous and seeing something and crawling to it immediately just to touch it or taste it."**
>
> Tonia McMillian, retired FCCH Provider

Learn about children and families through ongoing communication.

Develop an understanding of families' lived experiences, goals, and hopes for their children.

The partnership between families and care providers can provide essential information and support for children's learning. As care providers learn from families, they can offer learning opportunities that connect to children's interests.

Describe the learning that happens through daily activities.

Families may not realize the important learning that takes place through their daily activities with children. Care providers can promote the idea that family is the child's first teacher by naming the learning in these activities. If a parent talks about how much their child enjoys peek-a-boo, a care provider might say, "When you play peek-a-boo, your child builds a memory of how the game works and can predict what will happen each time you hide. This game builds important brain connections and social skills!"

Continue learning about each child through multiple conversations and interactions.

Goals and hopes will change over time. Conversations about children's learning can be one-on-one with each family, or they may happen among the families in the child care setting. Some care providers create a group reflection board or have parent meetings.

Set aside time for more in-depth conversations with families.

These periodic meetings offer time for questions, observations, reflections, and re-evaluation of goals. Care providers can check in to learn about any changes within the family that might be impacting the child. In addition, care providers and families can share any appreciations, ideas, suggestions, or concerns about their partnership.

Make family members a part of the care setting.

Invite families to share photos and stories from home.

To highlight children's connections with their families, many child care settings post photos of families near the door to support children's goodbyes. Families can make books that show family trips, projects, or things they like to do together with their child. These books might be displayed so children can look through them during the day. Family books can help children learn about families' structures and cultures.

Invite families to share their skills and interests in the care setting.

For example, a family member who is a mechanic might share a story about fixing trucks, or a family member who works in a dentist's office might tell a story about going to the dentist.

Guideline 4.3. Engage in Ongoing Two-Way Communication With Families

Meaningful multi-way communication among families, children, and care providers creates a support system that benefits all involved. Care providers in home settings often have close, familiar relationships with families and children in their care. They may have information about a family situation that impacts the children. This unique position allows them to engage in rich partnerships and provide individualized care. They can respond to families' needs with familiarity, proximity, consistency, flexibility, and cultural and language support.

> **"… relationship is the number one thing for quality … the better the relationship with the teacher and children, the better the relationship with the teacher and their families, the better the relationship with the parents and the children … everyone is doing their best job because they have a relationship with the child. The foundation is the relationship."**
>
> Oscar Tang and Pyrena Hui, FCCH Providers

Communicate with families and children daily using two-way or multi-way communication.

Ask simple, open-ended questions to invite families to share about recent experiences.

Every interaction with a child or family is an opportunity to learn more about what is going on in their lives. By asking about experiences that are not directly tied to the child care relationship, care providers show that they are interested in continuing to learn about all parts of children's and families' lives.

Invite families to share their children's discoveries and milestones.

Even brief conversations provide valuable opportunities to keep up to date and reflect together about the child's skills and growth.

Include children in conversations in age-appropriate ways.

Treating children as participants in conversations supports social-emotional and language development. Care providers and families can include pre-verbal children in conversations by speaking directly to them. As children become more verbal, they can share in telling parts of the stories themselves.

Examples: Age-Appropriate Conversations

Including Infants in the Conversation

At pickup, care provider Nathan and 11-month-old Nora shared a story with Nora's dad. Nathan said, "Nora, I'm going to tell your dad how you learned to be gentle with the cat today. At first, you were so excited to see the cat that you gave him several big pats. When I showed you how to softly pet Felix, you slowly rubbed your hand down his fur, and he started purring!"

Sharing the Day's Events With Help From Grandparents

When 7-year-old Jun got home from school, he and his *popo* (grandmother) made dumplings together. He was so excited that he wanted to share the recipe with his mother. His grandmother helped him write the recipe in English and then showed him the Chinese characters, which he copied as well. When his mother arrived, he eagerly shared both dumplings and the recipes with her. His *popo* shared photos of Jun making the dumplings.

Identify the most effective methods to communicate with each family.

Discuss preferred communication methods and frequency.

Find a communication method that is comfortable and accessible. Care providers may need to use multiple communication methods to connect with different families, such as a written note, text message, email, or phone call.

Consider using specific communication methods for certain kinds of sharing.

- Messaging applications allow for quick updates throughout the day.
- Notes placed in a child's cubby or backpack can convey short reports on the day or a request for supplies.
- Face-to-face conversations at drop-off and pick-up times allow casual information sharing, but care providers may not be able to connect with every family.
- Meetings, journals, and portfolios promote longer, more in-depth reflective conversations.

Obtaining Written Permission to Take Photos or Videos of All Children

Discuss with each family how and where photos and videos of their children can be used, and obtain **written permission** to include images of their children in any child care community space. Be aware of who can see the information being shared. When sending group messages or posting to platforms that extended family might access, it is important to consider families' privacy. FCCH providers can include social media and privacy policies in their program handbooks.

Facilitate communication with families who speak different languages.

When there is not a shared language with a family, care providers can improve communication in the following ways:

- providing a computer or using a smart phone for real-time interpretation
- having handbooks and other written communication translated
- looking for community volunteers who can help with interpretation

Sometimes older children can help interpret simple messages. However, care providers need to be careful not to rely on them in ways that create pressure or place them in conversations that need to be between adults.

Address differences of opinion with thoughtful listening and problem-solving skills.

Approach conflict with curiosity, a growth perspective, and strong communication tools to deepen understanding and build trust.

Authentic partnership between families and care providers will sometimes involve differences in perspective, values, goals, and practices. At times, conflicting ideas can lead to discomfort. These differences can offer opportunities for growth and understanding.

Understand that there can be more than one right point of view.

The goal is not to win a conflict but to create mutual understanding and solutions.

> **"I feel like it's really important to connect and have a positive relationship with families because it impacts the child. The child sees if you are connected with the family and knows if you're on the same page. When there are inconsistencies between home and the child care program, it's very confusing for children. We have to work together with parents. At the end of the day, it's beneficial for everyone."**
>
> Wendy McWilliams, FCCH Provider

Strategies for listening, learning, and finding common ground.

Finding common ground when differences arise requires openness, effective listening, flexibility, and creative thinking. Several communication strategies can support collaborative conflict resolution.

Active listening: Active listening is listening with curiosity to get a deeper understanding of someone else's perspective. It can result in the listener broadening their own perspective. One form of active listening is describing what is heard back to the speaker. The speaker can confirm, clarify, or elaborate on what they have said. Active listening involves paying attention to both verbal and nonverbal communication.

Asking open-ended questions: Open-ended questions invite families to talk about their experiences and their observations. Use questions that don't have "yes" or "no" answers. Examples are "What else can you tell me about that?" and "This seems important to you. What other thoughts might you share about it?" Conversation openers such as "I'm interested in hearing more about your thinking" are similar to open-ended questions.

Finding common ground: Finding and naming a common goal can help deepen understanding and trust. For example, a care provider and family may have different opinions on guidance when a child has bitten another child. The care provider might point out that they both want the child to learn how to express their feelings without biting. Keeping the common goal in mind as they share ideas can bring them closer to an agreement.

Working together to find a solution: Once the family and care provider have had an opportunity to explain their viewpoints, it is time to discuss possible options together. Ideally, they will find a solution that they both can support. In some situations, however, they might have to agree to disagree.

Guideline 4.4. Advocate for Strong Families and Make Connections With Community Resources

Support families to build community within the care setting.

Create a welcoming space for family members to gather.

Care providers might choose to design a comfortable space in the child care setting where family members can socialize. This may be a simple outside seating area with a couple of adult-sized chairs, or it could be a space indoors with comfortable seating, resource books, a computer, and coffee and tea. When families feel comfortable spending time in the care setting, they have more opportunities for day-to-day connection with other families.

Create a family photo and story wall.

Invite each family to post a family photo and any information they want to share. Family displays can introduce a new family to the community, help families learn about each other, and help everyone in learning one another's names.

Invite families to share food or information that is important to their family or culture.

Social events, such as potlucks or picnics, and informational meetings can provide opportunities for community building. Informational meetings may center around a topic families have expressed interest in, such as "Welcoming a New Sibling into the Family." In some settings, informational meetings are planned by a committee made up of families. They may also feature family members on discussion panels.

Introduce families to community resources

Share brochures or websites. Introduce agency representatives or perhaps convene a panel of families who want to share resources they use.

Involve families in welcoming new children and families in FCCHs.

Supporting a new family provides a wonderful opportunity for community members to build and strengthen their community's network of support. In some FCCHs, family volunteers help welcome new families by showing them around, answering questions, and introducing them to other children and families.

Offer opportunities to suggest or plan other types of events that reflect families' needs and interests.

Families sometimes are interested in organizing simple efforts to help each other out. For example, they might plan a clothing swap of clothes their children have outgrown. Or they might set up a bulletin board where families can ask for or offer services.

Resources for Providers: Guideline Area 4

- Developmentally Appropriate Practice: Engaging in Reciprocal Partnerships with Families and Fostering Community Connections, National Association for the Education of Young Children, https://www.naeyc.org/resources/position-statements/dap/engaging-families
- California Early Childhood Online, California Department of Social Services
  - Developing and Maintaining Responsive Relationships With Children and Families module series, https://caearlychildhoodonline.org/en_modulecatalog.aspx?moduleId=1163
- California Family Engagement Toolkit, First 5 California, https://qualitycountsca.net/early-educators/family-engagement/family-engagement-toolkit/
- Infant/Toddler Caregiving: A Guide to Creating Partnerships With Families (Third Edition), Program for Infant/Toddler Care, California Department of Social Services and WestEd, https://www.cdss.ca.gov/Portals/9/CCDD/Publications/PITC-Partnerships-3rd-Ed-English-3-18-26.pdf
- Parent and Child Care Provider Partnerships, Children's Home Society of California, https://chs-ca.org/chs-blog/parent-and-child-care-provider-partnerships/
- Tips for Engaging Families: Listen Actively, Quality Counts California, https://qualitycountsca.net/wp-content/uploads/2019/09/FEToolkit_CR_ListenActivelyTips.pdf

Guideline Area 5: Affirming the Lived Experiences of Children and Families

Each person's lived experiences impact how they move through the world.

> Care providers bring their lived experiences and cultural histories into the ways they care for children, including how they engage with families, interpret children's behavior, and interact with children (Karabon, 2021; Lang et al., 2024).

By reflecting on their lived experiences, providers can increase their understanding of how they think about the world and interact with others. This understanding helps providers offer more responsive, affirming, and emotionally supportive settings.

Children develop and learn within their families and cultural communities—groups defined by shared beliefs, traditions, behaviors, and values. What children experience in these contexts influences what they believe about themselves and the world. Even when people live in the same geographic community or share a home language, they may have differing values and priorities. To build affirming relationships, care providers need to be open to learning about families' various cultures, languages, and practices (Alanís & Iruka, 2021).

Many children and adults have experienced stressful or potentially traumatic events. Impacts of trauma vary from person to person. What is traumatic to one person may not be traumatic to another, but research shows that adverse experiences and trauma can affect a person's physical and mental health for many years. One way to reduce the lasting effects of trauma is to build strong, supportive communities. Friends and neighbors may provide emotional support and help each other manage stress. Families may also experience community through schools, faith-based settings, and other organizations.

> **"Personally, I have experienced being houseless twice, so my prayer was always that if I had a space to call my own home, that it would be a sanctuary to be shared with those in my community. It is a place of safe connection; fun, playful learning; good food; joy; peace; and safety. We become a family for children, a home away from home."**
>
> Raissa Lee, FCCH Provider

When certain types of potentially traumatic events happen before age 18, they are called adverse childhood experiences (ACEs), which include the following:

- abuse or neglect
- household dysfunction, such as domestic violence or substance abuse
- incarceration of a relative
- community violence
- discrimination

ACEs can occur in families of all races and ethnicities and families of varying socioeconomic and educational backgrounds (Bhushan et al., 2020).

Professional Learning: Trauma-Informed Practice

To learn more about stress, trauma, and resilience, consider enrolling in the module **Trauma-Informed Practice: Relationships at the Center of Promoting Children's Well-Being and Healing**. The free, self-paced, two-hour module series is available through **California Early Childhood Online**.

Family child care home (FCCH) and family, friend, or neighbor (FFN) settings, with their small group sizes and ability to create close relationships, can be a positive environment for children who have experienced adversity. Relationships with caring adults can promote children's resilience and well-being. When care providers understand and affirm children's lived experiences, children learn that they are accepted for who they are.

Positive Childhood Experiences

"Positive Childhood Experiences (PCEs) are the everyday moments that help children feel loved, supported, and safe. Sharing meals with family, talking to a trusted friend, celebrating traditions, or having an adult who listens and believes in them all strengthen resilience." (Office of the California Surgeon General, 2026)

As providers get to know children and families, they develop relationships that help them learn about and affirm children's and families' lived experiences. Learning about what matters most to families is key to supporting children's learning, development, and well-being. When providers strive to understand children and families, they can create child care settings that offer a sense of emotional safety and belonging.

Guideline Area 5 addresses examining one's own beliefs and biases to understand how they influence one's perspective and practice (5.1). It also addresses being responsive to and inclusive of families' cultures, languages, beliefs, and practices (5.2).

Culture is a Way of Life and a Way of Being

Culture can be observed in the values, beliefs, and practices that people grow up with, embrace, and rely on. People may use culture to define who they are and how they interact with others (Program for Infant/Toddler Care, 2025). Regardless of whether a care provider's approach to caregiving aligns with a family's practices, understanding and affirming the family is essential.

> **"Our care provider took the boys acorn picking one day … which is really neat, because that's our culture and our heritage. We still gather acorns and process them and make acorn biscuits. It's part of our Native culture. Our provider is taking my children out and teaching them who we are as Native Americans, what our ancestors gathered, and where their trails are. It's pretty cool, because then the kids get familiar with their own home and how our people used to gather."**
>
> Ashley Pomona, Parent

Guideline 5.1. Examine Beliefs and Biases to Understand How They Influence Perspective and Practice

Engage in self-reflection to build awareness of beliefs and biases.

Reflect on personal values and how they impact decision-making.

Values help people decide what is right and what is wrong. Some values guide how people relate to others and live their lives—including their approach to caring for children. These values vary from person to person. It is important for providers to reflect on their own values and ways their values influence their approach to child care and individual children and families.

Identify personal beliefs and where they come from.

People's individual lived experiences shape their personal beliefs. For example, childhood experiences often shape one's beliefs about nurturing and educating children. When providers identify their personal beliefs and recognize what shaped them, they are better able to set them aside and listen to understand and respond to families' beliefs.

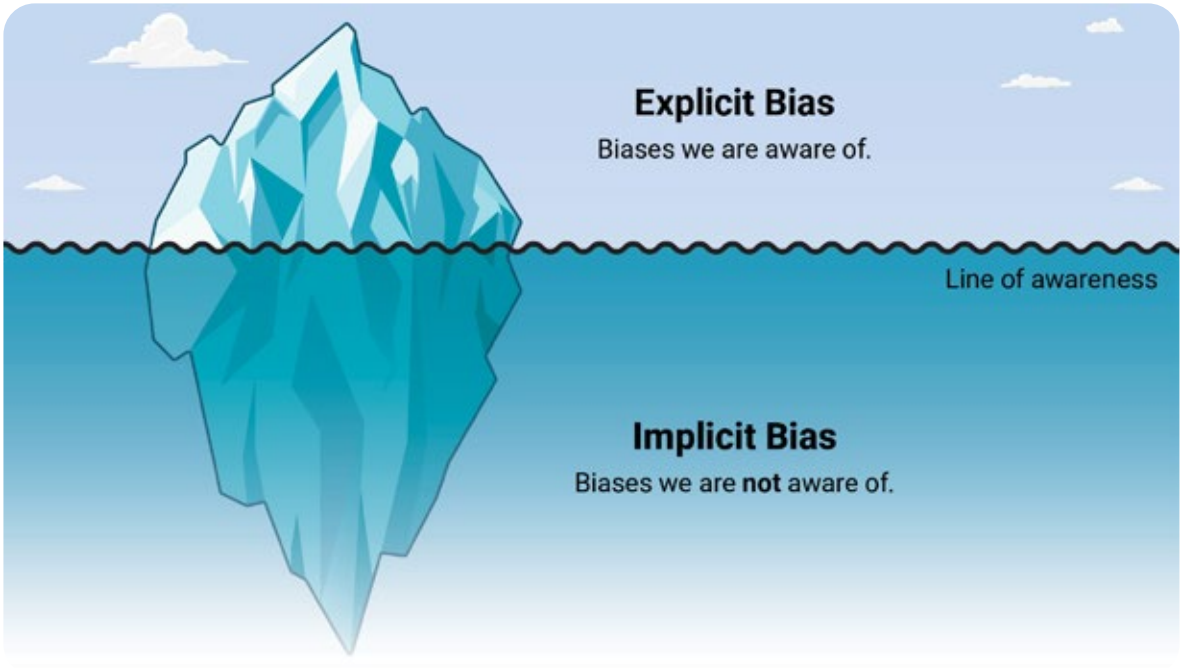
Notice and interrupt, or disrupt, biases.

A bias is an attitude or stereotype a person holds that results in them favoring one group or type of person over another. Everyone has biases. Regardless of whether one is aware of their biases, their biases impact their expectations, decisions, actions, and interactions. Sometimes biases may cause people to unknowingly act in ways that are harmful to others. Child care providers can and need to learn to notice and understand their biases to stop their negative biases from hurting other people. Noticing and interrupting, or disrupting, bias is an important step to creating equity for children in care. Exploring biases with a trusted friend or co-worker can help uncover one's own implicit biases.

Professional Learning: Disrupting Implicit Bias

To learn more about noticing and disrupting biases, consider enrolling in **Disrupting Implicit Bias: The Power of Awareness, Understanding, and Love**. The free, self-paced, two-hour module series is available through **California Early Childhood Online**.

Understanding Bias



There are two types of biases: explicit bias and implicit bias. Both types of biases can result in expectations, decisions, actions, or interactions that cause harm.

Explicit biases are attitudes, beliefs, and stereotypes people know they have. Explicit biases are expressed through intentional actions, behaviors, and words toward an individual or group of people. Explicit bias is often expressed through demonstrations, violence, or harassment against people with specific racial, ethnic, gender, sexual, or religious identities (Derman-Sparks et al., 2020).

Implicit biases, or unconscious biases, are biases people don't know they have. Most biases are implicit. People experience implicit biases in the following ways:

- automatic reactions that occur immediately, without thinking about them
- attitudes, beliefs, and stereotypes that form without consciously knowing it

Both explicit and implicit biases may lead care providers to act in ways that are harmful to children. When adults treat children based on biases, children are likely to learn negative messages about themselves or others. Children may also miss out on opportunities to play, interact, and be included in learning experiences (California Department of Social Services, 2024).

Example: Noticing Implicit Bias

Isela's Story

When I was a care provider, my assistant shared a surprising observation. She noticed that I was more engaged when building or doing sensory experiences with boys than with girls. When I asked her about my interactions with girls, she said I was nurturing, but I didn't laugh or get excited in the same way.

I felt defensive. I didn't really believe her or understand what she was saying. I started thinking and reflecting on my actions and interactions. I wondered if it was true. And if it was true, why? Was there something in my life that influenced my beliefs about boys and girls? It really got me thinking. If she hadn't said anything to me, I wouldn't have known that my actions were different with boys and girls. At the time, I didn't know that was a bias, but it definitely was. I worked at disrupting that bias.

Guideline 5.2. Be Responsive to and Inclusive of Families' Cultures, Languages, Practices, and Beliefs

"Language is important not only because it is a means of social connection and communication, but also because it represents an important way to learn about the culture and reinforce group identity." (California Department of Education, 2016, p. 24)

Partner with families to understand and respect their perspectives and priorities.

Learn about the cultures and languages of each family.

When care providers learn about each family, they can include families' cultures, languages, and practices in their child care settings. Providers can ask about family activities, special people, favorite toys, or preferred foods. Some ideas for reflecting family cultures in the child care setting include the following:

- learning the names and correct pronunciation of each child's family members
- creating a photo book for each child with pictures of their families doing things like preparing familiar foods
- offering materials that reflect children's cultures, languages, and experiences

"At enrollment I ask the families for photos of their family, including grandparents, extended family, and anyone else they want to include. I make a photo album for each child. I call these books "family books," and little ones will go and bring them out and talk about them. I ask them what they call each relative, and I make a label, so I remember and refer to the grandparents or the aunt, the cousins in the same way. That's my way to help children connect to their families while they're in child care."

Anabell Garcia-Chak, FCCH Provider

Affirm multilingual development.

Many children are learning or using multiple languages. Providers can talk with families about their children's multilingual development and how they can work together to support it.

They can also share information about the benefits of multilingualism. Some ways to promote multilingual development include the following:

- encouraging families to continue to speak their home language with their children
- providing books in children's home languages
- including music, songs, and rhymes that represent children's cultures and languages

> **"I wish I would have been taught when I was a little girl about being Maidu; what we do and why, and how important it is. Our tribe does language class every Tuesday and Thursday. I attend that every once in a while. I need to start going more. Being able to implement our language is important because it's connecting us, and helps us feel like we're more connected to our ancestors and our loved ones."**
>
> Nicole Youngblood, FCCH Provider

Supporting Home Language Development

Care providers who do not share a child's home language can support home language development by learning words or phrases frequently used in the care setting, such as the following:

- daily routines like eat, snack, drink, bathroom, sleep, or play
- common objects like shoes, jacket, hat, toy, or book
- simple answers like yes and no

Communicate with family members to better understand their practices and beliefs.

Families may seek care providers who have cultural values, beliefs, or home languages consistent with their own. Even if they start from this common ground, it is important for providers to learn about each family's practices, including the following:

- daily routines
- ways of playing, connecting, and showing affection
- approaches to socialization and guidance

Care providers can learn about the family's practices and beliefs during their first meeting with a family. Providers can also share their practices during this meeting so they can explore whether the provider's and family's beliefs and practices align. Communicating in ways that are respectful, kind, and culturally affirming is key. Some ways to enhance understanding of families' practices and beliefs include the following:

- acknowledging and focusing on children's and families' strengths
- partnering with families to identify children's strengths and interests
- working together to find a way forward when perspectives differ

> **"其實家長是有感受到的，你有些真誠，他是真的感受到的。如果不是的話，都不會說對我們的信任，你們做的工作很多不是公式化。是你為了小孩子好，是希望他們成長得健康。一路跟家長溝通，經過時間，他們知道這個是一個可以信任、是一個真誠的關係。這個是不可以做出來的，你是真的要真心去喜歡這個工作。** [Parents do sense your sincerity; they genuinely feel it. Otherwise, they wouldn't have the trust in us. Much of the work you do isn't a formula. It comes from your genuine desire for the children's well-being and their healthy growth. Through continuous communication with parents, over time, they come to understand that this is a trustworthy and sincere relationship. This cannot be faked; you must truly love this job.]"
>
> Yuye Liang, FCCH Provider

Explore ways to respond to families when values differ.

Families might have requests or expectations that care providers do not understand or agree with. When this happens, providers need to be responsive to families' caregiving approaches, beliefs, and values. Care providers can be responsive and inclusive by affirming families' feelings, ideas, and perspectives. Being responsive and inclusive may not mean doing what a family asks. In some cases, requests may violate Child Care Licensing regulations. When licensing regulations limit flexibility, care providers can still affirm a family's practice or belief while explaining the requirements and their purpose in ensuring children's well-being.

Reflect to Build Awareness

Care providers who are unaware of the influence of their childhood experiences may only feel comfortable with familiar child care practices (California Department of Education, 2019). Reflection can help providers understand how their own backgrounds and upbringings impact their practices and learn to recognize and affirm the value of other approaches.

Consider different perspectives.

Conversations can strengthen understanding and support a provider's ability to affirm someone else's feelings. Here are some ways providers might frame conversations to explore differences:

- I would love to chat with you about … Can you help me understand …?
- My experience is different from yours. My perspective is …
- It seems that you and I have different perspectives. Let's work together to find a way to move forward.

Resources for Providers: Guideline Area 5

Stress, Trauma, Resilience, and Trauma-Informed Practice

- California Early Childhood Online, California Department of Social Services
  - Culturally Responsive Trauma-Informed Practices module series, https://caearlychildhoodonline.org/en_modulecatalog.aspx?moduleId=1153
  - Trauma-Informed Practice: Relationships at the Center of Promoting Children's Well-Being and Healing module series, https://caearlychildhoodonline.org/en_modulecatalog.aspx?moduleId=1193
  - Safe Spaces: Foundations of Trauma-Informed Practice for Educational and Care Settings module series, https://caearlychildhoodonline.org/en_modulecatalog.aspx?moduleId=1189
- Early Childhood Trauma, The National Child Traumatic Stress Network, https://www.nctsn.org/what-is-child-trauma/trauma-types/early-childhood-trauma
- Signs of Trauma in Children, The Child Mind Institute, https://childmind.org/article/signs-trauma-children/
- Trauma-Informed Care 101: Understanding Your Role in Creating a Trauma-Informed Environment, California Training Institute, https://training.caltrin.org/trauma-informed-care-101-understanding-your-role-in-creating-a-trauma-informed-environment
- How Children Understand Death: What to Say When a Loved One Dies, American Academy of Pediatrics, https://www.healthychildren.org/English/healthy-living/emotional-wellness/Building-Resilience/Pages/How-Children-Understand-Death-What-You-Should-Say.aspx

Identifying and Disrupting Bias

- California Early Childhood Online, California Department of Social Services
    - Creating Equitable Early Learning Environments for Young Boys of Color module series, https://caearlychildhoodonline.org/en_modulecatalog.aspx?moduleId=1191
    - Disrupting Implicit Bias: The Power of Awareness, Understanding, and Love modules series, https://caearlychildhoodonline.org/en_modulecatalog.aspx?moduleId=1194
- Understanding Anti-Bias Education: Bringing the Four Core Goals to Every Facet of Your Curriculum, National Association for the Education of Young Children, https://www.naeyc.org/resources/pubs/yc/nov2019/understanding-anti-bias

Affirming the Lived Experiences of Children and Families

- California Early Childhood Online, California Department of Social Services
    - Developing and Maintaining Responsive Relationships with Children and Families module series, https://caearlychildhoodonline.org/en_modulecatalog.aspx?moduleId=1163
    - Quality Counts California Family Engagement Toolkit, Module 5 Unit 1: Take a Shared Approach to Family Engagement, https://www.caearlychildhoodonline.org/en_modulecatalog.aspx?moduleId=98
- Family Engagement, Multilingual Learning Toolkit, https://www.multilinguallearningtoolkit.org/strategies-resources/welcome-and-engage-families/
- Family Partnerships and Culture, California Department of Education, https://www.cde.ca.gov/sp/cd/re/documents/familypartnerships.pdf
- Why Is the Sense of Belonging as a Child Important? Mind 24-7, https://www.mind24-7.com/blog/why-is-the-sense-of-belonging-as-a-child-important/

Guideline Area 6: Nurturing Children's Well-Being Through Responsive Relationships

Children grow and learn through responsive relationships. They develop a sense of well-being when they feel safe, cared for, valued, and deeply understood. Every interaction with a child is an opportunity to make meaningful connections. Even simple moments like smiling warmly in greeting can help to shape how children understand themselves, others, and the world around them.

Understanding children's experiences with their families helps providers form and maintain responsive relationships and meet children's needs in the child care setting.

As members of the community, family child care home (FCCH) and family, friend, or neighbor (FFN) providers may already have meaningful relationships and shared experiences with families they serve. Many families intentionally seek care providers who share their languages, traditions, values, faith, or cultural ways of being. Even when starting from this common ground, it is important for providers to learn about each family's specific beliefs and practices.

Responsive Relationships Matter

Responsive relationships are essential throughout childhood. Providers can continue strengthening their relationships with children by honoring children for who they area and prioritizing meaningful connection during daily interactions.

Guideline Area 6 addresses creating conditions that promote trust, connection and belonging (6.1) and establishing warm, nurturing relationships to support children's emotional well-being and resilience. It also addresses setting developmentally appropriate expectations for children's behavior (6.3) and providing guidance to support children's behavior (6.4). Finally, it covers understanding the impact of stress and trauma and the importance of using trauma-informed practices (6.5). For information on creating strong partnerships with families, see Guideline Area 4. For more information on promoting positive relationships among children, see Guideline 9.1 Promote Caring Relationships Among Children.

Guideline 6.1. Create Conditions That Promote Trust, Connection, and Belonging

Build trust by being consistent and reliable.

> **"Being really responsive and available for children helps them feel safe. I'm a firm believer that when children feel safe and trust their caregivers, they're going to thrive."**
>
> Wendy McWilliams, FCCH Provider

Be fully present and responsive to individual children's needs.

Children begin to understand the world through the care they receive each day. When families and providers consistently offer warmth, patience, and care, children learn that they can trust the adults in their lives. Over time, children feel safer, more secure, and more confident to explore their world. They are more willing to engage with learning, confront challenges, try new things, and take risks because they trust the adult guiding them (Souers & Hall, 2016).

Respond to infants' and toddlers' cues with prompt care and attention.

Infants and toddlers must feel secure in knowing their needs will be met. Providers build trust with infants and toddlers when daily routines like greetings, diapering, and feeding become special moments of one-on-one connection. Providers can narrate their actions to help children understand what is going on and help them feel safe.

Listen fully when children share their ideas or stories.

As children grow, their trust deepens when adults communicate that children's thoughts hold value. Some other ways providers can build trust are following through on promises consistently, communicating with honesty, and inviting children to participate in decision-making.

Connect individually and respond to each child's unique communication style.

Learn about each family's cultural ways of being.

Getting to know each family's cultural ways of being helps providers understand communication styles. Tone of voice, word choice, and body language vary across cultures and individuals. When care providers are mindful of these differences, they show respect for who children are and create continuity between home and the care setting.

Become familiar with each child's communication style.

Each child communicates, connects, and expresses themself differently. Children may vocalize, use gestures, tell stories, use humor, observe quietly, or have bursts of energy. When providers pay attention to each child's way of communicating, they send a powerful message: "I see you. I understand you. You belong here." It is important to remember that children's methods of communication change as they grow and so should the ways care providers respond to them.

Respond to each child's communication in ways that make them feel safe and acknowledged.

Infants and young toddlers primarily communicate through cries, babbles, and physical expressions. Care providers can respond to these cues with a gentle touch and calm voice. Using familiar words from a child's home language can help build connection and a sense of belonging.

As children grow, care providers can connect with them by listening closely to their stories, validating their feelings, or matching their communication style in one-on-one interactions. For example, some children enjoy energetic and enthusiastic interactions while others feel more comfortable in quiet conversations.

Example: Being Responsive to Frustration

Aanya's 11-year-old niece Priya seemed upset when she came home from school. Aanya quietly asked if something happened. Then she asked Priya if she wanted to talk about it or have a snack first. Priya explained that kids were yelling on the bus and didn't stop when she told them to.

Aanya said, "That sounds frustrating. You didn't like the yelling, so you told them to stop but they didn't. It's hard when people don't listen. I"m sorry that happened. What can I do to help you feel better??

Tips for Greeting Children

A personal greeting each day lets children know they matter. How care providers greet children changes as children grow, for example

- kneeling to be at eye-level to welcome a preschooler,
- showing genuine curiosity when asking a 6-year-old about something they are working on, or
- checking in with an older child about their friends, interests, or concerns.

Ensure that each child feels valued and included.

Help children develop a sense of community.

In many home settings, children learn and play together in mixed-age groups. Younger children may look up to older peers, while older children gain confidence and empathy as they take on leadership roles. Providers can strengthen children's sense of community by encouraging peer connections, supporting emerging friendships, and creating brief moments of one-on-one interaction within and across age groups.

Offer children multiple ways to join in, explore, and connect.

It is important that all children, regardless of age, developmental level, or ability, feel equally included in the child care setting. Providers can adjust materials, break tasks into smaller steps, create quiet or cozy spaces, and offer choices that honor sensory, communication, or mobility differences. When care providers intentionally make these adjustments, children learn that there are many ways to engage, communicate, and belong. By embracing each child's individuality, providers build a community where every child feels seen, respected, and included. For more information, see Guideline 10.2 Promote a Sense of Belonging and Full Participation for All Children.

Provide opportunities for children to make choices.

Children feel valued when they are allowed to make choices. Providers might offer children choices in how they want to be greeted, participate in activities, or spend their quiet time. By giving children options within daily routines and respecting their choices, providers help children understand that what they want matters.

Example: Supporting a Child During Separation

When Elijah arrived, he was clinging to his mom's leg and crying. Ms. Raquel knelt at his eye-level and said, "You want more time with Mama?"

Elijah nodded. Ms. Raquel stayed close and offered her hand gently. A few minutes later, Elijah whispered, "Read book?" Ms. Raquel smiled and noticed Elijah's body relax. They walked together to the couch—a familiar routine for them.

Guideline 6.2. Establish Nurturing Relationships to Support Children's Emotional Well-Being and Resilience

Respond with kindness, patience, and emotional availability.

Respond to children with kindness and patience.

When care providers are consistent, caring, and patient, children are able to grow emotionally. Warm and consistent responses, such as offering comfort, listening closely, or acknowledging children's feelings, help children learn that emotions are safe to express.

Be emotionally available for children.

Being emotionally available means being present, open, and willing to share emotions in relationships with children. Care providers who are emotionally available give children the confidence to explore, persist despite challenges, and trust that they will have support when difficult moments arise.

Example: Accommodating a Child's Sensitivities

Ms. Hana started the blender to make smoothies for a snack. When she looked up, Linh was covering his ears and ducking under the table. Ms. Hana turned off the blender, knelt beside him, and said, "Oh Linh, that sound seemed too loud for your body. Loud noises can be scary. I'm here with you." Ms. Hana took a breath and invited Linh to take some slow breaths with her. Reflecting, she realized that sometimes loud sounds are hard for Linh. So, Ms. Hana got some noise-canceling headphones, and she talked with Linh about when and how he could use them.

Building Resilience Through Caring Interactions

Caring interactions create the conditions for resilience. Children become resilient as they learn that they can work through challenges or strong emotions, persist, recover, and thrive (Souers & Hall, 2016). This process requires the support of a trusted adult.

Support children in naming, understanding, and navigating their emotions.

Acknowledge children's emotions, support them to name emotions, and help them understand why they feel the way they do.

Children do not always understand why they feel certain ways. Providers can pause to listen, wonder aloud about feelings, or explain how body sensations connect to emotions (California Department of Education, 2024).

Each of these practices helps children understand what they are experiencing. For example, a provider might explain to an anxious child, "Sometimes our tummy hurts when we're feeling nervous."

When providers acknowledge children's emotions in these ways, children learn that their feelings are valid and worthy of attention (Gartrell, 2023). With consistent emotional support, children gradually learn how to navigate their own emotions with greater confidence.

Learn from families how they express emotions, guide behavior, and provide comfort.

Partnering with families can help care providers understand how best to support each child's well-being, emotional regulation, and resilience. When care providers know about families' practices, they can respond to children in ways that feel familiar and reassuring. Consistency between home and their child care setting helps children feel deeply known and supported in both places.

Model the behaviors you want to observe.

Children learn by observing the adults around them. Care providers play an important role in modeling positive behavior. Care providers need both awareness of their own emotions and the ability to manage them. Care providers experience frustration, overwhelming feelings, and stress, just like children do. When a care provider pauses and says, "I'm taking a deep breath because I'm feeling frustrated," they are modeling emotional regulation in real time. They show children that big feelings are OK and that there are safe, appropriate ways to handle them.

Create predictable interactions and routines that foster a sense of safety.

Use consistent, reliable ways to connect with children.

Consistency helps children feel safe and secure. When providers are consistent and reliable, children grow to trust that adults will show up in caring ways. This trust helps children feel safe to express themselves honestly and take on challenges.

Create predictable routines and transitions.

Predictable routines and transitions help children know what to expect from day to day. Cues like "pretty soon it will be time to clean up for lunch" or familiar transition songs help children shift activities with less stress. Providers can also use visuals to cue transitions, which can be particularly helpful for multilingual learners or children with disabilities (Alanís et al., 2021). When children understand what will happen next, they can focus on learning instead of bracing for surprises. For more information on planning routines and transitions, see Guideline 9.2 Plan Care Routines and Transitions for Multiple Ages.

Guideline 6.3. Set Developmentally Appropriate Expectations for Children's Behavior

Consider child development and individual differences to guide expectations for children's behavior.

Consider what is typical for a child's age.

When care providers understand what is typical for a child's age, they can set expectations that match the child's abilities. This approach makes it easier to respond with patience, empathy, and understanding instead of disappointment or frustration.

Know each child as an individual.

It is important that providers know and understand each child as an individual. This means observing children's specific interests and learning about their personal approach to learning and social situations. Paying attention to individual strengths and differences helps providers tailor expectations and guidance in ways that make sense for each child.

Determining What Is Developmentally Appropriate

There are three considerations that guide developmentally appropriate expectations (National Association for the Education of Young Children, n.d.):

- What is typical for a child's age?
- What is unique to each individual child?
- What do the child's family, culture, language, and community teach them about their world?

Example: Supporting a Child Through a Change

Tía Silvia was getting a new couch, and the existing table would need to move. Tía Silvia knew these changes would be challenging for her niece Hannah if she didn't prepare her. So, a week before the couch was to arrive, Tía Silvia told Hannah about it. The morning the couch was being delivered, Tía Silvia asked Hannah if she remembered what was happening that day. Hannah responded by saying she loved the blue couch. Tía Silvia told her, "I know. That couch is your favorite because blue is your favorite color. You might feel sad when it's gone. And remember, the table will be over there, not here." Then Hannah asked if they would make forts on the new couch. Tía Silvia said, "Of course! Big forts."

Understand the child's world.

Children's development is shaped by their families' cultures, languages, and communities. Values and beliefs vary across communities. Even within one culture, families have their own unique beliefs, values, traditions, and ways of guiding behavior. These differences influence a child's needs and behavior in a care setting. Providers can learn more about individual children's worlds from their families. Guideline Area 5 offers more information on this topic.

Example: Developmentally Appropriate Expectations

Isela's Story

I cared for a 3-year-old who always kept playing during clean-up time. Sometimes, I'd get frustrated. Then I would remember three things: (1) She was only 3 years old and transitions can be hard for preschoolers. (2) She needed extra time and visual cues like pictures to move from one activity to the next. (3) Her family follows "event time." Her parents shared that they value finishing an activity before moving on. They didn't believe in stopping because of the clock. In her world, transitions happened naturally.

Guideline 6.4. Provide Guidance to Support Children's Behavior

Maintain a strengths-based perspective.

Focus primarily on what children can do instead of what they cannot do.

Care providers can pause regularly to think about what makes each child wonderful, for example, their silliness, curiosity, gentleness, or creativity. Holding these strengths in mind supports a more loving and compassionate response when a child needs adult guidance and support (Friedman & Mwenelupembe, 2020).

Recognize behavior as a form of communication.

What may look like a tantrum over a toy could be a child feeling overstimulated, activated by noise, or tired after spending the morning outside. If a child hits another child and takes their toy, it may be because they do not have the words yet to request it. When providers understand that behavior is communication, they are better able to provide guidance to children. Providers observe, wonder, and respond, helping children feel safe, understood, and supported.

Provide guidance that positively supports social-emotional skills.

Stay calm when providing guidance.

If a provider cannot stay regulated, they cannot be responsive to what children need in that moment. Once regulated, a provider can offer children positive guidance. Through positive guidance, providers can support children's social-emotional development. They can help children recognize and express their own needs, understand how their behavior impacts others, and learn to regulate their emotions and responses.

Tips for Regaining Calm

- **Pause and breathe before responding:** Taking two or three slow, steady breaths helps the body settle so the response can be thoughtful rather than reactive.
- **Notice feelings:** Recognizing stress, frustration, or overwhelm allows providers to steady themselves before guiding a child's behavior.
- **Keep the tone warm:** Speaking slowly, gently, and at a lower volume helps create a sense of safety for both the adult and the child.
- **Remember that behavior is a form of communication:** Perceiving behavior as a sign of unmet needs shifts the focus from "misbehavior" to curiosity, empathy, and problem-solving.
- **Seek support when needed:** Checking in with another trusted adult, taking a brief reset moment, or reflecting later can help restore calm and gain perspective, especially when a provider is feeling challenged.

Acknowledge children's feelings.

Children's feelings are real and deserve acknowledgment. Acknowledging feelings is an important part of positive guidance (California Department of Social Services, 2025). Children need adults who notice and care about what they are feeling. Children can match what they feel in their bodies with the words that describe these emotions when providers say something like, "I see tears on your face. It looks like you might be feeling sad." Using "might be" leaves space for the child to clarify. Providers can name what they observe children doing, for example, crossed arms, a frown, or tense shoulders. These observations help children build emotional vocabulary and develop self-awareness.

Validate what children want.

Validation tells children that they are being heard and understood. When providers validate children's wants and needs, they communicate empathy and respect, even when the plan doesn't change (Souers & Hall, 2016). For example, a provider might say, "You really don't want to leave the library. You love story time. You wish we could stay." After pausing, the provider can gently guide the transition: "We'll be leaving soon. You can choose one more book to check out, and we'll take it to the counter."

Recognize children's efforts.

Children need gentle encouragement as they learn new skills like waiting, taking turns, or solving problems. When providers acknowledge effort, children feel supported as they grow. Simple phrases such as the following let children know their efforts are seen and appreciated: "You're waiting patiently. That can be hard." or "You remembered to stay close while we walk. Thank you for helping keep everyone safe." These small, intentional messages build confidence and reinforce emerging skills.

Example: Helping to Manage Intense Feelings

Ms. Mari was caring for 3-year-old Nia and 10-month-old Leo, who was just learning to walk. As Nia stacked cups, Leo toddled over and knocked them down. Nia's breath got faster, and she screamed. Ms. Mari said, "I heard your cry, and I noticed that Leo knocked over your cups." She continued, "I think you might be feeling frustrated about that." Still crying, Nia crawled into her lap. Ms. Mari took some deep calming breaths and noticed Nia settling. Then, she told Nia that Leo is still learning how to play gently, but maybe they can help him learn. Together, they stacked the cups, and Ms. Mari asked Nia if they should let Leo knock them down.

Guideline 6.5. Understand the Impact of Stress and Trauma and Implement Trauma-Informed Practices

Provide trauma-informed relationships and environments for children.

Recognize that children who have experienced stress or trauma may need more time to feel safe and secure.

Children who have experienced stress or trauma may find it difficult to trust adults. They may also struggle to manage everyday experiences or stay calm during moments that feel unpredictable. Providers can allow extra time for children to become familiar with the provider and their caregiving routines.

Be familiar with the ways children show they are stressed or having a stress response.

Trauma can show up in many ways. When a child or adult feels that they are in danger, regardless of whether that danger is real, their nervous system becomes "activated." This stress response means their body shifts into a survival state. Their heart beats faster, breathing changes, and thinking brain stops. In this activated state, they cannot reason, follow directions, solve problems, or calm themselves. Providers can pay attention to individual children's behaviors, notice, and respond intentionally to stress responses.

> **"Lo que aprendí es que en muchas ocasiones cuando los niños están pasando por trauma y abusos en sus familias, ellos sienten que no son dignos de amor, sienten que ellos no merecen que se les trate con respeto, y sienten que ellos son el problema.** [What I've learned is that, in many cases, when children are experiencing trauma and abuse within their families, they feel that they aren't worthy of love, they feel that they don't deserve to be treated with respect, and they feel that they are the problem.]**"**
>
> Araceli Flaharty, FCCH Provider

Sometimes children appear to be having a stress or trauma response, but the cause is linked to other developmental or sensory needs. The child's family may understand why a child is responding in a certain way and be able to offer guidance to providers. Listening to families; learning from their expertise about their child, family, and culture; and staying attuned to each child can ensure that care and support align with the child's needs.

Being Responsive: Trauma-Informed Care

The care provider's role is not to diagnose or provide therapy. They don't even need to know the source of a child's stress or trauma to be helpful in the moment. What matters is how providers respond when a child's behavior signals overwhelming feelings or distress. Every loving response can help rebuild a child's sense of safety and trust in the short and long term.

Use a trauma-informed approach to care.

When children are experiencing a stress response, their behavior is their body's way of saying, "Something feels too big for me right now." A trauma-informed approach invites providers to think about what children are communicating with curiosity and compassion. Instead of reacting to the behavior itself, providers can ask, "What might this child be telling me? What do they need to feel safe, secure, and connected?"

Example: Trauma-Informed Response

During outdoor play, 5-year-old Javi was scooping sand. Kamari ran past Javi unexpectedly. Javi froze and dropped his scoop, his shoulders tightened, and he stared at the ground. Mr. Luis moved to Javi slowly and knelt beside him. Mr. Luis said, "I noticed your body got still. I'm here for you." Then Mr. Luis offered him a small truck in case it would calm him. Mr. Luis told Javi he would sit with him until his body felt ready. After a minute, Javi picked up the truck and leaned into Mr. Luis. Mr. Luis, who stayed close to him until he was ready to go back to the sand.

Teach and model calming strategies throughout the day.

Calming strategies can help when the nervous system has been activated. When they're feeling overwhelmed, most children cannot use these strategies on their own. They need the support of a calm, trusted adult. Providers can model and teach calming strategies such as deep breathing, jumping, shaking, or dancing during everyday moments.

Calming Strategies to Practice

- Take three to five deep belly breaths.
- Move the body, for example by dancing or shaking.
- Focus on the five senses:
  - What do you **see**?
  - What do you **smell**?
  - What do you **taste**?
  - What do you **hear**?
  - What do you **feel**? For example, you might feel your feet touching the floor or your back against the chair.
- Use guided imagery to support deep breathing, like pretending to smell a flower and then blowing out a candle.

Observe, listen, and adjust the environment to reduce stressors.

Trauma can make everyday experiences feel overwhelming. Care providers can support children by paying attention to the situations or sensory experiences that increase a child's stress and making adjustments to the care setting.

Tips for Reducing Stressors

- Create a cozy space where children can go when they are feeling sad, frustrated, or overwhelmed.
- Offer sensory supports such as fidgets, weighted items, or soft lighting.
- Observe for signs that children feel overwhelmed, such as rocking, fidgeting, hiding, pacing, or covering ears.
- Reduce transitions when possible.
- Prepare children for changes in routine by explaining what is happening beforehand. Using visual cues like pictures is also helpful for some children.

Be aware of your own self-regulation to be a calm and supportive presence.

Trauma-informed care begins with self-awareness (Hammond, 2014). Providers can take a moment to notice how they are feeling. When stressed, they might notice a tight jaw, raised voice, quickened breath, frustration, or the urge to emotionally react rather than calmly respond. Providers can pause, steady their breathing, unclench their shoulders, or take a moment (when safe) to bring themselves back into a calm, grounded state. The provider becoming calm and grounded matters because a child's nervous system relies on the adult's nervous system for cues of safety.

California has created a variety of supports for providers who are experiencing stress. Available resources include the **California Surgeon General's Playbook for Stress for Caregivers and Kids**, and the California **Infant and Early Childhood Mental Health Consultation Network**.

Accept the child fully and build trust through compassionate responses.

Children thrive when they feel accepted and understood. Responding with empathy and compassion builds trust, especially for children who have learned adults cannot always keep them safe. Providers can use their own calm body, voice, and presence to help the child regain a sense of safety. This support may include reducing noise or stimulation, sitting nearby, or offering gentle words like "You're not alone. I'm right here. I will help you." Children can also benefit from being given time to breathe or cry without pressure to stop. These compassionate responses help the child feel loved, connected, and safe enough to recover. Over time, these experiences rebuild trust, strengthen resilience, and help the child internalize the feeling that "When things feel big for me, someone will help me."

Example: Helping a Child Feel Safer

Ms. Talia took the children to the library, and the older children were helping the younger ones up the steps. Santiago, a preschooler, noticed the library security guard and froze. He was shaking. Ms. Talia asked all the children to wait right there because she needed to help Santiago. She knelt next to Santiago and said, "Santiago, you are safe. I'm right here. No one is going to hurt you. I'm going to hug you, OK?" It took a bit, but Santiago finally looked at Ms. Talia and hugged her hard. She kept telling Santiago he was safe.

Resources for Providers: Guideline Area 6

Nurturing Relationships

- California Early Childhood Online, California Department of Social Services
  - Developing and Maintaining Responsive Relationships with Children and Families module series, https://caearlychildhoodonline.org/en_modulecatalog.aspx?moduleId=1163
- Infant and Early Childhood Mental Health Consultation Network, California Department of Social Services and WestEd, https://iecmhcnetwork.org
- Infant/Toddler Caregiving: A Guide to Social-Emotional Growth and Socialization (Third Edition), Program for Infant-Toddler Care, California Department of Social Services and WestEd, https://www.cdss.ca.gov/Portals/9/CCDD/pitc-se-learning-guide-edition3-2023-digital.pdf

Developmentally Appropriate Guidance and Support

- California Early Childhood Online, California Department of Social Services
  - Social and Emotional Learning: A Foundation for Life module series, https://caearlychildhoodonline.org/en_modulecatalog.aspx?moduleId=1158
- Developmentally Appropriate Practice: Creating a Caring, Equitable Community of Learners, National Association for the Education of Young Children, https://www.naeyc.org/resources/position-statements/dap/creating-community

Trauma-Informed Practices

- California Early Childhood Online, California Department of Social Services
  - Trauma Informed Practice: Relationships at the Center of Promoting Children's Well-Being and Healing module series, https://caearlychildhoodonline.org/en_modulecatalog.aspx?moduleId=1193
- Trauma Informed Care Training for Child Care Providers, Child Care Resource Center, https://www.ccrcca.org/providers/trauma-informed-care-training/
- The California Surgeon General's Playbook for Stress for Caregivers and Kids, Office of the California Surgeon General, https://osg.ca.gov/wp-content/uploads/sites/266/2023/02/Caregivers-and-Kids_California-Surgeon-General_Stress-Busting-Playbook.pdf
- Safe Spaces: Foundations of Trauma-Informed Practice for Educational and Care Settings, Office of the California Surgeon General, https://osg.ca.gov/safespaces/

Supporting Children's Learning and Development

Guideline Area 7: Setting Up Home Environments for Child Care

A thoughtful approach to setting up home environments for child care is especially important when caring for children in mixed-age groups. With well-planned organization, care providers can supervise and support the needs of infants, toddlers, preschoolers, and school-age children in one space. As care providers plan their environments, they can consider how they will provide children of various ages with access to the following:

- spaces for movement and exploration
- quiet areas for rest or focus
- developmentally appropriate materials and equipment

When children have easy access to age-appropriate materials in a mixed-age setting, they can choose activities that interest them and participate in ways suited to their skills and abilities. Thoughtfully designed environments support cooperation, empathy, and learning across age groups (Katz et al., 1990).

Well-organized storage helps care providers and children find what they need when they need it. Displaying and storing materials where children can access them enables children to make choices without waiting for an adult's help.

Diversity of Child Care Environments in Homes

Families may choose child care in home settings because they want their child to experience the comfort and familiarity of a home setting. However, home settings and care arrangements vary widely. Licensed family child care home (FCCH) programs and some family, friend, or neighbor (FFN) care providers welcome children into their home. Other FFN care providers go to the child's home. In both situations, spaces for child care or how

much the care provider can change the space may be limited. Additionally, the basic physical features of the home and property can affect how the space is organized.

Features and considerations that can influence how a care setting is organized include the following:

- size and layout of the home
- access to outdoor space, both on the home's property and nearby
- type of community the home is in, such as urban, suburban, or rural area
- spaces that are or can be dedicated solely to child care, such as a converted porch or garage
- areas that are shared with the provider's or child's family, such as a kitchen, dining area, and bathroom
- spaces reserved for family members, such as bedrooms
- outdoor spaces that may be shared or parts of outdoor spaces used only for the children in care

Spaces Approved for Use

In licensed FCCHs, spaces that are not approved for use, such as bedrooms, garages, or other storage areas, must remain completely inaccessible to children during child care hours.

Guideline Area 7 addresses ways to create a safe, comfortable, and predictable environment (7.1); set up the environment to support mixed-age groups (7.2); design indoor and outdoor environments for play-based learning (7.3); and maximize storage space (7.4).

Guideline 7.1. Create a Safe, Comfortable, and Predictable Environment

Maintain a safe environment and supervise children at all times.

Organize the environment to support safety and supervision.

- Ensure supervision of children at all times. This includes being able to see children from areas such as the kitchen or a diapering area.
- Ensure that all furniture and equipment is safe, age appropriate, and well maintained.
- Provide dedicated spaces that support the needs of each age group. In a mixed-age setting, all children need opportunities to engage in age-appropriate activities. However, it may not always be safe for the activities of different age groups to happen in the same space.
- Organize the space so providers can maintain supervision of children in different spaces, quickly respond to any potential hazards, or intervene when necessary if children are having conflicts with each other.

> **"My environment is important to me because I provide a home away from home setting where children feel safe while their parents are at work."**
>
> Gricelda Reyes, FCCH Provider

More information about making environments safe can be found in Guideline 2.1 Ensure Children's Safety.

Tips for Supporting Supervision and Safety in a Mixed-Age Group Setting

- Create protected spaces where infants and young toddlers can move freely while older children engage in more active play.
- Store small toys and materials that pose a choking hazard out of reach of infants and toddlers.
- Ensure traffic paths are clear and uncluttered to avoid tripping hazards.
- Provide a space for ill children to be kept separate from the rest of the group.

Example: Supervision and Safety in Mixed-Age Settings

Maya cares for infants, toddlers, preschoolers, and school-age children in her FCCH. She has created a protected area for infants on one side of the room so they can move freely and explore objects safely. A gate separates this space from the rest of the room.

In the open middle of the room, toddlers and preschoolers use cardboard blocks and plastic animals to create a zoo. The doorway to the kitchen also has a gate.

The older children choose from materials stored on a high shelf. Maya puts the materials on the kitchen table for older children to use. She can observe them from the family room. When they finish, Maya reminds the children to check for small pieces to make sure the younger children are safe. Maya also checks for small pieces after they're done.

Maya's thoughtful setup and careful supervision allow children of different ages to engage safely in activities that support their development and learning.

Provide comfortable furnishings that support interactions.

Use child-size furniture, such as small tables, in play areas so children can interact with each other.

Add a low stool or firm cushion that can be moved to make it easy for care providers to engage with children at their level.

Adjust the furnishings to promote children's and adults' comfort and interactions.

Furnishings may include a blend of adult- and child-size furniture or creative seating. For example, low benches or stumps in an outdoor area invite children and adults to sit together and offer comfortable spaces for adults to supervise children while holding an infant.

Maintain a predictable environment.

Create spaces that clearly communicate what children can do there.

A corner with cushions, soft toys, and books invites children to settle in and rest or read. A big tub of cardboard tubes and another full of balls out on the lawn invite active exploration and experimentation.

Ensure that areas used for care routines are well organized and easy to maintain, and store supplies near where they will be used.

Important: Cleaning supplies and other hazardous items must always be stored in locked cabinets or out of children's reach. Information on storing food and medication safely can be found in Guideline 2.2.

Arrange materials so children know where to find things.

With care provider guidance, children also learn to put things back where they belong.

Allow spaces for extended play.

Extended play allows children to return to projects or materials later in the day, or even over several days.

Example: Providing Space for Children to Continue Building

Lena, an FCCH provider, noticed children becoming frustrated when block structures were dismantled multiple times a day. So, she decided to create a platform in her outdoor block area where children could leave structures and add materials over the course of the day or across several days. "They come back with new ideas," she shared. "They remember what they were thinking yesterday and build on it."

Lena noticed that older children began planning ahead, saying, "Here's what we'll add tomorrow." And younger children returned to repeat actions such as stacking, lining up, and knocking down, gradually joining more complex building alongside the older children.

Guideline 7.2. Set Up the Environment to Accommodate Mixed-Age Groups

Ensure the environment invites exploration and supports participation.

Adapt space and equipment to support mixed-age groups.

- Include flexible materials and shared play areas that can be used in multiple ways. Children of different ages can engage at their own level while participating in shared play experiences.
- Ensure children have access to spaces and equipment that are appropriate for their ages and abilities. Children can participate in routines and activities safely, comfortably, and confidently.
- Offer flexible seating options. Offer cushions, stools, or small chairs. Allow children to choose what works best for their bodies and tasks. For example, toddlers may stand at a table where older children kneel or sit while playing with play dough.
- Provide adjustable-height easels and sturdy tables of different sizes. These options support similar activities for children of different ages.
- Install safety surfaces under outdoor play structures or choose equipment with multiple entry points or various heights.
- Adjust the physical space to create defined areas for specific age groups and activities. Using modular shelving or movable room dividers can help redefine spaces to support focused work for older children. At the same time, defined areas maintain safe play areas for younger ones.

Safety in Mixed-Age Groups

In some situations, care providers may not be able to create a separate space, and sharing space would not be safe. For example, it may not be appropriate for toddlers and school-age children to be on a play structure at the same time. In this situation, care providers can set aside different times for children to use specific spaces and equipment.

Provide developmentally appropriate materials and opportunities.

Provide various materials that meet children's different developmental levels and support each child's participation in their own ways. Offer materials that infants, toddlers, preschoolers, and school-age children can use based on their individual age, skills, and readiness:

- **Infants** may explore objects such as bowls, things that roll, and soft sensory toys they can grasp or mouth safely.
- **Toddlers** may engage with simple knobbed puzzles, cause-and-effect toys, and sturdy board books.
- **Preschoolers** may use art supplies, pretend play materials, or larger construction pieces in increasingly complex ways.
- **School-age children** benefit from materials that support advanced thinking and creativity. These materials may include strategy games, writing and drawing supplies, science tools, or construction materials that allow for detailed building projects.

Age-Appropriate Spaces and Equipment

- **Infants:** a low, protected area with soft furnishings where infants can explore without being bumped by older children
- **Toddlers:** child-sized seating, step stools at sinks, and floor-level shelving that supports choices during daily routines
- **Preschoolers:** defined play areas—such as a block area, pretend play corner, or art table—with materials organized and accessible at the child's level
- **School-age children:** quiet, separate space—for reading, homework, or focused projects—equipped with storage and appropriately sized tables and chairs

Provide space and extended time for outdoor play and exploration of natural materials.

Ensure direct supervision at all times when children are playing outdoors. Provide safe spaces and opportunities for active movement and outdoor exploration.

- In homes with yards, care providers can intentionally design an outdoor space that encourages children to move their bodies and freely explore. How an outdoor space is organized depends on the size of the space, whether it is used only for child care or shared by the family, and other factors.
- If a play yard is not available, care providers can explore local parks or nature preserves with children. Providers can also bring aspects of the natural world indoors with potted plants, natural materials for sensory experiences, and bright natural light and fresh air.

Take special care when children play in or near any amount of water.

- Care providers must always maintain visual supervision and stay within reach of all children when they are playing with or near water.
- Any pools, hot tubs, fountains or other open water in the child care setting must be secured by a locking fence or cover.
- Any water tables, buckets, tubs, or other containers used in water exploration activities must be emptied or be securely covered when the activity is over.

Example: Field Trips to Explore Nature

Lisa takes care of her three grandsons, ages 4, 8, and 11. She knows that being outdoors and exploring nature is beneficial for them. She regularly arranges short walking field trips to a creek near her home. Lisa says, "I can take those three different ages to a creek, and they're all experiencing different aspects of what's there. One might be looking in a little pool, while another might have his fishing pole and be out there fishing."

Designing Safe and Developmentally Appropriate Outdoor Spaces

Care providers may design their outdoor space to include safe and developmentally appropriate features such as the following:

- play structures or modular climbing equipment
- riding toys
- sports equipment
- gardens with child-safe plants
- areas for playing with sand or dirt or building with natural materials

Use technology with intention.

Communicate with families about how technology may be used in the setting.

Have open conversations with families about their preferences and expectations around technology use. Whether and how children will interact with technology may be an important factor for families as they make child care decisions.

The 5 Cs of Media Use

The American Academy of Pediatrics (2025) published **The 5 Cs of Media Use**, a resource with updated guidance on children's and teens' media decisions. It moves beyond monitoring or limiting screen time to considering the effect media has on a child, how it is used, and the quality of the content.

The 5 Cs is a memory aid that care providers and families can use to reflect on the use of media with children.

- **Child:** Who is this child? How do they react to media? What are their motivations for using it?
- **Content:** What is worth their attention?
- **Calm:** How do they calm their emotions or go to sleep?
- **Crowding Out:** What does media get in the way of?
- **Communication:** How can you talk about media to raise a smart and responsible child?

The **5 Cs Resource Hub** offers additional resources to apply the 5 Cs in practical, everyday ways.

Use assistive technology to support participation.

Some children with disabilities or delays use technology to communicate or otherwise participate in the care setting. A child's use of a tablet, phone, or computer as a communication device or other assistive technology is not "screen time," and these devices are not toys. Assistive technologies are vital tools that support children's full participation. It is important that care providers understand how a child's assistive technology works and support children in using them in the care setting. More information on common assistive technologies is covered in Guideline 10.3 Partner With Families and Specialists to Provide Individualized, Strength-Based Support.

Use photos and videos to help children document and reflect on their experiences.

Use technology intentionally as a way to enhance children's memory and support them in telling stories and reflecting. Storytelling and reflection are valuable ways for children to share thoughts, feelings, and memories. Here are some ways photos and videos can be used to support children's reflections:

- Take photos and videos to document a walk. After the walk, the care provider can share the pictures or videos and invite children to talk about what they saw and what interested them.
- Use photos to document the progress of projects such as creating a miniature village out of sticks, rocks, leaves, and other things found in nature. The care provider can print the photos so children can create a poster. Depending on the children's ages, they may write out the steps of the process or describe them for the care provider to write.
- Make video or audio recordings of children interviewing each other about something they are working on. Children can learn to ask basic questions to encourage reflection, such as "Can you tell me about what you're doing?" and "What gave you that idea?" By interviewing and being interviewed, children learn to both explain their experiences and listen to others.

Example: Using Video to Support "People Watching"

Isela's Story

One practice we use, especially when working across age groups, is to help older children learn how to observe the younger children. I often tell them that we are going to get really good at "people watching." When we people watch, we begin to understand what others need and recognize the many ways they communicate.

For example, older children might take short videos of babies during mealtimes and then notice how they communicate. A baby might flap their hands when they are finished eating or grunt and reach out when they want something. By watching closely, children become better at understanding each individual child.

Afterward, we can watch the video together and talk about what we notice. This works especially well with a very small group. Then, the next time that child is eating, we can observe whether they communicate in similar ways. Through this process, technology becomes a tool for noticing, understanding, and building relationships, rather than just something to watch or consume.

Use technology for research and information sharing.

Use technology to research and explore children's interests. For example, if children are curious about the differences between sharks and dolphins, care providers can help them look for information on an educational website or find informational videos. This kind of exploration with children can generate conversations, questions, and deeper understanding.

Support school-age children in using technology to share what they learn through their research. Depending on what programs and tools the care provider has access to, children may create illustrated newsletters, slideshows, or even movies. These projects can be shared with families or even distributed or displayed at local libraries.

More information about using technology to communicate with families and document children's development can be found in Guideline Areas 4 and 8.

Guideline 7.3. Design Indoor and Outdoor Environments for Play-Based Learning

This guideline focuses on spaces and materials. Information on creating routines and interactions that support child-led play can be found in Guideline 8.1.

Set up environments to promote children's play.

Through play, children explore ideas, engage in problem-solving, practice skills, and make meaning of their experiences. When environments are intentionally designed to support play, children are more engaged, experience fewer behavioral challenges, and demonstrate greater persistence and joy in learning. Play is not a break from learning. It is the primary way young children learn (California Department of Education, 2021).

Ensure that materials and play equipment are safe and age appropriate.

Conduct regular inspections of materials and equipment to ensure children's safety. Inspect items closely to be sure there are no sharp edges, splinters, and other hazards that may cause injuries.

Provide materials that reflect children's home experiences and culture.

When materials reflect what matters to children, they feel understood and valued, which strengthens their sense of belonging in the mixed-age environment.

> **"我們要了解每一個家庭的文化、他們的習俗，以及在我們的環境裡面放置他們的文化物品、那些相片、材料等。提供書籍、唱歌、音樂、和餐飲的習慣，讓小孩子感覺在家裡一樣。 提供的材料是很重要，了解家庭並和他們溝通也是同樣重要的。**[We need to understand each family's culture and their traditions, and have their cultural things—photos, materials, etc.—in our environment. Providing books, singing songs, music, and eating habits, help children feel like they're at home. The materials provided are very important, as is understanding and communicating with families.]"
>
> Lian Yuan Liu, FCCH Provider

> **"A lot of our tribal kids that live or grew up on the reservation have more of a connection to our language, games, and ceremonies. There are also tribal kids that didn't grow up around all of that. So I feel like it's important to have drums, rattles, and sing songs that make them a part of who they are when they come to my house."**
>
> Nicole Youngblood, FCCH Provider

Select books, toys, and other materials that reflect children's interests.

Common interests for children include animals, food, vehicles, storytelling, music, art, or nature, but individual children may have other unique interests. Families can provide valuable information about materials that will appeal to their children.

Set up space and materials for different types of play.

The same spaces are often used for different purposes throughout the day. Include spaces that allow children to choose their preferred type of play and how they will interact with others as they play. Recognize that children often combine types of play and switch between different types of play.

Types of Play and Space Requirements

- **Big-body and physical play:** indoor or outdoor spaces where children can roll around, run, climb, push, pull, carry, and test their strength and coordination
- **Constructive play:** block and loose-parts areas where children can build, design, and problem-solve individually or with others
- **Pretend play:** indoor or outdoor spaces with props or costumes so children can take on roles, create stories, and practice social and language skills
- **Sensory and exploratory play:** sand, water, mud kitchens, natural materials, musical instruments, or art tools that invite investigation and experimentation
- **Quiet or cozy play:** dedicated space where children can read, draw, or engage in solo or small-scale play when they need a calmer experience

> **"I feel like open-ended materials spark creativity. They work with different ages too because there's not a right or wrong way to play with them. And they encourage children to use their imagination and be creative. I discovered throughout the years that sometimes children are more interested in the boxes the toys come in than the toys."**
>
> Wendy McWilliams, FCCH Provider

Offer loose parts.

Loose parts are open-ended, flexible materials that can be used in many ways. These materials include natural objects, blocks, fabric pieces, cardboard tubes, caps, lids, baskets, stones, and other everyday household items. Ensure that all loose parts collected are safe, nontoxic, and sturdy enough to withstand children's play. Support loose parts play in mixed-age care settings in the following ways:

- Provide safe, varied materials to support infants' and toddlers' early exploration and sensory learning.
- Provide loose parts that are interesting and safe for all ages, including infants and toddlers. These materials may include cardboard tubes, large wooden or cardboard rings, scarves, or large wool balls.
- Teach older children which materials are safe for infants and toddlers.
- Use times when infants and toddlers are napping to bring out materials that may be safe for older children but not for infants and toddlers. Make sure all the materials are put away when the infants and toddlers are awake and present.

Select loose parts with intention.

Here are a few guiding questions that can help care providers select appropriate loose parts:

- Are the materials interesting to the individual children in the care setting? Care providers can observe children as they play, take note of materials that interest them, and consider ways to offer more materials with similar characteristics.
- Do the materials support children's exploration, curiosity, imagination, and discovery? Care providers can observe whether children are showing curiosity and sustained engagement in play with various types of materials. Effective loose parts invite children to explore in multiple ways over time.
- Do the materials reflect the cultures and experiences of the children and families? Care providers can connect with families to discuss materials that link to children's home experiences. They may also want to understand whether certain materials conflict with a family's cultural practices. Culturally familiar materials support children's sense of belonging and meaningful engagement in play (Rogoff, 2003).
- Is this material age appropriate and safe for the children in care? Making sure materials are safe and age appropriate is an important part of choosing loose parts. A choke test cylinder can help determine whether loose parts are safe for infants and toddlers.

Example: Loose Parts Play Outdoors

Carly's Story

During outdoor play, children have access to baskets filled with smooth stones, wooden blocks, pieces of fabric, cardboard tubes, metal lids, and plastic caps.

One child begins carefully lining up the stones along the edge of a table. Nearby, another child stacks wood blocks into a tall tower, testing how many pieces can be balanced before it falls. When the tower collapses, the child starts to stack again.

A pair of children drape fabric over cardboard tubes, creating what they call a "tent." They adjust the fabric several times, experimenting with how it hangs and holds. One child adds wood blocks, explaining that they are the "sleeping spots."

As the play continues, children move materials from one area to another. Stones become "food" in the mud kitchen, cardboard tubes become tunnels for toy cars, and the fabric is used to transport materials across the space. The materials are used, taken apart, reassembled, and used again in new ways. The loose parts remain in constant motion, supporting exploration, creativity, problem-solving, and connection, without a single predetermined outcome.

Guideline 7.4. Maximize Storage Space

Organize supplies and materials for convenience and efficiency.

Create and maintain effective storage and shelving.

- Store materials that children are allowed to use at any time in open shelving units and clear bins that leave items on display.
- Use lower shelves with one layer of shelving below and the top surface left bare like a table. Toddlers can cruise along and use the top surface as a work space for puzzles and other materials they are exploring.
- Use closed storage like closets and opaque tubs to store toys that will be rotated out. Sometimes toys feel "new" after being put away for a while. Closed storage is also useful for extra supplies or materials that children should not use without a care provider's help.
- Consider installing higher wall-mounted shelves or cabinets above play areas to store additional materials. High shelves can hold extra toys, equipment, and personal items such as cameras or hot drinks, keeping them out of children's reach.
- Use wheeled carts, toy boxes, or milk crates to gather toys at the end of the day. Once items have been cleaned and sanitized, they can be put back where they belong.
- Use storage containers to involve children in cleaning up. At transitions or near the end of the day, care providers can give children labeled containers and encourage them to collect the items that go in their container.

Secure Shelving

Unsecured tall shelving units can tip over if children climb on them or if there is an earthquake. It is important to always follow safety recommendations to secure shelving. The following earthquake preparedness resource provides tips for securing furniture.

Secure Your Space by identifying hazards and securing movable items (Earthquake Country Alliance).

Tips for Effective Storage

- Netting on the wall provides a place to store balls, foam blocks, or extra pillows. Netting should be at least 4 feet above floor level.
- Zippered pillowcases can be labeled and used to store dress-up clothes, loose fabric, painting aprons, and other soft items.
- Decorative baskets are an attractive storage option to reduce visual clutter.
- Short storage bins can go under beds or other furniture.
- Shelves and bins can be labeled with words and pictures of what belongs in them to help children find things.
- Transparent containers allow children to see what is inside.
- Child-height cubbies or coat hooks allow children to put away or access their belongings without help.

Store supplies, toys, and materials near where they will be used.

- Store children's play materials and care items near where they are used so they are easy to access when needed and quick to put away when done.
- Keep diapers, ointments, and cleaning supplies where care providers can easily access them while staying next to the child. Supplies must also be out of reach of infants and toddlers.
    - If space is available, care providers can store diapers and other supplies for each child in labeled baskets above the changing table.
    - If storage at the changing table is limited, items can be stored in a location that allows care providers to pick up the necessary supplies on the way to the diapering area.
    - If using a mobile changing surface such as a mat, care providers can create a caddy to store diaper supplies. The caddy can be taken outdoors or wherever diaper changes occur. When the caddy is not in use, placing it on a shelf or on top of a cabinet can keep ointments and cleaning supplies out of children's reach.

Clear out unused materials and equipment on a regular basis.

- Inspect materials and equipment regularly for damage or missing parts. Items that cannot be repaired need to be removed from the environment.
- Keep track of items that children seem less interested in. If children have lost interest in a specific toy or type of material, care providers can rotate them out for something else that has been in storage.

Resources for Providers: Guideline Area 7

Child Care Environments in Homes

- Family Child Care Learning Environments, Virtual Lab School, https://www.virtuallabschool.org/fcc/learning-environments
- A Guide to Setting Up Environments for Infants and Toddlers, Program for Infant/Toddler Care, California Department of Social Services and WestEd, https://www.cdss.ca.gov/Portals/9/CCDD/Publications/PITC_SettingUpEnvironments-3rd-Ed-English-3-18-26.pdf
- Family Child Care Environment Rating Scale, Environment Rating Scale, https://ers.fpg.unc.edu/node/60.html

Open-Ended Materials

- Getting Started With Loose Parts, Teaching Preschool Partners, https://teachingpreschoolpartners.org/guide/getting-started-with-loose-parts/
- Designing Effective, Engaging Environments, First 5 Orange County, https://first5oc.org/docs/learning-environments/family-child-care/designing-effective-engaging-environments/

Guideline Area 8: Observing Children to Plan for Play and Learning, Engage Families, and Assess Learning and Development

Children's needs and abilities change as they grow and develop. Their ways of communicating, moving, exploring, and managing their emotions differ at various developmental levels. Children also bring individual interests, strengths, and temperament tendencies that influence how they respond to routines, interactions, and learning experiences. Together, these developmental and individual differences influence what children are ready to learn and how they engage each day.

Observing children's play and interactions gives care providers valuable insights into how the children experience and think about the world. When they observe and document their observations over time, care providers can track how children's development is progressing and how their needs, interests, thinking, and ways of playing are changing. These insights can guide the ways care providers think about supporting children's learning and development.

Additionally, sharing observations with families invites them to contribute ideas to support children's learning.

> **"I think that family education about the importance of play and advocacy for play is crucial. I need to invest in time to play for myself!"**
>
> Raissa Lee, FCCH Provider

Finding time to observe may seem daunting, especially for family child care home (FCCH) and family, friend, or neighbor (FFN) providers who work alone. The kind of observation discussed here can happen during routines and interactions as children explore and play in the environment. Providers can make mental notes, jot a quick note on paper, or snap photos to help them remember their observations. Observation skills strengthen with practice and can become an integrated part of interactions, routines, and children's play.

Guideline Area 8 addresses valuing and understanding the benefits of child-led play (8.1) and supporting the development of all children in mixed age settings. It also addresses using observation, documentation, and reflection as tools to gain insight into children's thoughts and feelings (8.3); to plan for play and learning (8.4); to engage families (8.5), and to assess learning and development (8.6).

Guideline 8.1. Value Child-Led Play and Understand Its Benefits

"Children need the freedom and time to play. Play is not a luxury; the time spent engaged in it is not time that could be better spent in more formal educational pursuits. Play is a necessity." (Jamison, 2005, p. 69)

Recognize play as essential for children's learning and development.

Understand and learn about the benefits of play.

When children have opportunities for child-directed play, they build a wide array of new concepts and skills. For example, as children incorporate counting, measuring, filling, and comparing into their play, they build early math skills. Child-led play also builds executive functioning skills such as attention, inhibitory control (managing behaviors and impulses), and cognitive flexibility (flexibility of attention, thinking, and behavior).

> **"Play is how children learn. Through play children take what we have taught them and put it into practice."**
>
> Rachel Bymun, FCCH Provider

Make time for uninterrupted play each day.

Minimize transitions to protect time to play.

Research suggests that providing blocks of play time of 45 minutes to 2 hours allows children to fully immerse themselves in play, thoroughly explore materials, and develop their ideas. With fewer transitions, children can stay engaged over time. They are more likely to persist, revisit strategies, and extend their thinking through play.

Care providers can support sustained play in the following ways:

- reducing the number of times children are asked to stop playing to move as a group
- combining routines when possible (for example, flexible snack times)
- preserving children's play setups, such as train tracks or forts made with boxes and blankets, so ideas can be revisited later

Offer children long, predictable periods of play.

Short or frequently interrupted play sessions can make it difficult for children to enter "flow," a state of deep engagement in play that supports the richest learning (Christakis, 2016). Children can engage more deeply and have greater learning when they have sustained time to develop and extend ideas (Golinkoff & Hirsh-Pasek, 2016).

Allow children to return to materials throughout the day or across several days.

Returning to materials encourages persistence and helps children develop focus. By slowing the pace of the day and reducing transitions, care providers support children's ability to fully engage in rich, sustained play.

Example: Learning From Child-Led Play

Deborah's Story

I had gotten a new little merry-go-round that the children had not seen yet. I took it out of the box and placed it on the grass. When I opened the back door so we could go out and play, Jack, who was 2 years old, looked outside and yelled, "Look, guys! A new box!" He ran right past the merry-go-round and dove onto the box. The other two children followed him and jumped onto the box, too!

They played with that box for weeks. They climbed in and out of it, pushed and pulled it around the yard, and gave each other rides. They put things in and took them out. For a while, the children enjoyed throwing sand into the box. They liked the sound it made when the sand hit the cardboard. They painted it several times. Finally, after it rained, they were curious and observant as it melted and collapsed.

They hardly ever played with the merry-go-round the way it was intended. They used it more like a bench or a surface to place things they were collecting. That was fine by me; they knew how to make the most of things.

Invite children to make choices and explore through child-led play.

Offer opportunities for child-led play.

During child-led, or child-directed play, children choose what, how, and where to play. Providers offer materials, time, and space and support child-led play by following children's leads. Child-led play allows children to make choices, explore freely, and to follow their own ideas. While supporting uninterrupted child-led play, providers need to maintain visual supervision of all children in care, ensuring children's safety while they explore.

> **"當小孩子自己玩的時候，他才知道我創作的是什麼，即是無形中在自己通過遊戲的時候 build up 自己的想像空間和創作力。**
>
> [When children play on their own, they understand what they're creating, thus unconsciously building up their imagination and creativity through play.]"
>
> Chuk San Lau, FCCH Provider

Protect and encourage play without taking over.

A care provider's role in child-led play is generally to observe or to take on a role as directed by the child. However, care providers may also need to protect the play. This means they enter the play with the intent of keeping the play from being interrupted by distractions or conflicts. When providers protect, encourage, and participate gently in children's play without taking over, they create an environment where children's ideas are honored and their learning can unfold naturally.

Guideline 8.2. Understand and Support the Development of All Children in Mixed-Age Settings

Recognize and respond to children's developmental levels and progress as they grow.

Become familiar with developmental progressions.

Care providers who understand the progression of development can provide the right level of support for each child and better support children's learning and development. When care providers understand what each child needs, they can design play and learning experiences that help all children—infants, toddlers, preschoolers, and school-age children—feel capable, confident, and supported in mixed-age care settings. In licensed FCCHs, mixed-age care needs to stay within the capacity and age-group limits. Providers need to ensure that the environment, equipment, and supervision are appropriate for all children in the group.

> **"作為一個家庭托兒教育工作者，我最喜歡看到小朋友每一個里程碑不同。他每天都變化得很快。 他今天學會講話、明天學會走路、明天會用語言和我溝通、他學會了畫畫、可以做其它的東西，我覺得是我的成就感。作為教育工作者，見到小朋友的成長，一路進步，是讓我覺得是最開心的，最喜歡的。** [What I love most about being a family child care educator is seeing different milestones that a child reaches. They change so quickly every day. Today they learn to talk, tomorrow they learn to walk, tomorrow they can communicate with me using language. They learn to draw and do other things—that gives me a sense of achievement. As an educator, seeing children grow and progress is what makes me happiest and what I love most.]"
>
> Lian Yuan Liu, FCCH Provider

Staying Informed About Child Development

Care providers can stay informed about how children grow and learn by engaging with developmental resources, attending trainings, and reviewing the California Infant–Toddler Learning and Development Foundations (birth through 36 months), Preschool/Transitional Kindergarten Learning Foundations (3 to 5 and a half years), and Preschool Through Third Grade Learning Progressions.

Help young infants feel a sense of security.

Infants rely on consistent, predictable, and responsive care to feel secure. Care providers help build children's sense of security by slowing down, observing infants' cues, and responding promptly and appropriately to their needs (Lally, 2023). This type of care supports attachment and healthy emotional development.

Support toddlers' growing sense of self.

With their growing abilities, toddlers often feel powerful and want to assert themselves. They may express themselves with words like me, mine, and no. Care providers can support toddlers in the following ways:

- providing consistent boundaries and responsive guidance
- offering opportunities to make simple decisions that honor children's emerging sense of self

These practices help toddlers feel secure, take risks, test ideas, and develop confidence within a safe predictable environment.

Example: Responsive Guidance in a Mixed-Age Setting

Eighteen-month-old Luna picked up two wooden blocks that 3-year-old Alex had seemed to finish using. Alex looked up and said, "Hey! I need those."

Luna frowned and held the blocks tightly against her chest. Ms. Samira moved over to Luna and said, "Luna, it looks like you really want to play with the blocks. Alex is still using them. Let's ask Alex for two blocks you can use."

Luna returned the blocks to Alex. Ms. Samira asked Alex to find two blocks for Luna to use. Alex handed two blocks to Luna. Ms. Samira said, "Look, Luna, Alex gave you two blue blocks! They match your shirt." Luna took the blocks, and Ms. Samira told Alex, "Thank you, Alex. That was a friendly thing to do."

Help preschoolers build skills and cooperate with others.

Preschoolers are developing more complex cognitive, language, and social-emotional skills. At this developmental level, children benefit from opportunities to practice problem-solving, express ideas, interact cooperatively with peers, and engage in sustained play. Care providers can offer rich language, supportive guidance during social challenges, and environments that invite exploration and early leadership opportunities (National Association for the Education of Young Children, 2020). These experiences strengthen preschoolers' self-regulation, confidence, and ability to work and learn with others.

Support school-age children to develop confidence and responsibility.

School-age children (ages 5 to 12 years) are developing more complex cognitive, language, and social-emotional skills. They are developing a growing sense of social awareness and learning how to get along with others. Care providers can provide school-age children opportunities to apply their skills, make decisions, and take on meaningful responsibilities that help them feel capable and trustworthy (Durlak et al., 2010).

For example, care providers can offer school-age children opportunities to guide younger children, model cooperative behavior, and take on leadership roles. School-age children also benefit from sharing their ideas, helping others, and contributing to daily routines within the child care setting. These meaningful experiences strengthen their confidence and sense of belonging (National Research Council, 2000).

Recognize that school-age children need time to rest and play.

While school-age children are older, they are still children. They may need time to decompress after school, be with each other, and play in ways suited to their ages and interests.

Example: Leadership in Action

As Dee watched one afternoon, 8-year-old Aria noticed 2-year old Noah reaching above his head for a bin of books meant for older children. Aria steadied the bin, so it didn't fall on him.

Aria said, "Do you want me to get them down for you? We have to be careful with these books." Noah nodded, and Aria let him choose a book. Aria turned the pages slowly pointing to the pictures. "Look, that is a bulldozer!" she said. Noah clapped, leaned into Aria, and pointed to another picture.

Later, Dee thanked Aria and said, "You understood what Noah wanted and you helped him, and you showed him how to take care of our paper books. Helping others shows your strong leadership skills!"

Guideline 8.3. Observe, Document, and Reflect to Gain Insight Into Children's Thoughts and Feelings

Be curious about individual children's thoughts and feelings.

Observe children's play and interactions.

Observe with intention to learn about children: what interests and concerns them, how they think and feel, and how they approach and explore the world around them. By observing moments of play or interaction, care providers discover how children gather information and make sense of it.

> **"I think it is important to be a careful observer and be flexible, that we can be responsive and quickly adjust and adapt to be in alignment with children's play."**
>
> Raissa Lee, FCCH Provider

Example: Observing Scoop Play

Mary Jane's Story

Eighteen-month-old Margaux was standing near a low table. On the table were a small woven basket of rose petals and an empty wooden bowl. Margaux was trying to scoop rose petals from the basket.

When the scoop came up empty, she used her other hand to pick up a few rose petals and drop them into the bowl. She used the scoop to stir the petals in the bowl. Then, she tried to scoop the petals from the bowl, but the scoop came up empty again.

Margaux picked up a few petals from the bowl with her hand and dropped them back into the basket. She made two more attempts to scoop petals from the basket. On the second try, she was successful. Then, she dumped the petals in the scoop into the bowl and used the scoop to stir them.

Document observations made during daily routines and interactions.

"Document" means to record what was observed, reflect on it, and share it with the child's family. Documenting children's play and interactions makes it possible to share these moments with others. Useful written documentation is factual and descriptive enough to provide a clear understanding of what children did or said. Documentation can be any of the following:

- brief notes that describe what was seen or heard during play or an interaction
- photos or short videos of what occurred
- samples of work

Photos and Videos of Children

It is important that care providers get **written permission** from families before taking photos or videos of their children.

Documentation that includes children's personal information needs to be handled in a manner that protects their privacy. Providers must maintain confidentiality in respect to children's records and obtain written permission from children's parents or guardians before sharing things like photographs and recordings.

Reflect on and interpret observations.

Clear documentation of children's play or interactions can be revisited later and interpreted to explore what children might be trying to do or figure out. When care providers share and interpret documentation with others, they can get multiple perspectives on what they observed. This collaboration can deepen understanding of what and how children appear to be learning and developing.

Example: Reflection and Interpretation: Scoop Play Continued

Mary Jane's Story

Margaux tried and failed to pick up and carry rose petals with the scoop, but she did not give up. Although she first picked up the petals with her hand, she went back and tried the scoop again until she succeeded. She seemed to master new skills of scooping and stirring.

She also appeared to give the basket and bowl different purposes. The basket was for "holding" and the bowl for stirring. I wondered if Margaux was imitating a process of cooking she saw at home.

When Margaux's father heard what Margaux was doing, he offered a different perspective on what Margaux might have been doing. The family had been using shovels and wheelbarrows to prepare the backyard for a new garden. He wondered if Margaux was using the scoop like a shovel.

Guideline 8.4. Observe, Document, and Reflect to Plan for Play and Learning

Use observation to plan responsive play and learning experiences.

Notice children's play and reflect on what it means.

Observing, documenting, and reflecting can help care providers plan experiences that support children's continuing learning and development. Care providers can use the following questions to guide their reflections and support planning:

- What do I notice?
- How are the children revealing what they are thinking or feeling?
- How does this inform what we do next?

Plan for play and learning.

Consider ways to support children's learning and development.

Based on what care providers learn from their reflections, they can generate ideas for how to invite children's further exploration and support their learning and development. A care provider can introduce new items into a play space or offer children new ways to participate in daily routines.

For example, a care provider might invite a child to help set the table or teach a child a song to help them wash their hands for the right amount of time. Care providers' reflections can also help them understand when children need specific guidance, like explanations of what children may or may not bite.

> **"Que cosa más bella saber que eras parte de los primeros cinco años de un niño, que tú dejas tu huella. Empiezan a tener curiosidad, a hacer preguntas. ¿Por qué llueve? ¿Qué pasa? Y ¿cómo sale esa flor? Esa parte de la exploración que, a mí, en lo personal, me gusta. Ir a explorar con ellos juntos.** [How wonderful it is to know that you were part of a child's first 5 years, that you leave your mark. They start to get curious, to ask questions. Why does it rain? How does it happen? And how does that flower grow? That part of exploration is what I personally love—going out to explore with them together.]**"**
>
> Jackeline Fernandez, FCCH Provider

Create invitations that spark curiosity and support child-led play.

Invitations for play are intentional arrangements of materials designed to draw children in and encourage exploration. By observing children's play with a sense of curiosity and wonder, care providers can discover ways to spark children's natural curiosity and support child-led play. When this happens, care providers may design "invitations" for play.

Creating Invitations for Play

Effective invitations for play align with children's interests, cultures, and developmental needs. These intentional setups might include the following:

- simple baskets of loose parts
- pretend play props arranged in a cozy nook
- art materials placed on a low table
- natural objects displayed outdoors

Example: Creating an Invitation to Outdoor Play

Erika noticed that 3-year-old Ana and 5-year-old Jordan were drawn to the dirt area along the fence. Ana used a spoon to dig small holes. Jordan filled the holes with pebbles and smoothed the dirt with his hands. Then Jordan asked Ana to make some of the holes bigger and appeared to be sorting the larger pebbles from the smaller ones. A few other children joined briefly, left, and then came back to watch as the holes got deeper and wider.

Erika reflected on her observations. Ana appeared to focus on using a scoop to dig holes. Jordan's attention seemed to be on filling the holes and shaping the dirt. Erika wondered if his request for larger holes was related to his sorting of large and small pebbles. Both children were careful in how they moved the dirt. They seemed to be sharing the space and the tools without conflict.

After reflecting, Erika made a plan to create an invitation for the children. Near the dirt area, she would add a tray with cups, scoops, pieces of wood, and a few short lengths of gutter tubing. She wondered if these materials would extend the children's play.

Adjust expectations and support based on each child's developmental level and individual needs.

When care providers observe with the intention of noticing what children are ready to do, they can adjust their expectations and offer the right amount of guidance. They can step in when needed and step back to allow child-led play. This flexible approach helps children learn at their own pace, build confidence, and experience success. This approach is especially important in mixed-age groups and when children have identified disabilities or delays. When care providers adjust their expectations and support to fit with each child's individual needs, children participate more successfully in the child care setting.

> **"Personally, I feel it is far better to provide solid support aligned with children's interests, rather than focusing on what I might want children to work on."**
>
> Maria Isabel Michea,
> FCCH Provider

Guideline 8.5. Observe, Document, and Reflect to Engage Families

Share and reflect on observations and documentation with families.

Share photos, notes, or work samples from significant moments during children's play.

Care providers can post photos, notes, and examples near the entrance of the care setting. This simple way of sharing documentation can spark conversation and provide multiple perspectives on children's thoughts or feelings.

Invite families to reflect on documentation.

Brief meetings with families to review documentation of children's play and interactions can be rewarding for both care providers and families. Questions such as "What do you notice?" and "What do you think your child might be thinking or feeling?" can invite family members to share information and insight.

When families have opportunities to reflect on documentation, they gain insight into how children's play builds cognitive, language, motor, and social-emotional skills. Such conversations also help families think about ways to extend play at home.

Consider ways to use families' ideas in planning.

Sharing documentation with families also taps into what families know about their children and what impacts their lives. Care providers can find ways to incorporate families' input as they plan learning experiences. In this way, they invite families to co-construct the child care experience with them.

More information about using family input in planning can be found in Guideline 4.2 Partner With Families to Support Their Children's Learning and Development.

Use observations and documentation to explore concerns with families.

Observation and documentation can also help care providers recognize issues of concern. For example, a care provider might observe that a child uses fewer words compared to other children their age or struggles with a task that other children their age do easily. Care providers can use documentation to open conversations about developmental concerns.

A care provider can share a brief note they wrote to reflect on the child's play or talk the family through photos or videos that show the concerning behavior. The care provider and family can focus on what they observe in documentation as they discuss the issue of concern.

The care provider can invite the child's family to share their own thoughts and observations about what is occurring. The discussion may turn to possible next steps. In that case, the care provider can help connect the family with a referral service for screening or further assessments. When developmental concerns arise, care providers can encourage families to consult or connect with their child's health care provider or local intervention services.

In addition, a comprehensive developmental assessment can help the family find the support their child may need to thrive as they continue to grow and develop.

Guideline 8.6. Observe to Assess Learning and Development

Gather documentation over time.

Document observations consistently over time.

Documentation becomes a type of ongoing assessment of how children learn and develop. Care providers can use documentation to keep families informed of what their child is learning and build their own understanding of what best supports each child's learning

Reflect on and refer to documentation to track learning.

Documentation of children's play or interactions offers clear evidence of how children build ideas, concepts, and skills. A note about a child counting as she stacks blocks tracks the child's understanding of quantity. Photos or videos of a child adjusting the angle of a ramp to make cars roll faster shows the child's understanding of the simple physics of how things move. Many skills and types of knowledge are revealed as children engage in child-led play and interactions.

Desired Results Developmental Profile (2025)

Ongoing observation and assessment for planning are distinct from developmental screening and standardized developmental assessment. Developmental screening is used to identify children who might have a disability or delay. It is brief and narrow in scope. A standardized developmental assessment is usually more comprehensive and is completed by someone trained to use the assessment tool.

In California, care providers can learn to use a standardized assessment tool called the **Desired Results Developmental Profile** (DRDP [2025]). The DRDP (2025) is aligned with developmental theory, current early childhood research, and the second editions of the *California Infant–Toddler Learning and Development Foundations* and the *Preschool/Transitional Kindergarten Learning Foundations*.

The DRDP (2025) is designed to be inclusive of all learners, including multilingual learners and children with disabilities. Additionally, the domains of Social-Emotional Development and Approaches to Learning are extended to third grade.

Care providers can think of the DRDP (2025) as a way to "name" what children are learning. Once trained on this tool, care providers can use their observations and documentation as evidence of the knowledge and skills the DRDP (2025) measures (learning progressions), and use the information for future planning for individualized learning.

Resources for Providers: Guideline Area 8

Supporting Play-Based Learning

- The Powerful Role of Play in Early Education, California Department of Education, https://www.cde.ca.gov/sp/cd/re/documents/powerfulroleofplay.pdf
- Play-Based Learning in Early Childhood Education, Child Care Resource Center of California, https://www.ccrcca.org/parents/strengthening-families-blog/item/play-based-learning-in-early-childhood-education
- The Power of Playful Learning in the Early Childhood Setting, National Association for the Education of Young Children, https://www.naeyc.org/resources/pubs/yc/summer2022/power-playful-learning

Child Development

- California Infant–Toddler Learning and Development Foundations, California Department of Social Services, https://californiaearlylearninganddevelopment.org/educators/infant-toddler/foundations/
- California Preschool/Transitional Kindergarten Learning Foundations, California Department of Education, https://www.cde.ca.gov/sp/cd/re/psfoundations.asp
- California Preschool Through Third Grade (P–3) Learning Progressions, California Department of Education, https://www.cde.ca.gov/ci/gs/p3/#tab6

Observation, Documentation, and Reflection

- Watch Me! Celebrating Milestones and Sharing Concerns, United States Centers for Disease Control and Prevention, https://www.cdc.gov/watch-me-training/index.html
- Learning Stories: Observation, Reflection, and Narrative in Early Childhood Education, National Association for the Education of Young Children https://www.naeyc.org/resources/pubs/tyc/fall2022/learning-stories

Partnering With Families to Support Children's Learning

- Welcoming In, Learning About, and Learning From Families, National Association for the Education of Young Children, https://www.naeyc.org/resources/pubs/yc/winter2022/welcoming-learning-about-and-learning-families
- Family Partnerships and Culture, California Department of Education, https://www.cde.ca.gov/sp/cd/re/documents/familypartnerships.pdf

Developmental Screening and Assessment

- The Desired Results Developmental Profile (2025) Online, Desired Results for Children and Families, https://www.desiredresults.us/desired-results-system/drdp-2025-instrument-and-forms

Guideline Area 9: Supporting Mixed-Age Care Experiences Through Relationships and Routines

Child care providers in home settings offer care for mixed-age groups for various reasons. Many care providers value the opportunity to build lasting, meaningful relationships with children as they grow from infancy through their school-age years. Mixed-age care also allows care providers to care for siblings of different ages, which supports families. For licensed family child care home (FCCH) providers, a mixed-age program provides more flexibility to fill openings as they arise. This flexibility helps stabilize enrollment and supports steady income and long-term business sustainability.

Mixed-age groups offer powerful opportunities to support children's learning and relationships. Home child care settings function as small learning communities where children observe one another, participate in shared activities, and develop skills through natural interactions with each other. Mixed-age groups can support social development, promote collaborative learning, and strengthen children's confidence and sense of belonging (Office of Head Start, 2025).

> **"Mixed-age-group learning is so important, and I feel it actually makes things so much easier! I have older children who may be only children at home or the youngest child at home. However, in my program they are the big brothers and big sisters. Through their interaction with the younger children, they build authentic life skills. They gain confidence and become caring, kind, patient, helpful, and compassionate."**
>
> Raissa Lee, FCCH Provider

Although caring for children in mixed-age groups can be rewarding, it can also pose unique challenges. Children of different ages have different interests and developmental needs. Additionally, in licensed FCCHs, mixed-age care must meet capacity and age requirements. These requirements support safe supervision and ensure that children of all ages receive appropriate care.

The small group sizes and continuity of care offered in child care home settings support care providers to be responsive to each child's interests and needs. FCCH and family, friend, or neighbor (FFN) providers can use responsive care to do the following:

- discover each child's interests, strengths, and individual needs
- help children feel secure
- create an environment where children understand what is expected of them

Guideline Area 9 addresses promoting caring relationships among children (9.1) and planning care routines and transitions for multiple ages (9.2).

Guideline 9.1. Promote Caring Relationships Among Children

Encourage collaborative learning through mixed-age interactions.

Pair children for play and simple tasks to strengthen relationships and support collaborative learning.

Shared experiences help children develop confidence and trust with children of different ages.

Promote children's collaboration in activities.

Working together encourages children to talk, share ideas, and solve problems. Children of different ages can enjoy activities such as building with boxes or watering plants.

Gently name developmental differences to support understanding and patience among children.

Care educators can offer explanations like the following to help children understand each other's abilities:

- "He's still learning how to help..."
- "She's watching us clean up..."

This kind of language recognizes differences, respects children's dignity, and supports their positive relationships with each other.

Connect language to children's actions and shared experiences.

Children's interactions with each other provide meaningful learning opportunities for multilingual learners.

Encourage each child to participate in ways that fit their abilities.

Offer inclusive ways for children with disabilities to participate alongside other children and to practice social skills.

Encourage children to contribute at their level of ability. For example, a toddler may pick up a few toys while a preschooler gathers more and puts them on a shelf. When children contribute at their own level, they feel successful and included.

"Yo mezclo a los niños de todas las edades, porque yo he observado que los niños aprenden muchísimo entre sí, unos de otros. Yo trato de estar siempre pendiente, yo y una de mis asistentes, siempre estamos supervisando. A la hora del juego, dejamos que jueguen juntos porque si los chiquitos ven que los grandes patean la pelota, ellos también la quieren patear. Y eso les ayuda con su coordinación. También les hace sentir que son niños grandes y les ayuda en su autoestima. [I mix children of all ages because I've noticed that children learn a great deal from one another. I try to always keep an eye on things—one of my assistants and I are always supervising. During play time, we let them play together because if the little ones see the older kids kicking the ball, they want to kick it too. And that helps with their coordination. It also makes them feel like they're big kids and helps their self-esteem.]"

Araceli Flaharty, FCCH Provider

Promote a sense of community.

Recognize and name helpful and caring behaviors to strengthen connections among children and foster a sense of belonging.

When a care provider says, "You helped her with her coat so we could go outside—that was kind," children learn what caring behavior looks like. Acknowledging these behaviors helps children see how their actions matter and encourages children to offer help and care again in the future.

> **"I love to have the 8-year-old read to the younger children while I prepare for lunch or nap time."**
>
> Noemi Lopez, FFN Care Provider

Model empathy and inclusion.

Acknowledge what is happening and invite children to think about how to help. For example, a provider might say, "You're wondering what's happening. She is feeling very sad right now. What do you think we can do to be helpful?" Support may include giving space, offering a comfort item, or bringing a familiar photo. These guided interactions help children learn compassion, perspective-taking, and respect for one another's feelings.

Use simple, compassionate phrases to help children feel safe, understood, and connected.

Examples may include the following:

- We take care of each other here.
- Everyone belongs, no matter how old they are or what they can do.
- We keep our bodies safe so everyone can have fun playing together.
- How can we be most helpful right now?
- Did you hear what she said? We pay attention to each other's words here.

Guide children instead of solving problems for them when conflicts arise.

Remain calm, neutral, and supportive when guiding conflict resolution. Coaching children to express feelings, listen to one another, and work toward solutions together supports social competence and strengthens children's relationships with each other. Through these kinds of interactions, children learn how their actions affect others and how to repair relationships in respectful ways.

Example: Helping Each Other Solve a Problem

Four-year-old Lucas is building a road with wooden blocks on the rug. Seven-year-old Amaya reaches for a long block to add a bridge. At the same time, Lucas grabs the block and pulls it back. The blocks tumble, and Lucas yells, "That was mine!"

Amaya crosses her arms and says, "You always take things."

Their care provider, Ms. Julia, moves closer and gets down to their level. In a calm voice, she says, "It looks like you both want the same block. Lucas, you look upset. Amaya, you look frustrated."

Lucas nods and says, "She broke my road."

Amaya responds, "I just wanted to help."

"It sounds like Lucas wanted to keep building his road," Ms. Julia says, "and Amaya wanted to add something. Both of those ideas make sense." She pauses and then asks, "What do you think we can do so this works for both of you?"

Lucas looks at the blocks and says, "She could wait."

Amaya thinks for a moment and replies, "Or we could use it together."

Ms. Julia nods. "Those are both ideas that might work. What feels fair to you?"

Lucas says, "We can use it together if it stays in the middle."

Amaya smiles and places the block carefully across the road. "I'll help fix it."

As they rebuild, Ms. Julia adds, "You listened to each other and figured out a plan. You found a way to solve the problem and take care of each other." Lucas and Amaya continue building, talking about where the cars will go next.

Guideline 9.2. Plan Care Routines and Transitions for Multiple Ages

Plan predictable routines and transitions.

Plan routines and transitions in advance to maintain safe supervision during necessary care tasks.

- Care routines include arrivals and departures, meals and snacks, diapering and toileting, rest and nap time, hygiene practices, clean-up, and transitions between activities. For care providers who provide evening or weekend care, routines may also include bathing or bedtime preparation.
- Transitions include moving from one activity to another, preparing meals, going outdoors, or welcoming children after school.

Routines

Well-planned routines promote emotional security, reduce stress, and create predictable patterns that support engagement and learning (Zero to Three, 2021).

Plan age-appropriate routines and transitions that are responsive to individual and cultural differences.

Be responsive to how individual children might approach routines or transitions. Differences may relate to cultural expectations, such as being accustomed to event-based rather than time-based transitions. Also be attentive to individual characteristics, such as having difficulty waiting for their turn or taking longer than other children to eat a meal.

> **"我規定了小孩子不可以自己開門，就算他大到真的可以自己開門也好，我都 set 了這條 rule。小孩子一定要等大人開門，因為他們要從大人那裡學到。哦，門是 only for teacher 的。** [I've set a rule that children can't open doors by themselves, even if they're old enough to do so. Children must wait for an adult to open the door. They need to learn from the adult, that the door is only for the teacher.]"
>
> Hui Ying Li, FCCH Provider

Use consistent strategies during transitions.

Care providers can use clear, predictable transition strategies to help reduce stress and support engagement (Ostrofsky et al, n.d.). Use familiar language and cues in the same order each day to help children learn what comes next and move through transitions.

> **"Clear and predictable routines help children feel safe, confident, and prepared for transitions throughout the day. Using consistent language, visual cues, and gentle reminders helps reduce stress and supports positive behavior."**
>
> Khulood Jamil, FCCH Provider

Example: Planning for Diapering in a Mixed-Age Setting

Rosa operates a small FCCH and works alone. Late in the morning, she notices that 9-month-old Maya needs a diaper change. Rosa gently places Maya in the protected space for infants and says, "You need a diaper change. I'm going to help your friends, and then I'll be right back to change you."

Rosa has prepared some prop boxes with materials children can play with when she needs to change a diaper or prepare a meal. She only brings the boxes out during these times. Rosa changes the materials sometimes to keep children interested. Rosa invites the toddlers to choose a box, saying, "I need to change Maya's diaper. Which special box would you like to play with while I help her?"

One toddler picks a box with dinosaurs and soft blocks. Another chooses one with a baby doll, blanket, and bottle. Because this routine is familiar, the children begin playing right away. Rosa notices that the older children are busy arranging train tracks. She says, "I'm going to change Maya's diaper now. You can keep building your train while I help her."

She places the younger infant, Noah, in a nearby playpen with a teething ring to keep him safe. Rosa then takes Maya to the changing table, explaining each step. Rosa can see all of the children from the changing table.

Because Rosa planned the routine carefully and selected materials that support calm, focused play, the rest of the group remains engaged and safe while she gives Maya individualized attention.

Include children as active participants in routines.

Invite children to participate in daily routines in ways that fit with their developmental abilities.

Even very young children can engage in routines in simple ways, such as lifting their legs during diapering or holding a bib at mealtimes. Over time, these experiences help children understand how routines work, build self-care skills, and learn cooperation within a group.

Use routines and transitions as opportunities to strengthen relationships and support children's growing sense of self and belonging.

Remain attentive to who each child is, how they experience daily care, and what helps them feel secure and valued.

Developmentally Appropriate Participation in Care Routines

Infant Participation in Mealtime

An infant who is eager for mealtime leans forward as the care provider places a bib around their neck. The caregiver responds, “Thank you for helping me put your bib on. You’re ready to eat now.”

Toddler Participation in Cleanup

At the end of outdoor play, the care provider brings out a large bag used for cleanup. Recognizing the cue, a couple of toddlers begin collecting balls from the yard and placing them in the bag. The caregiver says, “You knew exactly what to do when the bag came out. Thank you for helping us get ready for tomorrow.”

Preschooler Participation in Hygiene Routines

During handwashing, a preschooler helps turn on the faucet, pumps soap, and reminds a younger child, “First soap, then scrub.”

The caregiver notices and says, “You remembered the steps and helped your friend. That was thoughtful.”

School-Age Child Participation in Snack Time

Before snack, a school-age child checks the routine chart and begins setting out cups and napkins without being asked. The caregiver acknowledges this by saying, “You noticed that it was snack time and got us ready. That really helps our group.”

Consider children's home culture when planning routines and transitions.

- Learn how families handle daily routines at home, such as greetings and goodbyes, mealtime expectations, rest practices, and how much help children typically receive.
- Observe children's responses to routines and transitions and reflect on whether the pacing, language, or level of adult involvement matches children's home experiences.

> **"I have conversations with families and ask them about their child care practices and routines. I ask how they feed their child, and ask what meals the child enjoys at home, so I can recreate them."**
>
> Wendy McWilliams, FCCH Provider

- Use familiar words, songs, gestures, or comfort strategies from children's home languages or cultures during routines and transitions when possible.
- Support children's comfort and understanding by adjusting routines thoughtfully. For example, provide more adult help during transitions or offer shared participation rather than insisting on independence.
- Explain routines clearly to families, especially when program requirements differ from home practices. Work together to find approaches that respect family values while maintaining safety and licensing requirements.
- Approach cultural differences with curiosity, reflection, and respect.

> **"Eating food can be very culturally sensitive. In Western culture, we use a spoon and fork to eat. I grew up in India, and they use their hand to eat. And in India, they keep feeding their child for quite some time."**
>
> Sarika Rathi, FCCH Provider

Understanding Independence and Interdependence

Independence refers to cultural values that emphasize children doing things on their own. For example, feeding themselves, moving between activities independently, or managing routines with minimal adult assistance.

Interdependence refers to cultural values that emphasize shared care and close relationships. Adults remain actively involved and guide children through routines together.

Even though practices may vary, both independence and interdependence support healthy development (Rogoff, 2003; Keller, 2020).

Adapt routines and transitions to support individual children.

Observe children closely during transitions and provide tailored support to help children feel more comfortable and engaged.

Individual children may need additional support to understand expectations. Some children may have sensory sensitivities, anxiety, or difficulty transitioning between activities.

Notice which transitions are most challenging for individual children.

Reflect to understand why some transitions may be harder for some children.

Simplify routines.

Break routines into smaller, manageable steps for children who need more structure. This can reduce overwhelm, clarify what to do next, and make it easier for adults to prompt or check progress step by step.

Offer transition supports.

Offer supports such as advance notice, visual cues, transition buddies, or a quiet space where a child can regroup before or after a transition.

Adapt routines for different age groups.

> **"I find that there's so many positive things about working with mixed-age children because little ones learn from the older ones. Older children gain empathy and patience with little ones and get to teach them."**
>
> Wendy McWilliams, FCCH Provider

Use appropriate transition strategies for different age groups.

- Provide support during transitions that meets children's developmental abilities.
- Ensure that children are safe and activities remain developmentally appropriate, especially when younger children are involved in routines or activities with older children.
- Use simple songs, finger plays, movement games, or quiet table choices (books, drawing, manipulatives) to keep children engaged while moving between activities.
- Stagger transitions. For example, send a few children at a time to wash hands to lessen waiting time.
- Provide gentle, one-on-one support for infants and toddlers. Talk through what is happening and allow extra time for them to shift to a new activity.
- Offer preschoolers simple choices and short warnings before transitions begin, for example, "In 2 minutes we'll clean up for snack."
- Involve school-age children in planning routines, assigning leadership roles, or helping support younger children during transitions.

Coordinate transitions for school-age children.

- Develop a consistent, welcoming routine to help school-age children settle in, feel supported, and know what to expect when they arrive.
- Establish a predictable arrival routine that includes a warm greeting, time to decompress, and a clear next step.
- Balance time for relaxation or quiet activities with family expectations that homework be completed.
- Communicate with families, and with schools when possible, about schedules, homework expectations, and changes that may affect transitions.

"I help school-age children transition into the program by creating a calm environment, giving them time to settle in, and supporting homework routines with encouragement and structure. Every child adjusts differently, so patience and consistency are important."

Khulood Jamil, FCCH Provider

Develop agreements about homework for school-age children.

- Collaborate with families to understand their expectations and agree on whether and when homework will be completed in the care setting.
- Provide a quiet, well-lit space with needed supplies for children who choose to work on homework.
- Offer support as needed without creating pressure or directing children's work.
- Allow children time to unwind before homework, offering opportunities for snacks, play, rest, or quiet activities.
- Communicate with families about how homework went. Note any challenges or successes.

What does research say about homework in after-school settings?

- Homework support in out-of-school environments is most effective when it is flexible, child-centered, and not overly structured.
- After-school hours should balance academic support with opportunities for rest, play, and social interaction.
- Rigid homework expectations can increase stress and reduce motivation, particularly for children who are already tired from a full school day.

Sources: Harvard Family Research Project (2010), Afterschool Alliance (2021)

Example: Making Homework Collaborative and Fun

Ms. Rachel and Mr. Josh offer ways to make homework more fun for school-age children. For example, when a child has reading homework, they ask if the child can read to the babies or preschoolers. If a child has math homework, they think about ways the child might use bricks, manipulatives, or blocks to do math homework. Ms. Rachel and Mr. Josh encourage children to help each other by reading together or strengthening skills through play.

Resources for Providers: Guideline Area 9

Caring for Children in Mixed-Age Groups

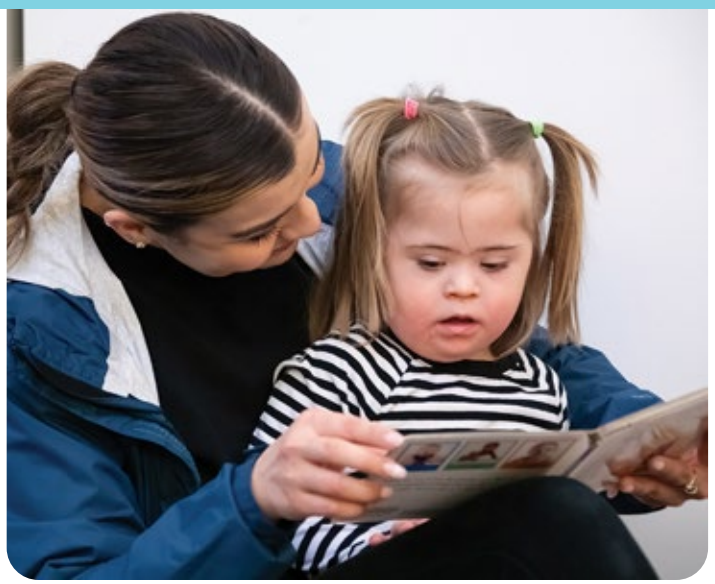
- Family Child Care and Mixed Age Groups Throughout the Day: Resource Guide, Ohio Department of Education and Ohio Department of Job and Family Services, https://dam.assets.ohio.gov/image/upload/v1734899021/childrenandyouth.ohio.gov/For%20Providers/Early%20Learning%20and%20Development%20Standards/Family-Child-Care-and-Mixed-Age-Groups-Resource-Guide.pdf
- Meeting the Needs of Multiple Ages in Family Child Care, Center for Inclusive Child Care, https://www.inclusivechildcare.org/sites/default/files/courses/swf/Meeting%20the%20Needs%20of%20Multiple%20Ages%20in%20Family%20Child%20Care.pdf
- A Guide to Setting Up Environments, Program for Infant/Toddler Care, California Department of Social Services and WestEd, https://www.cdss.ca.gov/Portals/9/CCDD/Publications/PITC_SettingUpEnvironments-3rd-Ed-English-3-18-26.pdf

Routines and Transitions

- A Guide to Routines, Program for Infant/Toddler Care, California Department of Social Services and WestEd, https://www.cdss.ca.gov/Portals/9/CCDD/Publications/PITC-Routines-3rd-Ed-English-3-18-26.pdf
- The Essential Nature of Caregiving Routines, Program for Infant/Toddler Care, California Department of Social Services and WestEd, https://www.pitc.org/sites/default/files/2020-01/OLE-M2-MJR-eReader-More-than-Just-Routine-Images-and-Quotes-V6.pdf
- Modifying Transitions and Routines, ECE Resource Hub, https://eceresourcehub.org/wp-content/uploads/sites/8/2021/09/LOOK_Strategy-Handout_Modifying-Transitions-and-Routines.pdf
- Visual Supports for Routines, Schedules, and Transitions, National Center for Pyramid Model Innovations, https://challengingbehavior.org/docs/Routine_cards_home.pdf

Guideline Area 10: Promoting Inclusive Practices

"Inclusion is not a place or program. It is a philosophy, practice, feeling, and experience." (California Department of Social Services, 2021a)



An inclusive child care setting is one that provides supportive opportunities for all children to play and learn together. Although inclusion and accessibility are related, being inclusive goes beyond supporting children's physical access. Inclusive practices promote respect for each child's thoughts, feelings, ideas, and capacity to grow and learn.

Inclusive practices ensure that every person—child or adult—in the child care setting experiences an authentic sense of belonging. Care providers can promote an authentic sense of belonging for children and families by treating them with dignity and nurturing and respecting all aspects of their identities. Care providers can also use strength-based practices to support children's authentic sense of belonging. By focusing on what children know and are able to do, strength-based practices encourage and support children's participation within the care setting.

> **"I believe children with disabilities or special medical needs deserve opportunities to learn, play, and feel included. I create a welcoming environment that helps all children feel safe, respected, and supported."**
>
> Khulood Jamil, FCCH Provider

It is important to note that children with disabilities also have specific legal protections that apply within child care and education settings. Inclusive practices in family child care home (FCCH) settings need to support children's inclusion and participation while still meeting health, safety, and supervision requirements for all children in care.

Children and families can feel when care providers express genuine interest in each child and focus on their strengths. Children learn that they are valued by others simply for being who they are. They also learn to accept differences and treat others with fairness and respect.

All children have individual strengths, interests, areas for growth, and needs for attention and care. This means that all children can benefit from inclusive practices. However, care providers may need to provide additional support and thoughtful planning for children who

- have specific disabilities or conditions as diagnosed by medical or educational professionals,
- do not have a specific diagnosis but their behavior, development, health, or mental health affects their ability to participate in the child care setting, or
- have experienced or are experiencing trauma or are showing signs of stress.

Guideline Area 10 addresses understanding legal protections and services for children with disabilities in child care settings (10.1), promoting sense of belonging and full participation for all children (10.2), and partnering with families and specialists to provide individualized, strength-based support (10.3).

Guideline 10.1. Understand Legal Protections and Services for Children With Disabilities in Child Care Settings

Be informed about laws, rights, and services designed to protect and support children with disabilities.

Learn about laws that protect children with disabilities in child care and education settings.

Care providers are important advocates for children and families. When care providers understand the laws that protect children with disabilities, they can help families access support and services that help children thrive. Understanding these legal protections also helps care providers ensure they are fulfilling their responsibilities when caring for children with disabilities.

The rights of children with disabilities and their families are defined under two key federal laws:

- the Americans With Disabilities Act
- the Individuals With Disabilities Education Act

The Americans With Disabilities Act (ADA)

The ADA is a civil rights law that requires all child care providers to offer equal access to children with disabilities. Care providers must make reasonable accommodations to support children's participation as long as it does not create an undue burden or safety concern. For example, a licensed FCCH provider may need to reorganize the physical space to ensure access or provide a child with an individualized routine.

The Individuals With Disabilities Education Act (IDEA)

The IDEA is a federal education law. It requires that all eligible children have access to free, appropriate public education and early intervention or special education services from birth to age 22.

The IDEA guarantees that children with disabilities from birth to age 22 receive the following:

- evaluation in all areas of development related to the child's possible delay or disability
- an individualized plan
- individualized services and support
- education in the least restrictive environment

Least Restrictive Environment

Least restrictive environment means that, as much as possible, children with disabilities or delays need to be in the same care and education environments as children without disabilities.

Confidentiality

Parents have the right to keep their child's information confidential. No one may review a child's records or discuss the child's confidential information unless the family gives written permission.

Become familiar with services for children with developmental disabilities.

Learn about referrals and early intervention services.

If a child of any age has a developmental disability (for example, an intellectual disability, cerebral palsy, epilepsy, autism, or other disabling conditions), they may be eligible for additional services outside of school. Care providers can refer families of children with developmental disabilities to their local Department of Developmental Services regional center for evaluation for additional services.

Early intervention services are specialized supports for children birth to 3 years old. In California, early intervention services are provided by Early Start. The Early Start process works as follows:

1. **Identification and referral:** When family members, care educators and providers, or other community professionals recognize an infant or toddler may need to be evaluated, they can make the referral to Early Start at their local regional center. Families can make the referral for their children, or care providers and specialists can work with the family to make the referral with parental consent.
2. **Evaluation:** Early Start evaluates each infant or toddler who is referred. The evaluation determines the child's eligibility for specific early intervention services.
3. **Services:** Early Start provides the needed services in the natural environment. Natural environments are places the child and family would be if the child did not have a disability, such as the home or a child care setting.
4. **Family support:** Family Resource Centers provide ongoing support services in a family-centered environment. Family Resource Centers are run primarily by parents of children with disabilities.

Guideline 10.2. Promote a Sense of Belonging and Full Participation for All Children

Build relationships with and among children to support inclusion.

Respond consistently to children with warmth, kindness, and openness.

Building relationships with children begins with nurturing, responsive interactions that help each child feel safe, valued, and loved (California Department of Social Services, 2021b). Strong relationships support children's social-emotional growth and help them feel an authentic sense of belonging.

Promote relationships among children.

Children's strong relationships with each other help them build a sense of community in which each child's strengths and abilities are recognized and appreciated.

More information on promoting relationships among children can be found in Guideline 9.1.

Adapt environments and activities to accommodate children's sensory needs.

Children learn about the world through their senses. Elements such as lighting, colors, scents, sounds, and textures affect the ways children explore, create, play, and learn. Care providers offer children opportunities to engage their senses as they explore. At the same time, care providers consider what children will see, hear, touch, and smell.

Tips for Managing Sensory Experiences

Light and color can be used to provide an appealing backdrop for children's development and learning. Using neutral colors and a combination of natural and indirect light reduces the risk of visual overstimulation sometimes caused by intense colors, patterns, and bright lights.

Sound is constant in a child care setting. There are voices, music, sounds of play, and noise from the surrounding area, such as traffic or construction. Excessive noise can affect children's well-being. Loud noise can also damage children's hearing and make it harder for them to understand and develop language. Experts recommend keeping background noise levels at or below 35 decibels at least 80 percent of the time. A background noise level of 35 decibels allows someone to be clearly heard and understood in a normal conversation without raising their voice.

Scents come from many sources in a child care environment: food, cleaning supplies, learning materials like play dough and markers, and the natural environment. Too many scents can be overwhelming. Care providers can manage scents by avoiding scented personal care products and quickly removing sources of unpleasant scents. Care providers can ask families about any allergies children have to scented products to help prevent any exposure.

Touch is a primary way children explore the world around them. Textures and shape help children understand the objects that surround them. Care providers can provide opportunities for children to explore through touch by providing materials with a variety of textures, such as play dough, sand, water, non-toxic finger paints, soft toys, and hard books.

Source: California Department of Social Services (2021b)

Support open-ended play to accommodate differing abilities.

Offer ample opportunities for play.

Although all children need opportunities for play, these opportunities are especially important for children with disabilities or delays. Medical appointments, therapy services, and other adult-directed experiences may limit children's opportunities to play or make choices. Care providers can set aside different or additional time for play in the care setting.

Make time for open-ended or child-led play.

Care providers can allow children to decide what to play with and how to play. Play also gives children a way to manage stress and make sense of their feelings and experiences.

Ensure that environments, materials, and activities remain safe and appropriate for all children in the group.

When they understand each child's interests, abilities, and needs, care providers can make simple adaptations to environments, materials, routines, activities, and experiences. In this way, care providers can support all children's equal participation as they explore, practice, and develop skills.

Use Universal Design for Learning (UDL) to support children's participation in the child care setting.

Follow UDL guidelines.

UDL is a research-based approach for promoting access to environments and experiences for all individuals. Following UDL guidelines helps care providers do the following:

- design learning environments and experiences that meet individual needs
- provide flexible ways for children to engage, act, and learn
- make sure every child can fully participate in meaningful ways

Tips for Using UDL to Promote Participation

- Design indoor and outdoor spaces with clear pathways and open areas for children to move around and explore.
- Provide different textured surfaces to support children's various ways of moving. For example, provide smooth flooring, carpet, grass or turf, and pavement.
- Offer materials suitable for all children's abilities. Here are some examples:
  - brushes, squeeze bottles, and sponges for children to use when painting
  - puzzles with knobs or handles to make it easier to hold pieces
  - balls that light up, make noise, or have various textures and sizes to help children track and grasp
- Provide activities and materials that help children engage multiple senses, such as colored or scented play dough.
- Be mindful of children's individual sensory needs, such as sensitivities to sound, scent, and light.
- Arrange materials within children's reach.
- Use trays and "no-slip" placemats to contain and stabilize materials so they are easier for children to interact with.
- Use adaptations in ways that maintain safe supervision and accessibility for all children in care.

UDL: Engagement, Representation, and Action and Expression

The California Department of Social Services (2026) describes UDL in the context of child care using the three main components of UDL: engagement, representation, and action and expression.

Engagement refers to the ways children enjoy and participate fully in what they are learning. Care providers can build on children's interests to promote engagement by doing the following:

- observing and following children's interests during play
- offering multiple choices in materials and experiences to promote exploration and play
- using nurturing, predictable routines to build trust, connection, and a sense of belonging

Simple changes can promote engagement. Many care providers naturally support engagement through responsive, relationship-based approaches to care.

Representation refers to the ways children perceive and understand information. Care providers can help children learn about people, objects, and ideas by representing information and ideas in multiple ways. Providing multiple representations may include the following:

- using gestures, songs, and visual supports
- reading books in multiple languages
- providing various ways to learn through the senses

Many care providers already make simple adjustments for each child, such as providing sensory materials or creating visual supports.

Action and expression refers to the ways children show what they know and can do. There are many ways care providers can offer children flexibility in how they show what they know and can do:

- respecting each child's ways of moving and exploring
- encouraging various ways of communicating ideas, interests, and needs
- providing materials that can be used in different ways

Simple changes like matching a child's pace during an activity can support children's ways of acting and expressing themselves. Many care providers already incorporate this flexibility into daily routines.

Example: Offering Different Materials to Support Participation

Kailani's Story

Kailani's observation: I noticed 4-year-old Daniel join two preschoolers building with small wooden blocks. At first, he observed the other children. Then, he picked up a wooden block and tried to place it on top of another. His block rested off center, and it immediately fell to the ground. He tried again but the block fell again.

Kailani's reflection and invitation: I noticed Daniel's frustration, moved closer to him, and said gently, "You're working hard to stack the blocks, Daniel. We also have these cork blocks. Would you like to find out how they stack?" I slid Daniel a basket of cork blocks, which he can grasp more easily. Daniel stacked one block on top of another. As he continued to build, Daniel turned to me and smiled, saying, "I did it!"

Guideline 10.3. Partner With Families and Specialists to Provide Individualized, Strength-Based Support

Communicate openly with families to build responsive partnerships and learn about their child's strengths and interests.

Establish and maintain ongoing, open two-way communication with families.

When care providers focus on children's strengths and engage in ongoing two-way communication with families, they show their commitment to children's well-being and success. Open communication between care providers and families helps build a strong relationship and supports a deeper mutual understanding of a child's strengths, interests, and needs.

Build responsive partnerships with families.

Responsive partnerships are especially important when a child has or shows signs of a disability, delay, or medical or mental health condition. When children need additional support, care providers and families may enlist help from specialists. Care providers, along with specialists, can support families to understand, connect to, and coordinate services; celebrate successes; and share helpful caregiving strategies. Care providers and families can also collaborate to think about how best to support children's needs.

Specialist

A **specialist** is anyone providing intervention, therapy, or treatment services to a child with disabilities or delays and their family. This term includes special education teachers, early interventionists, speech-language therapists, nurses, social workers, music therapists, occupational therapists, physical therapists, and other related service providers.

Learn about children's strengths, interests, and needs.

Care providers can invite families to share their child's strengths and what their child enjoys. Care providers can use what they learn about children to organize the care environment. They can also use this information to plan routines and experiences that do the following:

- support children's participation, continued growth, and success
- strengthen children's confidence
- promote an authentic sense of belonging

Discuss ways to incorporate children's strengths and interests over time.

As care providers continue to get to know a child in their care, they learn more about what the child can do, what they are interested in, and where they need additional support. Care providers can share this information with the family and discuss new ways to incorporate the child's strengths and interests in daily routines. For example, care providers may offer books related to children's interests or additional time for children to explore their interests in free play or organized activities.

Strengths, Interests, and Needs

Strengths are skills, knowledge, and actions that children understand or do well, including ways of knowing, home language, and perspectives gained through experience. For example, a child might be skilled at moving their body, jumping, or dancing.

Interests are experiences children seek to do, explore, or learn about. For example, a child might enjoy exploring plants, rocks, or insects in the garden.

Needs are essential requirements that all children have. Children's needs include emotional security, stability, consistency, emotional support, love, and belonging. Children may also need help with daily routines, including eating, dressing, or challenging tasks.

Prepare for sensitive conversations with families.

Care providers may need to have conversations with families about sensitive topics, such as concerns about a child's behavior or development. In these conversations, care providers need to treat the family as a partner and recognize them as experts on their child. Care providers may have strong feelings about the child or circumstances leading to the conversation. It is important for care providers to be aware of their own feelings and be sensitive to the family. Care providers can reach out for support from a specialist or mentor before the conversation.

> **"I love sharing my home, my heart, my skills, and resources with the children and families in my community. I want them to know that someone is in their corner and can journey alongside them."**
>
> Raissa Lee, FCCH Provider

Tips for Preparing for and Holding Sensitive Conversations

- Ask the family to schedule time with you when they can focus on the conversation.
- Ensure privacy during the conversation.
- Arrange for an interpreter, if needed.
- Share observations that focus on the child's strengths.
- Ask how the child plays and interacts at home.
- Pay careful attention to learn about how the family understands their child's development.
- Before sharing concerns, ask if the family has any concerns they haven't already shared.
- Let the family know that you are sharing concerns to get ideas on how to best meet their child's needs and help their child be successful in your setting.
- Reflect on and be thoughtful about the family's perspective on their child when sharing your concerns.
- Communicate your observations in a clear, descriptive way, without judgment and with specific examples.

Provide individualized support and adaptations for children, working with specialists when appropriate.

"Children with disabilities or delays may present unique challenges, but the care they need is very similar to that needed by any child. Children with disabilities spend most of their time doing what other children do. They have the same curiosity, desire to play, and need to communicate as their peers do." (California Department of Education, 2021, p. 11)

Adapt environments, materials, interactions, or routines to promote a child's participation, play, or exploration.

Simple adjustments can help children who may need extra support to play and explore. Even though adaptations are based on an individual child's needs, adaptations may be helpful for all children.

Be aware of specialized equipment types.

In some cases, children may need specialized equipment to support their participation in the care setting. This equipment may be in the form of assistive technology, medical devices, mobility aids (such as wheelchairs or therapeutic walkers), or postural aids (such as standers or supportive seating).

Understand augmentative and alternative communication (AAC).

AAC refers to ways a person communicates besides talking. People of all ages can use AAC if they have trouble with speech. Augmentative means in addition to speech, while alternative means used instead of speech. Not all AAC relies on advanced technology. For example, gestures, writing, drawing, and pointing are all AAC methods. Technology-based AAC methods include using an app on a tablet to communicate or using a computer with a "voice" to speak for the user (American Speech-Language-Hearing Association, n.d.).

Understand children's medical devices.

Children may need medical devices for health conditions, such as a heart monitor, glucose monitor, feeding tube, nebulizer, or inhaler. A child who is deaf or hard of hearing may have a cochlear implant or use hearing aids. A child with a physical disability may use a cane, crutches, adaptive walker, or wheelchair to move around.

Care providers can learn how to use individual devices from families, specialists, or other health care professionals. Additionally, licensed FCCH providers must have appropriate training and clear instructions before assisting with special equipment or medical devices and administering medications to children.

Work alongside specialists and learn about the supports being provided.

When children have identified needs, care providers may work alongside specialists to support those needs. Specialists can share their specific knowledge and suggest strategies for supporting a child's skill development. Care providers learn the following from specialists:

- which skills and needs the specialist is supporting
- what, if any, specialized equipment the child needs, how the child will get the equipment, and who will show the provider how to use it
- what strategies can help the child participate in routines and activities
- how services will be provided
- how the team will communicate and work together to support the child
- what, if any, other resources the specialist recommends for supporting the child

Resources for Providers: Guideline Area 10

Inclusive Practices

- Find Your Local Regional Center, California Department of Developmental Services, https://www.dds.ca.gov/rc/listings/
- Inclusion Works! Creating Child Care Programs That Promote Belonging for Children With Disabilities, California Department of Education, https://www.cde.ca.gov/sp/cd/re/documents/inclusionworks2ed.pdf
- California Early Childhood Online, California Department of Social Services
  - Inclusive Practices for Children With Disabilities or Delays module series, https://caearlychildhoodonline.org/en_modulecatalog.aspx?moduleId=1159
  - Responsive and Inclusive Early Learning and Care Environments module series, https://caearlychildhoodonline.org/en_modulecatalog.aspx?moduleId=1164
- Know the Law About the Americans With Disabilities Act, Child Care Law Center, https://www.childcarelaw.org/content/know-the-law-about-the-americans-with-disabilities-act/
- Policy Statement on Inclusion of Children With Disabilities in Early Childhood Programs, U.S. Department of Health and Human Services and U.S. Department of Education, https://sites.ed.gov/idea/files/policy-statement-on-inclusion-11-28-2023.pdf

Developmental Concerns

- Tips for Talking With Parents About Child Development, U.S. Centers for Disease Control and Prevention, https://www.cdc.gov/act-early/resources/tips-for-talking-with-parents.html
- Concerned About Development? How to Get Help for Your Child, U.S. Centers for Disease Control and Prevention, https://www.cdc.gov/act-early/media/pdfs/2025/05/how-to-get-help-for-your-child_eng-2021-508.pdf

Guideline Area 11: Supporting Multilingual Children in Child Care Home Settings

Babies are born with the capacity to learn many languages. The language or languages children experience most often strengthen pathways in their brains over time.

Home languages carry comfort, cultural meaning, family stories, and emotional safety. Developing strong foundations in their home languages, whether spoken or signed, can support children's future learning and development in other languages (Raikes et al., 2019; Tamis-LeMonda et al., 2014). In addition, supporting home language development strengthens multilingual learners' overall learning and connects them to families, cultures, and communities (Castro & Prishker, 2019).

Multilingual Learners Have Diverse Language Environments

Some multilingual learners use two or more languages at home. For example, a child might speak both English and Spanish at home. Another child might use both Mandarin and Cantonese to communicate with different family members.

Multilingual Learner

A **multilingual learner** is a child who is learning more than one language (California Department of Education, 2024).

Some multilingual learners use one or more languages at home and are learning another for the first time in their child care setting. For example, a child might use Spanish at home and attend a child care setting where care providers speak in both Spanish and English. Yet another child might speak English with their family at home, and their care provider might speak English and Hupa.

Still other multilingual learners use a language other than English at home and in the child care setting, while also acquiring some experience with English. For example, a child may speak Tagalog at home and in their family child care home (FCCH) setting while experiencing some English from their elementary-age siblings or older children in the FCCH.

Supporting Multilingual Children

Supporting multilingual children begins with recognizing multilingualism as an asset, valuing the language experiences children bring from home, and appreciating each child's unique language learning journey.

Guideline Area 11 addresses recognizing multilingualism as an asset and supporting continuing development of a child's home language (11.1), partnering with families to support multilingual development (11.2), understanding and responding to multilingual development (11.3), and providing additional support for children's full participation when their language differs from the child care provider's (11.4).

Example: Affirming the Home Language

Four-year-old Brayan stays with his Tía Jalisa and her two children each day. Brayan's mom, Vanessa, is Jalisa's cousin. Vanessa speaks both English and Spanish with Brayan.

"Do you remember how often Nana would talk about being punished for speaking Spanish at school?" Vanessa asks. "I think that's why my mom didn't speak to me in Spanish. I really wish she would have. I hated being the only Latina in my friend group who didn't speak Spanish."

Jalisa nods. "But you're doing so well now."

"Yeah," Vanessa responds, "but I've taken so many classes and I'm not totally fluent yet. And I feel like our language is such an important part of our culture. I want Brayan to have that. You were lucky. Your dads both spoke Spanish to you most of the time. I'm so thankful Brayan gets to be with you every day. We're *familia*, and I think my priority right now is for him to get a good foundation in Spanish. He's surrounded by English, so I'm not worried about that."

Jalisa smiles, taking in Vanessa's words as she rocks her baby. "Well, you know, we speak Spanish to the baby, but ever since Paola started school, she wants to speak mostly English. And Brayan loves playing with Paola. So, Brayan will definitely get Spanish from me and English from a 5-year-old."

"That's perfect!"

Guideline 11.1. Recognize Multilingualism as an Asset and Support Continuing Development of a Child's Home Language

Understand the value of learning more than one language in childhood.

Recognize and learn about the benefits of multilingualism.

Research shows that multilingualism—the ability to understand two or more languages—is an asset (Barac et al., 2014). Being multilingual helps build a strong foundation for lifelong learning. Children who grow up with more than one language build strong thinking skills, flexible attention, memory, and problem-solving skills. These strengths also support skills needed for reading and writing.

Use and affirm children's home languages in the child care setting.

Make children's home languages visible.

Child care providers can make multilingualism visible and show that it is valued in the child care setting. For example, care providers use the following strategies:

- displaying children's names in their home languages, including written names or photos that represent their written names
- labeling materials in the environment
- including books in children's home languages

Promoting an atmosphere where everyone's language belongs honors the cultural and family stories that are carried in each language.

> **"When I have a child who is multilingual, I try to incorporate words from their home language to help make their care and transition easier for them. I also ask for the keywords or any words that the child responds to at home."**
>
> Gricelda Reyes, FCCH Provider

Use and affirm children's home languages throughout the day.

When care providers use children's home languages, they create spaces where children can feel proud of the languages they speak and cultures they come from. When providers do not share children's home languages, they can ask families to share common words and phrases that they can use to help children feel known and understood (Adair & Barraza, 2014.

Common words and phrases include greetings, comfort words, routine language, songs, and books in the home language. In addition to providing a sense of belonging, using common words and phrases during daily routines helps children use their home languages in meaningful ways.

Example: Affirming Home Language

Ten-year-old Maya was new to Yara's family child care. Maya is deaf and uses American Sign Language (ASL) to communicate with her family. She also uses written English. Maya's mothers said that Maya is confident at home but unsure in unfamiliar environments where people know little or no ASL.

Maya's mothers sent some videos to Yara so she could learn to finger spell. Yara really wanted Maya to feel a sense of belonging—like her home was Maya's second home.

Yara talked with the children before Maya's first day. They decided to create a welcome poster, and some of them learned how to sign "Hi Maya, my name is." They also learned to finger spell their names.

Guideline 11.2. Partner With Families to Support Children's Multilingual Development

Build trusting relationships to understand each family's language history, goals for their children, and communication patterns.

Build and maintain trusting relationships with families.

Care providers in home settings often know families well and build close, trusting relationships. Through these relationships, care providers learn about the child's home language, daily routines, communication patterns, and their wishes for language development.

For more information on building trusting relationships and partnering with families, see Guideline Area 4.

Create communication systems that work for each family.

Care providers can work closely with families even when they do not speak families' languages. Care providers can use the following resources and approaches to support communication with families when they do not share the home language:

- professional interpreters
- bilingual friends or neighbors
- translation tools and apps
- visual supports such as photos
- gestures

When using translation tools, confirm language accuracy with families and avoid sharing sensitive or personal information through these platforms.

> **"I care for two children. One parent speaks my language, which is Telugu. It's a native Indian language. The other parent speaks a native Indian language, but it isn't similar because we have so many dialects. They can understand me, and they always encourage me to teach and talk mostly in my native language so that the child can observe while I say things, like, 'Can you sit here?' Occasionally, I'll speak a few sentences, which are very hard to understand in Telugu, and then say them in English. For small words, I generally use my native language."**
>
> Sushmitha Kanukuntla, FFN Care Provider

Invite families to share about their language history.

Many care providers share a home language with the children in their care. Sharing a language helps preserve cultural traditions, stories, and values. However, it is important to remember that families who speak the same language may have different histories, dialects, migration experiences, cultural traditions, trauma stories, and perspectives.

Listening closely and deeply can build understanding of what language means to each family. This approach helps care providers honor the languages children use at home, at school, and in their communities, including Tribal, traditional, or signed languages.

Learn about each family's language goals for their children.

Some families want their child to keep growing in the home language. Others want exposure to English while maintaining the home language. Some families may prioritize a Tribal or traditional language that connects the child to their community and heritage. Children whose home language is sign language may want their child to practice using ASL as well as English in the care setting. When care providers listen and build trusting partnerships with families, they can support children's language in ways that respect each family's wishes.

Example: Building Trusting Relationships

Ten-year-old Manuel recently moved to the United States with his family. He came to Ms. Alvarez's FCCH program for after-school care. Manuel's father, Eduardo, explained that Manuel isn't using a lot of English, and he was concerned that Manuel would fall behind in school.

Ms. Alvarez listened closely and reassured him, saying, "This is normal. Moving to a new country is a big transition, and it makes sense that Manuel is taking time to observe and get comfortable."

Ms. Alvarez also let Eduardo know that Manuel's strong Spanish and continued Spanish language development will really help his English. Eduardo expressed concern that speaking too much Spanish might cause problems for Manuel. Ms. Alvarez understood his concerns as she has had them herself. She explained that all languages are valued in her program, and she would do her best to help Manuel keep his Spanish and learn English, too.

Tips for Partnering With Families to Support Children's Language Development

- During enrollment, ask families what languages they speak at home and who speaks them (parents, siblings, grandparents, anyone else living in the home).
- Ask families about the ways their child typically communicates their needs.
- Check in with families regularly. Even brief conversations during drop-off or pick-up can help deepen understanding.
- Use a simple communication notebook, app, voice text, or other process for families to record new words, signs, or phrases their child is using at home.
- Allow older children to help interpret simple messages, but be careful not to rely on them in ways that create pressure or place them in adult roles. In addition, sensitive or complex conversations need to be kept between only care providers and adult family members whenever possible.

Recognize and build on families' expertise to support home language development.

Learn about the family's and the child's ways of communicating.

Families bring deep knowledge about their home languages and cultures and their children's language development. It is important to recognize each family's expertise and respect their choices related to their child's language. By inviting families to share knowledge, care providers show that they value home language and respect the families as experts on their children.

Care providers can invite families to share the following information:

- languages used in the home and community
- key phrases to communicate in ways the child will find familiar
- gestures or signs the child uses and how to interpret them
- proper pronunciation of names or common words

Invite families to share their home language.

Care providers can learn a few key phrases, such as comfort words, greetings, or phrases used during routines, to help children feel welcomed and reassured. Families may also share recordings of songs, stories, important words, or familiar phrases that hold cultural or emotional meaning for their child. For children who communicate through sign language, it can be helpful to have videos of family members signing familiar words, songs, or supportive messages.

By collaborating in this way, care providers ensure that communication remains clear, supportive, and grounded in the family's values.

Example: Affirming a Family's Home Language

Arjun's family shared that they primarily speak Punjabi at home, although Arjun does hear English at family gatherings. They explained that they have taught Arjun a few signs, for example, tapping his palms together when he wants more and shaking his hands when he's all done.

Mrs. Romero asked them how they respond when Arjun signs to them. They said that they use the Punjabi words for what he is expressing. But they also said that it's OK for him to hear English or even Spanish.

Mrs. Romero told them that he will hear a lot of English and Spanish in her home, but she also wants to support the language Arjun hears at home. Mrs. Romero asked them to write down a few familiar words that she could use throughout the day, especially words that might comfort Arjun. And because Mrs. Romero is not familiar with Punjabi, she asked if she could record them saying the words so she could pronounce them correctly.

Guideline 11.3. Understand and Respond to Multilingual Development

Understand multilingual development.

Learn how children become multilingual.

There are multiple pathways to becoming multilingual. Many factors, including the child's age, experience with each language, cultural background, relationships, and daily experiences, affect multilingual development. Some children experience two or more languages from birth. Others begin learning a second or third language when they enter a child care setting, start school, or move to a new community.

Recognize and support translanguaging as a natural part of multilingual development.

Translanguaging is when an individual draws from each of their languages to meet different communication needs. For example, a child may use a mix of languages to express a thought or sentence. Many children also understand when to use one language to communicate with someone and another language with someone else. For example, school-age children may shift naturally between languages throughout the day, using their home language with family, English at school, and a mix of both with friends.

> **"Black English is not always valued or respected. When you're supporting a child's home language, it's important not to correct children when they're saying things if that's how they say it at home. Using a child's words and home language validates their family and their home environment."**
>
> Rachel Bymun, FCCH Provider

Different Varieties of English

Children may use different varieties of English. African American English and Chicano English are two examples of well-established rule-governed languages spoken by many children and families (California Department of Education, 2014). These legitimate forms of English are deeply connected to identities and communities. They have their own grammar, rhythm, pronunciation, and vocabulary that reflect generations of cultural knowledge and lived experience.

Children who use different varieties of English may combine them with other languages they are learning, creating communication patterns that reflect their linguistic and cultural identities. When care providers honor these language varieties as strengths, children feel understood, respected, and confident in who they are.

Respond to children's multilingual development pathways.

Honor each child's communication patterns.

A child's cultural background influences how they communicate, creating patterns as multilingual development unfolds. Children learn how to express themselves by observing and interacting with people in their families and communities. For example, in some families, communication is lively, expressive, and full of overlapping conversation, while others may have quieter and more reflective communication styles with longer pauses or fewer words. These cultural communication patterns guide how children use their languages and help explain why multilingual development is different from child to child.

Additionally, some children may also use augmentative and alternative communication (AAC), such as picture cards or tablets, to communicate their wants and needs, ask questions, and share ideas. Care providers can also learn a child's individual communication patterns when using AAC.

Affirm individual patterns of multilingual development.

Because children draw from both their cultural communication patterns and their developing language skills, multilingual expression may be different across ages and situations. A child's comfort level with a language may shift over time based on their relationships, feelings, or what is easiest in the moment. Children communicate in ways that are meaningful and natural to them, such as these examples:

- showing strong understanding of a language before they feel comfortable speaking it
- preferring to communicate with gestures and facial expressions while they are developing spoken language
- applying the grammar of one language to another language while speaking

Respond to children's communication with warmth and interest.

Care providers can help children build their language skills by paying close attention to all the ways children communicate. It is important for care providers to recognize the full variety of communication methods, including gaze, gestures, signs, vocalizations, and translanguaging. Children's language development pathways may also include quieter or "watchful" periods, especially when they are learning a new language or adjusting to a new environment. When care providers respond to children's communication in caring, supportive ways, children know that they are valued and respected.

Allow children to use all their languages freely.

Responsive care providers allow children to use all their languages in whatever ways feel natural. This approach might include mixing two languages in the same sentence, using different accents, or applying the grammar of one language to another language. When care providers support flexible expression without offering corrections, they strengthen the child's confidence, support identity, and affirm their whole self.

Example: Using Languages Freely

Two-year-old Camila was stacking blocks while softly saying, "*Más* … more … *más* … more."

Mr. Manny noticed Camila switching between languages. He sat beside her and asked, "You want *más* blocks—more blocks to make your tower taller?"

Camila nodded and smiled widely as she handed him a block.

Tips for Responding to Children's Multilingual Communication

- Treat children's pointing, gestures, signs, or language mixing as meaningful communication. Respond naturally without correcting the child.
- Repeat or expand on what children express. For example, if a toddler says "*agua* please," a care provider who speaks Spanish might respond in Spanish. A care provider who does not know Spanish but knows that *agua* means water may say, "You want more water. Here is your water."
- Pay attention to facial expressions or body language that signal confusion, curiosity, or excitement. Respond by connecting with love and care.
- Keep routines consistent so children can link repeated words or signs with repeated experiences.
- Join children in pretend play and match language with what they are doing, for example, signing "eat" or saying "The baby is hungry. You are feeding her."

Guideline 11.4. Provide Additional Support for Children's Full Participation When Their Language Differs From the Care Provider's

Use inclusive strategies to support multilingual children's participation.

Build emotional safety.

Children need emotional safety to fully participate in daily routines and communication. Care providers can support children to feel safe by responding warmly and consistently. Care providers can also be sensitive to cultural differences in communication and respond in ways that honor the child's identity. As children come to feel emotionally safe, they will become more comfortable participating and trying out a new language.

> **"I feel that language is super important to not only the children, but to the families because it gives them a sense of belonging. It doesn't matter if you don't speak my language or the primary language of this country, you are still important. And I want to support that and let them know that there's a safe space and that their language is not a barrier, it's actually an asset. So, I really enjoy supporting the kids that have different languages."**
>
> Noemi Lopez, FFN Care Provider

Create an environment that welcomes and supports children's translanguaging.

Care providers can model a welcoming and flexible language environment. They can encourage children to communicate using the language or languages that are most effective for them. When possible, care providers can support children's understanding through the use of the child's home language and the care provider's language. For example, care providers can encourage children to play with other children who share the same home language.

Use multiple ways to support understanding.

Care providers who do not speak the child's home language can still provide strong support for multilingual development. They can use the following nonverbal strategies to help children understand what is happening and what is expected:

- visuals such as photographs or picture schedules
- objects
- modeling
- demonstrations
- simple gestures
- predictable routines

Provide extra time for children to respond.

When they are given more time, multilingual children are better able to process what is being said, formulate a response, and find the courage to respond. Providing extra time can also reduce multilingual learners' anxiety and help them feel safe taking risks in their language learning (Kaplan, 2019).

Use daily routines, play, songs, and stories to support meaning-making in any language.

Care providers can use predictable routines and joyful interactions to help children connect meaning to words and ideas. Through play, music, storytelling, and shared experiences, children hear and practice language in ways that feel natural and supportive, no matter which language they are using.

Use Universal Design for Learning (UDL) principles.

Care providers can adapt the environment and daily routines to support children's language development using UDL principles. UDL emphasizes offering children multiple ways to access information, express themselves, and stay engaged. Rather than expecting children to adapt to one way of communicating, care providers reduce barriers by offering an array of supports that affirm children's existing strengths, languages, and communication styles and approaches.

More information on UDL can be found in Guideline Area 10.

Example: Supporting Participation

Mr. Julio noticed that 3-year-old Santiago often becomes distressed during transitions, especially during clean-up. He started to think that transitions may be scary for Santiago, like he doesn't know what's happening.

Santiago speaks Mixteco, but Mr. Julio speaks English. Mr. Julio decided to create a simple picture schedule that shows the daily routines. A few minutes before cleanup, Mr. Julio approached Santiago using the Mixteco words Santiago's family shared. Then, Mr. Julio showed Santiago the picture of what was coming next.

As he pointed to the pictures, Mr. Julio said, "Cleanup first. Then snack time." The first time he did this, Santiago pointed to the picture of the snack and then to the kitchen table. Mr. Julio said, "Cleanup first," pointing to the picture again, picking up a toy, and putting it away. Then, Mr. Julio handed Santiago a toy, and Santiago put it on the shelf. Mr. Julio gestured to the toys on the floor and reminded Santiago, "We're picking up all the toys. Then we will have snack."

Resources for Providers: Guideline Area 11

Affirming Diversity

- Immigrant Parents and Early Childhood Programs: Addressing Barriers of Literacy, Culture, and Systems Knowledge, Migration Policy Institute, https://www.migrationpolicy.org/sites/default/files/publications/ParentEngagement-FINAL.pdf

Language Resources

- English Language Development Standards and Resources, California Department of Education, https://www.cde.ca.gov/sp/ml/eldstandards.asp
- Resources for Supporting Dual Language Learners, Early Edge California, https://earlyedgecalifornia.org/dll-resources/
- What's Going on Inside the Brain of a Bilingual Child?, KQED MindShift, https://www.kqed.org/mindshift/47054/whats-going-on-inside-the-brain-of-a-bilingual-child
- Multilingual Learning Toolkit, New Venture Fund, https://www.multilinguallearningtoolkit.org
- Welcoming Dual Language Learners, National Association for the Education of Young Children, https://www.naeyc.org/resources/pubs/tyc/aug2016/welcoming-dll
- Rocking and Rolling: Nurturing Infants and Toddlers With Diverse Language Experiences, National Association for the Education of Young Children, https://www.naeyc.org/resources/pubs/yc/may2020/rocking-and-rolling
- 5 Ways to Support Dual Language Learning in Early Childhood Education Programs, Zero to Three, https://www.zerotothree.org/resource/5-ways-to-support-dual-language-learning-in-early-childhood-education-programs/

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