

Family Child Care Homes (FCCH)
Program-Wide PBS Benchmarks of Quality

Program Name: _____ Location: _____ Date: _____

Team Members: _____

Critical Elements	Benchmarks of Quality	Check One		
		Not in Place 0	Partially in Place 1	In Place 2
Establish and Maintain a Plan for Implementation	1. Leader (owner/provider) has committed to active problem-solving to ensure the success of the Pyramid Model initiative and the initiative is visibly supportive of the adoption of the model.			
	2. Provider has established a clear mission/purpose. The purpose or mission statement is written. All staff (when applicable in large family child care homes (FCCH)) are able to clearly communicate the purpose of the Pyramid Model.			
	3. Provider has regular meetings with staff, when applicable, or planning time at least 1x per month for a minimum of 1 hour. Monthly planning is consistent.			
	4. An implementation plan that includes all critical elements is established. A written implementation plan guides the work of the FCCH. The plan is reviewed and updated each month. Action steps are identified to ensure achievement of the goals			
	5. Staff are aware of and support for a system for addressing children's social emotional development and challenging behavior is maintained			
	6. FCCH reviews and revises the plan at least annually and shares with families.			

Critical Elements	Benchmarks of Quality	Check One		
		Not in Place 0	Partially in Place 1	In Place 2
Family Involvement	7. Family input is solicited as part of the planning process. Families are informed of the initiative and asked to provide feedback on the Pyramid Model adoption and mechanisms for promoting family involvement in the initiative.			
	8. There are multiple mechanisms for sharing the Pyramid Model plan with families including narrative documents, conferences, and parent meetings to ensure that all families are informed of the initiative.			
	9. Family involvement in the initiative is supported through a variety of mechanisms including home teaching suggestions, information on supporting social development, and the outcomes of the initiative. Information is shared through a variety of formats (e.g., meetings, home visit, discussions, newsletters, open house, websites, family friendly handouts, workshops, roll-out events).			
	10. Families are involved in planning for individual children in a meaningful and proactive way. Families are encouraged to team with FCCH staff in the development of individualized plans of support for children including the development of strategies that may be used in the home and community.			
Program-Wide Expectations	11. 2-5 positively stated program wide expectations are developed.			
	12. Expectations are written in a way that applies to both children and staff. When expectations are discussed, the application of expectations to program staff and children is acknowledged.			
	13. Expectations are developmentally appropriate and linked to concrete rules for behavior within activities and settings.			
	14. All program staff are involved in the development of the expectations.			
	15. Expectations are posted in all learning areas (inside and outside) and in common areas in ways that are meaningful to children, staff and families.			

Critical Elements	Benchmarks of Quality	Check One		
		Not in Place 0	Partially in Place 1	In Place 2
Strategies for Teaching and Acknowledging the Program -Wide Expectations	16. Instruction on expectations is embedded within large group activities, small group activities, and within individual interactions with children.			
	17. A variety of teaching strategies are used: teaching the concept, talking about examples and non-examples, scaffolding children's use of the expectations in the context of ongoing activities and routines. Instruction on expectations and rules occurs on a daily basis.			
	18. Strategies for acknowledging children's use of the expectations are developmentally appropriate and used by all program staff , including owner/lead provider and support staff (e.g., teaching assistant, regular substitutes, relatives/significant other who assists in the home, etc.).			
Implementation of the Pyramid Model is Demonstrated in All Environments	19. Provider(s) have strategies in place to promote positive relationships with children, each other, and families and use those strategies on a daily basis.			
	20. Provider and program staff have arranged environments, materials, and curriculum in a manner that promotes social-emotional development and guides appropriate behavior.			
	21. Provider and program staff are proficient at teaching social and emotional skills within daily activities in a manner that is meaningful to children and promotes skill acquisition.			
	22. Provider and program staff respond to children's problem behavior appropriately using evidence-based approaches that are positive and provide the child with guidance about the desired appropriate behavior.			
	23. Provider and program staff provide targeted social emotional teaching to individual children or small groups of children who are at-risk for challenging behavior.			
	24. Provider and program staff initiate the development of an individualized plan of behavior support for children with persistent challenging behavior.			

Critical Elements	Benchmarks of Quality	Check One		
		Not in Place 0	Partially in Place 1	In Place 2
Procedures for Responding to Challenging Behavior	25. Strategies for responding to problem behavior in the classroom are developed. Provider and staff use evidence-based approaches to respond to problem behavior in a manner that is developmentally appropriate and teaches the child the expected behavior.			
	26. A process for responding to crisis situations related to problem behavior is developed. Provider and staff can identify how to request assistance when needed. A plan for addressing the child's individual behavior support needs is initiated following requests for crisis assistance.			
	27. A process for problem solving around problem behavior is developed. Provider and staff can identify a process that may be used to gain support in developing ideas for addressing problem behavior within the classroom (e.g., peer-support, classroom mentor meeting, brainstorming session).			
	28. A team-based process for addressing individual children with persistent challenging behavior is developed. Provider and staff can identify the steps for initiating the team-based process including fostering the participation of the family in the process.			
	29. An individual or individuals with behavioral expertise are identified for coaching staff and families throughout the process of developing and implementing individualized intensive interventions for children in need of behavior support plans.			
	30. Strategies for partnering with families when there are problem behavior concerns are identified. Provider and staff have strategies for initiating parent contact and partnering with the family to develop strategies to promote appropriate behavior.			

Critical Elements	Benchmarks of Quality	Check One		
		Not in Place 0	Partially in Place 1	In Place 2
Professional Development and Staff Support Plan	31. A plan for providing ongoing support, training, and coaching on the Pyramid Model practices is developed and implemented.			
	32. A data-driven coaching model is used to assist staff with implementing the Pyramid Model practices to fidelity.			
	33. Staff responsible for facilitating behavior support processes are identified and trained.			
	34. A needs assessment is conducted with staff to determine training needs on the adoption of the Pyramid Model.			
	35. Individualized professional development plans are developed with all staff.			
	36. Group and individualized training strategies are identified and implemented.			
	37. Plans for training new support staff/substitutes are identified and developed.			
	38. Incentives and strategies for acknowledging staff (when applicable) and families' involvement are identified.			
Monitoring Implementation and Outcomes	39. Process for measuring implementation fidelity is used.			
	40. Process for measuring outcomes is developed.			
	41. Data are collected and summarized.			
	42. Data are shared with program staff and families.			
	43. Data are used for ongoing monitoring, problem solving, ensuring child response to intervention, and program improvement.			
	44. Implementation Plan is updated/revised as needed based on the ongoing data.			