



Monitoring and Quality Assurance Self-Assessment Checklist

VISIT DATE(S)
REVIEWER(S)

I. SITE INFORMATION									
SITE NAME	SITE SUPERVISOR			FSW, if applicable					
CLASSROOM	AGE RANGE	TEACHING STAFF OBSERVED							
II. HOURS OF OPERATION									
DAYS OF OPERATION	HOURS OF OPERATION	CLASSROOM HOURS							
	am through pm	am through pm							
M = Met	P = Partial	NM = Not Met	N/A = Not Applicable						
CONTENT AREA 1 – HEALTH, NUTRITION AND SAFE ENVIRONMENT EARLY HEAD START									
1.4 – HEALTH									
1.4.A Child's Health Status/Screenings					M	P	NM	N/A	Notes:
1.	A completed emergency card is in each child's file or in an emergency card binder.								
2.	There is evidence that staff talk with parents about how to familiarize their children in a developmentally appropriate way and in advance about all procedures they will receive while enrolled in the program.								
3.	There is a completed (signed and dated) consent form on file indicating parent understanding of the rationale and consent given for required screenings.								
4.	The program maintains written documentation when a parent or other legally responsible adult refuses to give authorization for health services.								
5.	Hearing observations are completed on all 1 st year children within 45 days of entry date. <i>(N/A permitted)</i>								
6.	All subsequent hearing observations are on-going and current. <i>(N/A permitted)</i>								
7.	Vision observations are completed on all 1 st year children within 45 days of entry date. <i>(N/A permitted)</i>								
8.	All subsequent vision observations are on-going and current. <i>(N/A permitted)</i>								
9.	All heights, weights and head circumferences are completed within 45 days of entry date and graphed within 30 days of measurement date.								
10.	All subsequent heights, weights and head circumferences are completed at each well baby check and are graphed within 30 days after the measurements were taken. <i>(N/A permitted)</i>								

11.	There is evidence that all parents are informed of screening results.					
12.	All immunizations are up-to-date or complete according to the EPSDT guidelines and all documentation is accurate and kept. <i>(Up-to-date immunizations are not a condition for exclusion in home-based)</i>					
13.	All children have a TB risk assessment completed at enrollment. <i>(Within 45 days for home-based)</i>					
14.	All 2 nd year TB risk assessments are completed within 1 year from first risk assessment.					
15.	All children have a lead risk assessment completed at enrollment. <i>(Within 45 days for home-based)</i>					
16.	All 2 nd year lead risk assessments are completed within 1 year from the first risk assessment.					
17.	All required well baby checks are on file within 30 days of entry date (90 days for home-based).					
18.	All children have up-to-date well baby checks on file.					
19.	All children have a blood lead level result recorded within 90 days of entry date and a 2nd blood lead level result recorded, if required (completed at 10-12 months and at 24 months). <i>(N/A permitted)</i>					
20.	All hemoglobin/hematocrit results are recorded within 90 days of entry date (completed at 9-12 months and 24 months). <i>(N/A permitted)</i>					
21.	All subsequent hemoglobin/hematocrit results are recorded within required time frame of periodicity table (9 months, 12 months and 24 months). <i>(N/A permitted)</i>					
22.	All children are connected to a medical and dental home.					
23.	All health histories are completed up to developmentally appropriate age at enrollment. <i>(Within 45 days for home-based)</i>					
24.	All 2 nd year health histories are reviewed and signed by staff and parents.					
25.	All parent volunteer TB results are completed and current.					
1.4.B Health Care Tracking and Follow-Up		M	P	NM	N/A	Notes:
1.	Exclusion notices for missing initial well baby checks are sent 31 days after entry date or there is a documented verified appointment. <i>(Center-based only)</i>					
2.	Follow-up is documented on all children missing subsequent well baby checks.					
3.	Follow-up is documented on all children missing blood lead level results.					
4.	Follow-up is documented on all children missing a 90 day hemoglobin/hematocrit (hgb/hct) result.					
5.	A referral for follow-up services is completed for all children whose TB risk assessment indicates follow-up is needed. <i>(N/A permitted)</i>					
6.	All data in ChildPlus accurately reflects content of file.					

7.	Follow-up is documented thoroughly and on a regular basis for all children needing a medical and dental home. <i>(N/A permitted)</i>					
8.	All health concerns identified on the prenatal history, health history or physical are addressed and thoroughly documented. <i>(N/A permitted)</i>					
9.	Follow-up is documented thoroughly on a regular basis for all children needing dental treatment.					
10.	There is evidence that all parents have been provided information on oral health and hygiene.					
1.4.C Health Procedures		M	P	NM	N/A	Notes:
1.	All children receive a daily health check upon entering the center. <i>(Center-based only)</i>					
2.	If an injury occurs during hours of operation and medical attention is not required, an injury report is completed and the child's authorized representative is notified of the nature of the injury at pick up. <i>(Center-based only) (N/A permitted)</i>					
3.	If an injury occurs during hours of operation and medical attention is required, an Unusual Incident Report is made to Licensing. <i>(Center-based only) (N/A permitted)</i>					
4.	Staff ensure that a child with a short term injury (that cannot be readily accommodated) or a short term contagious illness is temporarily excluded from participating in program activities, home visits, and group socializations. (Exposure notice is posted- <i>Center-based only</i>)					
5.	Staff ensure that children are not subjected to long term exclusion solely because of their health care needs or medication requirements (unless reasonable accommodations cannot be made without fundamentally altering the nature of the program).					
6.	Individual records are maintained for all medications dispensed and the records are regularly reviewed with the child's parents. <i>(Center-based only)</i>					
7.	Medications are properly labeled and have not expired. <i>(Center-based only) (N/A permitted)</i>					
8.	All medication forms are complete. <i>(Center-based only) (N/A permitted)</i>					
9.	There is documentation in the classroom of individual authorization to administer medication. <i>(Center-based only) (N/A permitted)</i>					
10.	Medication is stored in a locked box or in a locked box in the refrigerator if necessary. <i>(Center-based only) (N/A permitted)</i>					
11.	All staff are aware of the medication policy and procedures. <i>(Center-based only)</i>					
12.	Care plan(s) for children with special medical problems are current and accessible. <i>(Center-based only) (N/A permitted)</i>					
13.	All children have a completed sunscreen permission form on file. <i>(N/A permitted for delegates and home-based)</i>					
14.	The diapering procedure is posted in the diapering area. <i>(Center-based only)</i>					
15.	The diapering procedure is consistently followed. <i>(Center-based only)</i>					

16.	Each child being toilet trained has a written developmentally appropriate training plan/schedule and is being followed. <i>(Center-based only) (N/A permitted)</i>					
17.	There is evidence of daily communication between parents and staff regarding current feeding schedule, voiding pattern and developmental change in feeding (i.e. Daily Information Exchange). <i>(Center-based only)</i>					
1.4.D Hygiene (Hand Washing and Tooth Brushing)		M	P	NM	N/A	Notes:
1.	All adults wash their hands before food preparation, setting the table, eating and dispensing medications.					
2.	Proper hand washing posting is in food preparation area.					
3.	During the hand washing process, there is effective supervision and all children effectively wash their hands before setting the tables and eating, and after handling pets, bodily fluids and toilet use/diapering.					
4.	All children receive instruction or assistance if needed with hand washing after toilet use/diapering.					
5.	Proper hand washing posting is in the toileting area.					
6.	All adults wash their hands effectively after contact with blood or other bodily fluids, handling animals, treating a wound, toilet use/diapering and after removing gloves. (Blood borne pathogen procedure was followed if needed) <i>(N/A permitted)</i>					
7.	Tooth brushing occurs within 30 minutes after a meal. <i>(Offered at socializations, if applicable)</i>					
8.	During the tooth brushing process, there is effective supervision and assistance if needed with staff encouraging proper brushing techniques. <i>(Center-based only)</i>					
9.	All toothbrushes are in good condition (clean and bristles not frayed). <i>(Center-based only)</i>					
10.	All toothbrushes are labeled with the child's name and properly stored. <i>(Center-based only)</i>					
11.	Children are given a pea-sized amount of toothpaste dispensed separately. <i>(Center-based only)</i>					
1.5 - NUTRITION						
1.5.A Nutrition Tracking and Follow-Up		M	P	NM	N/A	Notes:
1.	All nutrition histories are completed for children at enrollment. <i>(Within 45 days for home-based)</i>					
2.	All 2 nd year nutrition histories are reviewed and signed by staff and parents.					
3.	Infant nutrition histories are on-going and up-to-date. <i>(N/A permitted)</i>					
4.	All nutrition concerns identified on the nutrition history or physical are addressed and thoroughly documented. <i>(N/A permitted)</i>					
5.	Proper consent forms are completed for nutrition referrals with parent signatures. <i>(N/A permitted)</i>					
6.	There is evidence of nutrition intervention/follow-up within 90 days of entry date. <i>(N/A permitted)</i>					

7.	Follow-up is documented on all children not receiving WIC services with hgb 10.0-11.5 g/dl, hct 30-34% (nutrition education provided). <i>(N/A permitted)</i>					
8.	Follow-up is documented on all children with hgb<10 g/dl, hct<30%, regardless of existing services. (Request for Follow-Up Services/Referral). <i>(N/A permitted)</i>					
9.	Follow-up is documented on all children with growth percentile <5% or ≥95%, regardless of existing services. (Request for Follow-Up Services/Referral). <i>(N/A permitted)</i>					
10.	A referral for follow-up services is completed for all children with a blood lead level of ≥10.0.					
11.	A referral for follow-up services is completed for all children whose lead risk assessment indicates follow-up is needed.					
1.5.B Menus and Meal Services		M	P	NM	N/A	Notes:
1.	All A.M. and full day children are provided breakfast. <i>(Center-based only) (N/A permitted if P.M. program)</i>					
2.	All meals start by the appropriately scheduled time: a minimum of 3 hours between breakfast and lunch (AM only) and a minimum of 2 hours between a meal and a snack, and on demand, as needed, for infants. <i>(Center-based only)</i>					
3.	Menu is posted and current. <i>(Center-based only)</i>					
4.	A Civil Rights poster (11X17 “And Justice for All” poster) is displayed in a prominent location. <i>(Center-based only)</i>					
5.	A CACFP Meal Pattern with required portions is posted at the center. <i>(Center-based only)</i>					
6.	Meal counts are recorded at the time of meal service each day and do not exceed daily attendance records/sign-in sheets. <i>(Center-based only)</i>					
7.	Staff serve meals according to menu unless written notification has been received of changes from food services. <i>(Center-based only)</i>					
8.	Menus are accessible to parents.					
9.	Home-based programs provide appropriate snacks and meals to each child during group socialization activities.					
10.	All meals are consumed on-site and no outside food is brought on-site. <i>(SOP only)</i>					
11.	All meals are offered family-style in a manner in which children serve themselves and are seated in age-appropriate chairs/highchairs while eating.					
12.	Children participate in setting the table and are adequately supervised.					
13.	Adults sit at the same time as children, are eating the same foods, role modeling and supervising at every meal.					
14.	Children are offered and encouraged to join in at mealtimes and to try all foods, but are not forced.					
15.	Food is served in portions that are safe for a child to swallow.					
16.	There is sufficient time (approx. 30 minutes) for children to finish their meal and children are not rushed.					

17.	There is conversation during meals centered around the children's interests and includes foods and nutrition.					
18.	Children clear their place from the table after meals.					
19.	Each infant has their own feeding plan, and staff discuss current feeding theory with the parent/authorized representative (especially, the dangers of feeding honey to an infant in the first year of life). <i>(N/A permitted)</i>					
20.	Programs serving infants provide appropriate food (commercially prepared formulas and jarred baby food) regardless if the authorized representative elects to provide food. <i>(N/A permitted)</i>					
21.	Bottle-fed infants are fed at least once every four (4) hours and are held by an adult while fed. <i>(N/A permitted)</i>					
22.	Infant bottles, dishes and containers containing food brought by the infant's parent/authorized representative are labeled with the child's name and the current date. <i>(N/A permitted)</i>					
23.	Partially consumed formula/breast milk is discarded at the end of each feeding. <i>(N/A permitted)</i>					
24.	Infant food brought from home is discarded within 72 hours of the date on the container label.					
25.	Commercially prepared baby food in jars is transferred to a dish before being fed to infants, and any leftovers in the dish are discarded at end of the meal. <i>(N/A permitted)</i>					
26.	Bottles, bottle caps and nipples maintained at the infant care site are sanitized after each use. <i>(N/A permitted)</i>					
27.	Hot entrée food temperatures are taken and recorded daily on Quality Assurance sheets. <i>(SOP center-based only)</i>					
28.	Perishable food is fresh and refrigerated up to one hour prior to serving.					
29.	Proper procedure is followed when hot food temperatures fall below 140° and staff are aware of the reheating procedures. <i>(SOP center-based only)</i>					
30.	All perishable leftover food is labeled, dated and thrown away after 48 hours (no hot entrées are kept). <i>(N/A permitted)</i>					
31.	Chemicals are not stored with food.					
1.5.C Special Diets		M	P	NM	N/A	Notes:
1.	If a special diet need is identified prior to enrollment, a special diet verification is obtained by a licensed physician, nurse or physician's assistant. <i>(N/A permitted)</i>					
2.	A completed request for follow-up is sent to the appropriate support staff if special diets are identified and menu modifications and food substitutions are developed. <i>(N/A permitted)</i>					
3.	Special diet forms are completed and copies are kept in the child's file.					
4.	Special diet foods are labeled with child's name. (SOP only)					
5.	Special diets with child's name and modifications/special diet are posted near meal prep area. <i>(In socialization binder for home-based)</i>					

1.6 – HEALTH SERVICES FOR PREGNANT WOMEN AND NEW MOTHERS						Only applies to programs serving pregnant women and newborns.			
1.6.A Prenatal Services					M	P	NM	N/A	Notes:
1.	The program provides enrolled pregnant women and other family members, as appropriate, with prenatal education on fetal development (including risks from smoking and alcohol), labor and delivery, and postpartum recovery (including maternal depression).								
2.	The program provides information on the benefits of breast feeding to all enrolled pregnant and new mothers within 45 days of entry date.								
3.	There is evidence that prenatal PIR is submitted upon enrolling pregnant women and again after delivery.								
4.	Prenatal Health Histories are completed and in the file for all enrolled pregnant mothers.								
5.	Prenatal Nutrition Histories are completed for all enrolled pregnant mothers.								
6.	A prenatal health visit was conducted by a registered nurse within the last trimester of the enrolled pregnant mother's pregnancy. (N/A permitted)								
1.6.B New Mother Services					M	P	NM	N/A	Notes:
1.	A newborn health visit was conducted by a registered nurse within 2 weeks of the child's birth. (N/A permitted)								
2.	Post-partum depression information is provided to new mothers.								
3.	Post-partum depression screening is completed within 6 months of delivery if necessary.								
1.7 – SAFE ENVIRONMENTS									
1.7.A Center Postings					M	P	NM	N/A	Notes:
1.	A "tobacco-free" sign/sticker is posted prominently.								
2.	"No outside food policy" and "no nut policy" postings are visible upon entering the center (SOP only).								
3.	Community Care License (203A) is posted prominently.								
4.	The Emergency Disaster Plan (LIC 610) is posted prominently with up-to-date staff assignments.								
5.	Earthquake Preparedness Checklist (LIC 9148) is completed/implemented and attached to the Emergency Disaster Plan (LIC 610).								
6.	If a type A deficiency was received in the last 12 months, the deficiency notice is prominently posted for 30 days from the date of receipt.								
7.	Doors are free of paper postings.								
8.	Emergency evacuation procedures are posted.								
1.7.B Facility Inspection					M	P	NM	N/A	Notes:
1.	Electrical outlets are covered with approved safety covers when not in use.								

2.	Cleaning agents, flammable or poisonous supplies are labeled and stored in locked cabinets or out of reach of children.					
3.	Center temperature is maintained between 68 degrees and 85 degrees (in cases of extreme heat, center temperature cannot exceed 20 degrees less than the outside temperature).					
4.	Type A deficiency notice is in licensing file, if applicable.					
5.	There is proof on file that the Type A deficiency has been cleared, if applicable.					
6.	There is evidence on file that parents of children enrolled in the last 12 months have received notice of the deficiency, if applicable.					
7.	There is evidence that decorative materials such as curtains are treated with flame retardant.					
8.	Required staff is certified in first aid and CPR with documentation.					
9.	There is evidence of earthquake and fire drills performed per established schedule.					
10.	Material Safety Data Sheet (MSDS) book is easily accessible and all staff are aware of the MSDS.					
1.7.C Kitchen/Food Preparation Area Inspection		M	P	NM	N/A	Notes:
1.	Hot water registers no less than 105 degrees and no more than 120 degrees, if applicable.					
2.	Flammable and dangerous supplies are stored in locked cabinets or out of reach of children.					
3.	Garbage containers are covered and contents are disposed of properly.					
4.	The refrigerator and microwave are clean.					
5.	Food warmer and food cart are clean.					
6.	Food preparation areas is separate from the eating, restroom, diaper changing, and play areas.					
7.	Food preparation area including counters, tabletops and floors are clean/swept.					
8.	Refrigerators have a thermometer located in the back and registers 40 degrees or less; freezers have a thermometer in the back and registers 0 degrees.					
1.7.D Restroom Inspection/Observation		M	P	NM	N/A	Notes:
1.	Restrooms are easily accessible to children.					
2.	Items needed for hand washing and toileting are easily accessible to children.					
3.	Children's sinks are at child's level or accessible by stable safety step.					
4.	The restrooms are clean, free of odor and well-maintained.					

1.7.E Classroom Inspection/Observation		M	P	NM	N/A	Notes:
1.	Accurate emergency numbers are posted near the telephone in the classroom.					
2.	Procedures for poisoning, CPR, choking and dental emergencies are posted in the classroom.					
3.	First aid manual is located in each classroom and is accessible to staff.					
4.	An onsite evacuation map is prominently displayed by the door in the classroom.					
5.	Exits are clearly marked with signage in the classroom.					
6.	Exits in the classroom are unobstructed and have a 3 foot clearance.					
7.	Fire extinguishers are mounted, accessible and clearly marked.					
8.	Fire extinguishers are serviced annually from date of last inspection and evidenced by service tag.					
9.	There are working smoke detectors, fire alarms or sprinkler system in the classroom.					
10.	Electrical outlets are covered with approved safety covers when not in use.					
11.	Electrical cords and surge protectors are out of reach of children.					
12.	Electrical cords do not obstruct foot traffic or doorways.					
13.	Windows can be locked from the inside.					
14.	Window screens are in good repair and free of debris, if applicable. (N/A permitted)					
15.	Cleaning agents, flammable or poisonous supplies are labeled and stored in locked cabinets or out of the reach of children.					
16.	Decorative materials or postings are not blocking exits or emergency equipment.					
17.	Decorative materials or postings cover 25% or less of wall space.					
18.	Garbage containers for disposing food or diapers are covered and contents are disposed of properly.					
19.	Any items used by classroom pets are kept out of the reach of children.					
20.	The classroom is clean, free of odor and well-maintained.					
21.	Diaper changing table has a padded surface no less than one-inch thick, covered with washable vinyl or plastic and has raised sides at least three inches high.					
22.	Diaper changing table is in good repair and safe condition.					

23.	The diaper changing table is located within arm's reach of a sink (while in use) and is at no time located in the kitchen/food-preparation area.				
24.	The diaper changing table and pad are disinfected after each use and disposable changing paper is discarded.				
25.	The diaper changing area (walls, floor, countertops, sinks, drawers, cabinets and hygiene items) is washed and disinfected after each diaper change if touched or splashed with residue during the diaper changing process.				
26.	Children needing diaper changes are diapered on a changing table/pad and never left unattended while on the changing table.				
27.	Soiled disposable diapers are placed in a labeled, airtight container which is emptied and sanitized daily.				
28.	A crib (standard size six-year crib or porta-crib) or mat is available for each infant. Floor mats are used by infants who can climb out of a crib, if applicable.				
29.	Cribs meet the following requirements: mattresses are set at the lowest position, side rails are locked in the highest position, and crib slats are spaced no more than 2 3/8 inches, if applicable.				
30.	All cribs are equipped with firm, moisture-resistant mattresses and contain no soft bedding materials such as comforters, pillows, fluffy blankets or stuffed toys, if applicable.				
31.	Napping mats and/or cribs, if applicable, are spaced three (3) feet apart when in use to allow for easy access to each child.				
32.	Napping mats, if applicable, are stored so that each mat and bedding does not touch the other.				
33.	Napping mats are disinfected weekly, crib mattresses daily and both when soiled, if applicable.				
34.	Bedding is laundered weekly and changed daily when soiled, or when the crib/mat is occupied by another child, if applicable.				
35.	Soiled bedding is placed in a suitable container and inaccessible to infants, if applicable.				
36.	Rugs have a non-slip backing or strips to avoid slipping.				
37.	Doors used by children can be easily opened by staff and children and shut properly.				
38.	Doors have rubber gaskets to prevent finger pinching.				
39.	Classroom is free of portable heating/cooling devices including fans.				
40.	Pull cords for blinds are out of reach of children and free of knots.				
41.	Step stools are safe and stable.				
42.	Children have access to drinking water.				
43.	A First Aid kit is in the classroom, in a secured container, well-stocked and out of reach of children but accessible to staff.				

44.	Children’s belongings are stored separately from other children’s belongings.					
45.	Staff purses and backpacks are stored out of reach of children.					
46.	Staff who work with children wear closed toed shoes on a daily basis. <i>(SOP only)</i>					
47.	Toys are safe, do not contain sharp points, edges or splinters, and small parts cannot be pulled off and swallowed. Baby walkers and bouncers are not used.					
48.	There is a designated area for contaminated toys and toys are cleaned on a regular basis.					
49.	Indoor climbing equipment is over approved mats that extend six (6) feet from structure.					
1.7.F Playground Inspection/Observation		M	P	NM	N/A	Notes:
1.	Children have access to drinking water.					
2.	Outdoor area for EHS is physically separate from areas used by other children.					
3.	Outdoor areas are maintained and safe, free of trash, broken equipment, and standing water.					
4.	Outdoor areas are free of animal excrement and poisonous plants or berries.					
5.	Sandbox and sensory tables are clean and covered when not in use.					
6.	Wading pools are inaccessible to children without supervision and emptied after each use.					
7.	Outdoor area has some protection from the elements and is in good repair.					
8.	Exposed concrete and hard anchoring materials are covered.					
9.	Tree branches are trimmed and do not intrude on play area (7 foot clearance).					
10.	Bike and trike paths are separate from other equipment.					
11.	Play area is free of tripping hazards (i.e., roots, holes, etc.).					
12.	The playground layout minimizes possible injury to children.					
13.	The classroom and playground (of sites with a non-ambulatory license) are accessible to staff, parents and children with disabilities (i.e., ramps in good repair, furnishings not blocking pathways, etc.). <i>(N/A permitted)</i>					
14.	The playground equipment is over nine (9) inches of shock-absorbing material, if applicable.					
15.	Shock absorbing material extends at least six (6) feet from playground equipment, walkway, buildings and other structure.					
16.	The outdoor area is enclosed with a fence or natural barrier that allows for observation of children.					

17.	Outdoor fences/barriers have at least two (2) working exits.					
18.	Playgrounds have self-closing gates with self-latching mechanisms that cannot be opened by children.					
19.	Openings in outdoor playground equipment, fences or handrails are less than 3.5 inches or greater than nine (9) inches wide.					
1.3.G Disaster Preparedness		M	P	NM	N/A	Notes:
1.	Staff are trained to protect children in emergencies (e.g., natural disasters, community violence, intruders, attempted removal of child by unauthorized adult or adult who appears intoxicated).					
2.	Staff know the primary off-site evacuation location and procedure.					
3.	Staff are trained to protect children in emergencies (e.g., natural disasters, community violence, intruders, attempted removal of child by unauthorized adult or adult who appears intoxicated).					
4.	A one-day supply of emergency food and water for staff and children is accessible and stored securely.					
5.	Emergency backpacks are well stocked, secured and accessible in each classroom.					
6.	Emergency cards are readily accessible for evacuation.					
7.	There is emergency lighting available in case of an emergency.					
8.	A Storm Station is accessible, plugged in and in working order. (SOP only)					
9.	Cabinets and bookcases are free of potential falling objects in the case of an earthquake or explosion.					

Performance Rating – Health Nutrition and Safe Environments (Early Head Start)

1.4 - HEALTH

1.4.A Child's Health Status/ Screenings				
	M	P	NM	N/A
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				
Total				

1.4.B Health Care Tracking and Follow-Up				
	M	P	NM	N/A
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
Total				

1.4.C Health Procedures				
	M	P	NM	N/A
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

14				
15				
16				
17				
Total				

1.4.D Hygiene (Hand Washing and Tooth Brushing)				
	M	P	NM	N/A
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
Total				

1.5 - NUTRITION

1.5.A Nutrition Tracking and Follow-Up				
	M	P	NM	N/A
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
Total				

1.5.B Menus and Meal Services				
	M	P	NM	N/A
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				
26				
27				
28				
29				
30				
31				
Total				

1.5.C Special Diets				
	M	P	NM	N/A
1				
2				
3				
4				
5				
Total				

1.6 - HEALTH SERVICES FOR PREGNANT WOMEN AND NEW MOTHERS

1.6.A Prenatal Services				
	M	P	NM	N/A
1				
2				
3				
4				
5				
6				
Total				

1.6.B New Mother Services				
	M	P	NM	N/A
1				
2				
3				
Total				

M = Met P = Partial NM = Not Met N/A = Not Applicable

1.7 - SAFE ENVIROMENTS

1.7.A Center Postings				
	M	P	NM	N/A
1				
2				
3				
4				
5				
6				
7				
8				
Total				

1.7.B Facility Inspection				
	M	P	NM	N/A
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
Total				

1.7.C Kitchen/Food Preparation Area Inspection				
	M	P	NM	N/A
1				
2				
3				
4				
5				
6				
7				
8				
Total				

1.7.D Restroom Insection/ Observation				
	M	P	NM	N/A
1				
2				
3				
4				
Total				

1.7.E Classroom Inspection/ Observation				
	M	P	NM	N/A
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				
26				
27				
28				
29				
30				
31				

32				
33				
34				
35				
36				
37				
38				
39				
40				
41				
42				
43				
44				
45				
46				
47				
48				
49				
Total				

1.7.F Playground Inspection/ Observation				
	M	P	NM	N/A
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
Total				

1.7.G Disaster Preparedness				
	M	P	NM	N/A
1				
2				
3				
4				
5				
6				
7				
8				
Total				

M = Met P = Partial NM = Not Met N/A = Not Applicable



Monitoring and Quality Assurance Self-Assessment Checklist

VISIT DATE(S)
REVIEWER(S)

I. SITE INFORMATION

SITE NAME	SITE SUPERVISOR	FSW, if applicable
CLASSROOM	AGE RANGE	TEACHING STAFF OBSERVED

II. HOURS OF OPERATION

DAYS OF OPERATION	HOURS OF OPERATION	CLASSROOM HOURS
	am through pm	am through pm
M = Met	P = Partial	NM = Not Met
N/A = Not Applicable		

CONTENT AREA 1 – HEALTH, NUTRITION AND SAFE ENVIRONMENT PRESCHOOL

1.1 – HEALTH

1.1.A Child's Health Status/Screenings	M	P	NM	N/A	Notes:
1. A completed emergency card is in each child's file or in an emergency card binder.					
2. There is evidence that staff talk with parents about how to familiarize their children in a developmentally appropriate way and in advance about all procedures they will receive while enrolled in the program.					
3. There is a completed (signed and dated) consent form on file indicating parent understanding of the rationale and consent given for required screenings.					
4. The program maintains written documentation when a parent or other legally responsible adult refuses to give authorization for health services.					
5. All 1 st year children receive a hearing screening within 45 days of entry date. <i>(N/A permitted)</i>					
6. All 2 nd year children receive a hearing screening within 1 year of last screening. <i>(N/A permitted)</i>					
7. All 1 st year children receive a vision screening within 45 days of entry date. <i>(N/A permitted)</i>					
8. All 2 nd year children receive a vision screening within 1 year of last screening. <i>(N/A permitted)</i>					
9. All heights and weights are completed within 45 days of entry date and graphed within two weeks of measurement date.					
10. All subsequent heights and weights are completed every six months and graphed within two weeks after measurement is taken. <i>(N/A permitted)</i>					

11.	All blood pressure results are recorded within 45 days of entry date. <i>(Four-year olds only)</i>				
12.	All 2 nd year blood pressure results are recorded within one year of last screening, if applicable.				
13.	There is evidence that all parents are informed of screening results and receive a copy of the Body Mass Index (BMI) percentile graph within two weeks after measurements are taken.				
14.	All immunizations are up-to-date or complete according to the EPSDT guidelines and all documentation is accurate and kept. <i>(Up-to-date immunizations are not a condition for exclusion in home-based)</i>				
15.	All children have a TB risk assessment completed at enrollment. (Within 45 days for home-based)				
16.	All 2 nd year TB risk assessments are completed within 1 year from first risk assessment.				
17.	All children have a lead risk assessment completed at enrollment. (Within 45 days for home-based)				
18.	All 2 nd year lead risk assessments are completed within 1 year from the first risk assessment.				
19.	All required physical exams are on file within 30 days of entry date (90 days for home-based).				
20.	All subsequent physical exams are completed according to the CHDP Periodicity Schedule and on file.				
21.	All children have a blood lead level result recorded within 90 days of entry date. <i>(N/A permitted)</i>				
22.	All hemoglobin/hematocrit (hgb/hct) results are recorded within 90 days of entry date. <i>(N/A permitted)</i>				
23.	All 2 nd year hemoglobin/hematocrit (hgb/hct) results are recorded within required time frame of periodicity table (3yrs and 4-5 years) <i>(N/A permitted)</i>				
24.	All 1 st year dental exams are completed within 30 days from entry date. <i>(N/A permitted)</i>				
25.	All subsequent dental exams are completed within one year of last exam. <i>(N/A permitted)</i>				
26.	All children are connected to a medical and dental home.				
27.	All health histories are completed at enrollment. (Within 45 days for home-based)				
28.	All 2 nd year health histories are reviewed and signed by staff and parents.				
29.	All parent volunteer TB results are completed and current.				

1.1.B Health Care Tracking and Follow-Up		M	P	NM	N/A	Notes:
1.	Exclusion notices for missing physicals are sent 31 days after entry date or there is a documented verified appointment. <i>(Center-based only) (N/A permitted)</i>					
2.	Follow-up is documented on all children missing subsequent physical exams.					
3.	Follow-up is documented on all children missing blood lead level results.					
4.	Follow-up is documented on all children missing a 90 day hemoglobin/hematocrit (hgb/hct). <i>(N/A permitted)</i>					
5.	Follow-up is documented on all children with abnormal blood pressure.					
6.	A referral for follow-up services is completed for all children whose TB risk assessment indicates follow-up is needed. <i>(N/A permitted)</i>					
7.	Children requiring a re-screen (vision, hearing and blood pressure) were re-tested within 30 days of the original test date and/or no later than 60 days of entry date. <i>(N/A permitted)</i>					
8.	Follow-up is documented on all children with failed hearing or vision screenings. (Request for Follow-Up Services are sent within two weeks after second failed screening date) (6 weeks for delegates) <i>(N/A permitted)</i>					
9.	All data is in ChildPlus accurately reflects content of file.					
10.	Follow-up is documented thoroughly and on a regular basis for all children needing a medical and dental home. <i>(N/A permitted)</i>					
11.	All health concerns identified on the health history or physical are addressed and thoroughly documented. <i>(N/A permitted)</i>					
12.	Follow-up is documented thoroughly on a regular basis for all 1 st year children needing a dental exam.					
13.	Follow-up is documented thoroughly on a regular basis for all 2 nd year children needing a dental exam.					
14.	Follow-up is documented thoroughly on a regular basis for all children needing dental treatment.					
15.	There is evidence that all parents have been provided information on oral health and hygiene.					
1.1.C Health Procedures		M	P	NM	N/A	Notes:
1.	All children receive a daily health check upon entering the center. <i>(Center-based only)</i>					
2.	If an injury occurs during hours of operation and medical attention is not required, an injury report is completed and the child's authorized representative is notified of the nature of the injury at pick up. <i>(Center-based only) (N/A permitted)</i>					
3.	If an injury occurs during hours of operation and medical attention is required, an Unusual Incident Report is made to Licensing. <i>(Center-based only) (N/A permitted)</i>					
4.	Staff ensure that a child with a short term injury (that cannot be readily accommodated) or a short term contagious illness is temporarily excluded from participating in program					

	activities, home visits, and group socializations. (Exposure notice is posted- <i>Center-based only</i>)					
5.	Staff ensure that children are not subjected to long term exclusion solely because of their health care needs or medication requirements (unless reasonable accommodations cannot be made without fundamentally altering the nature of the program).					
6.	Individual records are maintained for all medications dispensed and the records are regularly reviewed with the child’s parents. (<i>Center-based only</i>)					
7.	Medications are properly labeled and have not expired. (<i>Center-based only</i>) (<i>N/A permitted</i>)					
8.	All medication forms are complete. (<i>Center-based only</i>) (<i>N/A permitted</i>)					
9.	There is documentation in the classroom of individual authorization to administer medication. (<i>Center-based only</i>) (<i>N/A permitted</i>)					
10.	Medication is stored in a locked box or in a locked box in the refrigerator if necessary. (<i>Center-based only</i>) (<i>N/A permitted</i>)					
11.	All staff are aware of the medication policy and procedures. (<i>Center-based only</i>)					
12.	Care plan(s) for children with special medical problems are current and accessible. (<i>Center-based only</i>) (<i>N/A permitted</i>)					
13.	All children have a completed sunscreen permission form on file. (<i>N/A permitted for Delegates and home-based</i>)					
14.	The diapering procedure is posted in diapering area. (<i>Center-based only</i>) (<i>N/A permitted</i>)					
15.	The diapering procedure is consistently followed. (<i>Center-based only</i>) (<i>N/A permitted</i>)					
16.	Each child being toilet trained has a written developmentally appropriate training plan/schedule and is followed. (<i>Center-based only</i>) (<i>N/A permitted</i>)					
1.1.D Hygiene (Hand Washing and Tooth Brushing)		M	P	NM	N/A	Notes:
1.	All adults wash their hands before food preparation, setting the table, eating and dispensing medications.					
2.	Proper hand washing posting is in food preparation areas.					
3.	During the hand washing process, there is effective supervision and all children effectively wash their hands before setting the tables and eating, and after handling pets, bodily fluids and toilet use.					
4.	All children receive instruction or assistance if needed with hand washing after toilet use.					
5.	Proper hand washing posting is in the toileting area.					
6.	All adults wash their hands effectively after contact with blood or other bodily fluids, handling animals, treating a wound, toilet use/diapering and after removing gloves. (Bloodborne pathogen procedure is followed if needed) (<i>N/A permitted</i>)					
7.	Tooth brushing occurs within 30 minutes after a meal. (<i>Offered at socializations, if applicable</i>)					

8.	During the tooth brushing process, there is effective supervision and assistance if needed with staff encouraging proper brushing techniques.					
9.	All toothbrushes are in good condition (clean and bristles not frayed).					
10.	All toothbrushes are labeled with the child's name and properly stored. <i>(Center-based only)</i>					
11.	Children are given a pea-sized amount of toothpaste dispensed separately. <i>(Center-based only)</i>					
1.2 - NUTRITION						
1.2.A Nutrition Tracking and Follow-Up		M	P	NM	N/A	Notes:
1.	All nutrition histories are completed at enrollment. <i>(Within 45 days for home-based)</i>					
2.	All 2 nd year nutrition histories are reviewed and signed by staff and parents.					
3.	All nutrition concerns identified on the nutrition history or physical are addressed and thoroughly documented. <i>(N/A permitted)</i>					
4.	Proper consent forms are completed for nutrition referrals with parent signatures. <i>(N/A permitted)</i>					
5.	There is evidence of nutrition intervention/follow-up within 90 days of entry date. <i>(N/A permitted)</i>					
6.	Follow-up is documented on all children not receiving WIC services with hgb 10.0-11.5 g/dl, hct 30-34% (nutrition education provided). <i>(N/A permitted)</i>					
7.	Follow-up is documented on all children with hgb<10 g/dl, hct<30%, regardless of existing services. (Request for Follow-Up Services/Referral). <i>(N/A permitted)</i>					
8.	Follow-up is documented on all children not receiving WIC services with a BMI percentile between 85-94% (Request for Follow-Up Services to program health services within 60 days of enrollment). <i>(N/A permitted)</i>					
9.	Follow-up is documented on all children with BMI percentile <5% or ≥95%, regardless of existing services. (Request for Follow-Up Services/Referral). <i>(N/A permitted)</i>					
10.	A referral for follow-up services is completed for all children with a blood lead level of ≥10.0.					
11.	A referral for follow-up services is completed for all children whose lead risk assessment indicates follow-up is needed.					
1.2.B Menus and Meal Services		M	P	NM	N/A	Notes:
1.	All A.M. and full day children are provided breakfast. <i>(Center-based only) (N/A permitted if P.M. program)</i>					
2.	All meals start by the appropriately scheduled time: a minimum of 3 hours between breakfast and lunch (AM only) and a minimum of 2 hours between a meal and a snack. <i>(Center-based only)</i>					
3.	Menu is posted and current. <i>(Center-based only)</i>					
4.	A Civil Rights poster (11X17 "And Justice for All" poster) is displayed in a prominent location. <i>(Center-based only)</i>					

5.	A CACFP Meal Pattern with required portions is posted at the center. <i>(Center-based only)</i>					
6.	Meal counts are recorded at the time of meal service each day and do not exceed daily attendance records/sign-in sheets. <i>(Center-based only)</i>					
7.	Staff serve meals according to menu unless written notification has been received of changes from food services. <i>(Center-based only)</i>					
8.	Menus are accessible to parents.					
9.	Home-based programs provide appropriate snacks and meals to each child during group socialization activities.					
10.	All meals are consumed on-site and no outside food is brought on-site. <i>(SOP only)</i>					
11.	All meals are offered family-style in a manner in which children serve themselves and are seated while eating.					
12.	Children participate in setting the table and are adequately supervised.					
13.	Adults sit at the same time as children, are eating the same foods, role modeling and supervising at every meal.					
14.	Children are offered and encouraged to join in at mealtimes and to try all foods, but are not forced.					
15.	Food is served in portions that are safe for a child to swallow.					
16.	There is sufficient time (approx. 30 minutes) for children to finish their meal and children are not rushed.					
17.	There is conversation during meals centered around the children's interests and includes foods and nutrition.					
18.	Children clear their place from the table after meals.					
19.	Hot entrée food temperatures are taken and recorded daily on Quality Assurance sheets. <i>(SOP center-based only) (N/A for delegates)</i>					
20.	Perishable food is fresh and refrigerated up to one hour prior to serving.					
21.	Proper procedure is followed when hot food temperatures fall below 140° and staff are aware of the reheating procedures. <i>(SOP center-based only)</i>					
22.	All perishable leftover food is labeled, dated and thrown away after 48 hours (no hot entrées are kept). <i>(N/A permitted)</i>					
23.	Chemicals are not stored with food.					

1.2.C Special Diets		M	P	NM	N/A	Notes:
1.	If a special diet need is identified prior to enrollment, a special diet verification is obtained by a licensed physician, nurse or physician's assistant. <i>(N/A permitted)</i>					
2.	A completed request for follow-up is sent to the appropriate support staff if special diets are identified and menu modifications and food substitutions are developed. <i>(N/A permitted)</i>					
3.	Special diet forms are completed and copies are kept in the child's file.					
4.	Special diet foods are labeled with child's name. (SOP only)					
5.	Special diets with child's name and modifications/special diet are posted near meal prep area. <i>(In socialization binder for home-based)</i>					
1.3 – SAFE ENVIRONMENTS						
1.3.A Center Postings		M	P	NM	N/A	Notes:
1.	A "tobacco-free" sign/sticker is posted prominently.					
2.	"No outside food policy" and "no nut policy" postings are visible upon entering the center (SOP only).					
3.	Community Care License (203A) is posted prominently.					
4.	The Emergency Disaster Plan (LIC 610) is posted prominently with up-to-date staff assignments.					
5.	Earthquake Preparedness Checklist (LIC 9148) is completed/implemented and attached to the Emergency Disaster Plan (LIC 610).					
6.	If a type A deficiency was received in the last 12 months, the deficiency notice is prominently posted for 30 days from the date of receipt.					
7.	Doors are free of paper postings.					
8.	Emergency evacuation procedures are posted.					
1.3.B Facility Inspection		M	P	NM	N/A	Notes:
1.	Electrical outlets are covered with approved safety covers when not in use.					
2.	Cleaning agents, flammable or poisonous supplies are labeled and stored in locked cabinets or out of reach of children.					
3.	Center temperature is maintained between 68 degrees and 85 degrees (in cases of extreme heat, center temperature cannot exceed 20 degrees less than the outside temperature).					
4.	Type A deficiency notice is in licensing file, if applicable.					
5.	There is proof on file that the Type A deficiency has been cleared, if applicable.					

6.	There is evidence on file that parents of children enrolled in the last 12 months have received notice of the deficiency, if applicable.					
7.	There is evidence that decorative materials such as curtains are treated with flame retardant.					
8.	Required staff is certified in first aid and CPR with documentation.					
9.	There is evidence of earthquake and fire drills performed per established schedule.					
10.	Material Safety Data Sheet (MSDS) book is easily accessible and all staff are aware of the MSDS.					
1.3.C Kitchen/Food Preparation Area Inspection		M	P	NM	N/A	Notes:
1.	Hot water registers no less than 105 degrees and no more than 120 degrees, if applicable.					
2.	Flammable and dangerous supplies are stored in locked cabinets or out of reach of children.					
3.	Garbage containers are covered and contents are disposed of properly.					
4.	The refrigerator and microwave are clean.					
5.	Food warmer and food cart are clean.					
6.	Food preparation areas is separate from the eating, restroom, diaper changing, and play areas.					
7.	Food preparation area including counters, tabletops and floors are clean/swept.					
8.	Refrigerators have a thermometer located in the back and registers 40 degrees or less; freezers have a thermometer in the back and registers 0 degrees.					
1.3.D Restroom Inspection/Observation		M	P	NM	N/A	Notes:
1.	Restrooms are easily accessible to children.					
2.	Items needed for hand washing and toileting are easily accessible to children.					
3.	Children's sinks are at child's level or accessible by stable safety step.					
4.	The restrooms are clean, free of odor and well-maintained.					
1.3.E Classroom Inspection/Observation		M	P	NM	N/A	Notes:
1.	Accurate emergency numbers are posted near the telephone in the classroom.					
2.	Procedures for poisoning, CPR, choking and dental emergencies are posted in the classroom.					
3.	First aid manual is located in the classroom and is accessible to staff.					
4.	An onsite evacuation map is prominently displayed by the door in the classroom.					

5.	Exits are clearly marked with signage in each classroom.				
6.	Exits in each classroom are unobstructed and have a 3 foot clearance.				
7.	Fire extinguishers are mounted, accessible and clearly marked.				
8.	Fire extinguishers are serviced annually from date of last inspection and evidenced by service tag.				
9.	There are working smoke detectors, fire alarms and sprinkler system in the classroom.				
10.	Electrical outlets are covered with approved safety covers when not in use.				
11.	Electrical cords and surge protectors are out of reach of children.				
12.	Electrical cords do not obstruct foot traffic or doorways.				
13.	Windows can be locked from the inside.				
14.	Window screens are in good repair and free of debris, if applicable. (N/A permitted)				
15.	Cleaning agents, flammable or poisonous supplies are labeled and stored in locked cabinets or out of the reach of children.				
16.	Decorative materials or postings are not blocking exits or emergency equipment.				
17.	Decorative materials or postings cover 25% or less of wall space.				
18.	Garbage containers for disposing food or diapers are covered and contents are disposed of properly.				
19.	Any items used by classroom pets are kept out of the reach of children.				
20.	The classroom is clean, free of odor and well-maintained.				
21.	Napping mats are spaced three (3) feet apart when in use to allow for easy access to each child, if applicable.				
22.	Napping mats, if applicable, are stored so that each mat and bedding does not touch the other.				
23.	Napping mats and bedding are cleaned weekly or when soiled, or when the mat/bedding is to be occupied by another child, if applicable.				
24.	Rugs have a non-slip backing or strips to avoid slipping.				
25.	Doors used by children can be easily opened by staff and children and shut properly.				
26.	Doors have rubber gaskets to prevent finger pinching.				
27.	Classrooms are free of portable heating/cooling devices including fans.				
28.	Pull cords for blinds are out of reach of children and free of knots.				

29.	Step stools are safe and stable.					
30.	Children have access to drinking water.					
31.	A First Aid kits is in the classroom, in a secured container, well-stocked and out of reach of children but accessible to staff.					
32.	Children’s belongings are stored separately from other children’s belongings.					
33.	Staff purses and backpacks are stored out of reach of children.					
34.	Staff who work with children wear closed toed shoes on a daily basis. <i>(SOP only)</i>					
35.	Toys are safe, do not contain sharp points, edges or splinters, and small parts cannot be pulled off and swallowed.					
36.	There is a designated area for contaminated toys and toys are cleaned on a regular basis.					
37.	Indoor climbing equipment is over approved mats that extend six (6) feet from structure.					
1.3.F Playground Inspection/Observation		M	P	NM	N/A	Notes:
1.	Children have access to drinking water.					
2.	Outdoor areas are maintained and safe, free of trash, broken equipment and standing water.					
3.	Outdoor areas are free of animal excrement and poisonous plants or berries.					
4.	Sandbox and sensory tables are clean and covered when not in use.					
5.	Wading pools are inaccessible to children without supervision and emptied after each use.					
6.	Outdoor area has some protection from the elements and is in good repair.					
7.	Exposed concrete and hard anchoring materials are covered.					
8.	Tree branches are trimmed and do not intrude on play area (7 foot clearance).					
9.	Bike and trike paths are separate from other equipment.					
10.	Play area is free of tripping hazards (i.e., roots, holes, etc.).					
11.	The playground layout minimizes possible injury to children.					
12.	The classroom and playground (of sites with a non-ambulatory license) are accessible to staff, parents and children with disabilities (i.e., ramps in good repair, furnishings not blocking pathways, etc.). <i>(N/A permitted)</i>					
13.	The playground equipment is over nine (9) inches of shock-absorbing material, if applicable.					

14.	Shock absorbing material extends at least six (6) feet clearance from playground equipment, walkways, buildings and other structures..					
15.	The outdoor area is enclosed with a fence or natural barrier that allows for observation of children.					
16.	Outdoor fences/barriers have at least two (2) working exits.					
17.	Playgrounds have self-closing gates with self-latching mechanisms that can be opened by children.					
18.	Openings in outdoor playground equipment, fences or handrails are less than 3.5 inches or greater than nine (9) inches wide.					
1.3.G Disaster Preparedness		M	P	NM	N/A	Notes:
1.	Staff are trained to protect children in emergencies (e.g., natural disasters, community violence, intruders, attempted removal of child by unauthorized adult or adult who appears intoxicated).					
2.	Staff know the primary off-site evacuation location and procedure.					
3.	A one-day supply of emergency food and water for staff and children is accessible and stored securely.					
4.	Emergency backpacks are well stocked, secured and accessible in each classroom.					
5.	Emergency cards are readily accessible for evacuation.					
6.	There is emergency lighting available in case of an emergency.					
7.	A Storm Station is accessible, plugged in and in working order. (SOP only)					
8.	Cabinets and bookcases are free of potential falling objects in the case of an earthquake or explosion.					

Performance Rating – Health Nutrition and Safe Environments (Preschool)

1.1 - HEALTH

1.1.A Child's Health Status/ Screenings				
	M	P	NM	N/A
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				
26				
27				
28				
29				
Total				

1.1.B Health Care Tracking and Follow-Up				
	M	P	NM	N/A
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
Total				

1.1.C Health Procedures				
	M	P	NM	N/A
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
Total				

1.1.D Hygiene (Hand Washing and Tooth Brushing)				
	M	P	NM	N/A
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
Total				

1.2 - NUTRITION

1.2.A Nutrition Tracking and Follow-Up				
	M	P	NM	N/A
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
Total				

1.2.B Menus and Meal Services				
	M	P	NM	N/A
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				

15				
16				
17				
18				
19				
20				
21				
22				
23				
Total				

1.2.C Special Diets				
	M	P	NM	N/A
1				
2				
3				
4				
5				
Total				

M = Met P = Partial NM = Not Met N/A = Not Applicable

1.3 - SAFE ENVIROMENTS

1.3.A				
Center Postings				
	M	P	NM	N/A
1				
2				
3				
4				
5				
6				
7				
8				
Total				

1.3.B				
Facility Inspection				
	M	P	NM	N/A
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
Total				

1.3.C				
Kitchen/Food Preparation Area Inspection				
	M	P	NM	N/A
1				
2				
3				
4				
5				
6				
7				
8				
9				
Total				

1.3.D				
Restroom Insection/ Observation				
	M	P	NM	N/A
1				
2				
3				
4				
5				
6				
Total				

1.3.E				
Classroom Inspection/ Observation				
	M	P	NM	N/A
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				
26				
27				
28				
29				

30				
31				
32				
33				
34				
35				
36				
37				
Total				

1.3.F				
Playground Inspection/ Observation				
	M	P	NM	N/A
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
Total				

1.3.G				
Disaster Preparedness				
	M	P	NM	N/A
1				
2				
3				
4				
5				
6				
7				
8				
Total				

M = Met P = Partial NM = Not Met N/A = Not Applicable



Monitoring and Quality Assurance Self-Assessment Checklist

VISIT DATE(S)
REVIEWER(S)

I. SITE INFORMATION									
SITE NAME	SITE SUPERVISOR			FSW, if applicable					
CLASSROOM	AGE RANGE	TEACHING STAFF OBSERVED							
II. HOURS OF OPERATION									
DAYS OF OPERATION	HOURS OF OPERATION	CLASSROOM HOURS							
	am through pm	am through pm							
M = Met	P = Partial	NM = Not Met		N/A = Not Applicable					
CONTENT AREA 2 – FAMILY, PARENT AND COMMUNITY ENGAGEMENT									
2.1 – Family Partnerships									
2.1.A Family Partnership Building					M	P	NM	N/A	Notes:
1.	Families have a complete Family Partnership Agreement (FPA) in the file within 90 days of entry date.*								
2.	FPAs have dates and signatures.								
3.	Families' emergency/immediate needs are identified on the FPA.								
4.	FPAs have identified individualized strengths for families.								
5.	FPAs have identified person(s) responsible for follow-up.								
6.	FPAs reflect individualized goals that are respectful of the family's diversity and cultural background.								
7.	FPAs reflect clear and attainable strategies or steps to be used by staff to help families achieve noted goals. Long term goals are broken down into some steps that are attainable while the family is in Head Start.								
8.	FPAs have appropriate timetables set by staff (timetables are broken down and attainable within the program year).								
9.	FPAs adequately identify and build upon any pre-existing plans or agreements.								
2.1.B Family Partnership Follow-Up					M	P	NM	N/A	Notes:
1.	All Family Partnership Agreements (FPAs) show evidence of adequate staff follow-up on requests for immediate services and information. (N/A permitted)								
2.	All FPAs show adequate evidence of staff follow-up on family's stated goals and strategies. (N/A permitted)								

3.	All FPAs show evidence of follow-up, when families requested no services at the beginning of the year. (Minimum of every 4 months with documentation in the family contact log, FPA, etc.)					
4.	There is evidence of collaboration with outside agencies as a result of needs and goals noted on the FPA.* (N/A permitted)					
5.	All families receive adequate follow-up to ensure that referrals (internal and/or external agencies) have met their needs and expectations. (N/A permitted)					
6.	Staff help all families set new goals when previous goals have been met or there is valid documentation as to why not. (N/A permitted)					
7.	All needs and/or information requested by families on other forms of communication (e.g., Nutrition History, Health History, contact notes) are addressed.					
2.2 – Parent Involvement						
2.2.A Parent Meetings and Trainings		M	P	NM	N/A	Notes:
1.	There is consistent and complete documentation (i.e., agendas, sign in sheets and minutes) of monthly parent meetings in one centralized location that is accessible to parents at the site.					
2.	Parent Committees are established at the center level as early in the program year as possible and are comprised exclusively of the parents of children currently enrolled in the program. (If option is other than center-based, an equivalent parent group or groups must represent parents at the local level).* (N/A permitted)					
3.	There is consistent, up-to-date documentation of parent trainings/workshops (i.e., sign-in sheets, flyers, agendas, etc.).					
4.	There are ongoing and consistent written methods of communication between families and staff (i.e., regular newsletters, class calendars, announcements, etc.).					
5.	The content of parent meetings/trainings/workshops reflects the needs of the families identified on the Family Partnership Agreements (FPAs).					
6.	Pedestrian safety training is provided for all families within the first 30 days of the program year and as needed for new enrollees.					
7.	There is evidence of adequate collaboration between community agencies and parents in the following areas: <input type="checkbox"/> Nutrition (WIC, etc.) <input type="checkbox"/> Health Services (physicians, dentists, etc.) <input type="checkbox"/> Mental Health providers (WEAVE, Child Protective Services, etc.) <input type="checkbox"/> Elementary schools, libraries, museums, etc. <input type="checkbox"/> Community providers of child care services (resource and referral organizations public and private child care programs, etc.)					

2.2.B Parent Information Area		M	P	NM	N/A	Notes:
1.	There is a well-defined parent information area that is accessible to all parents.					
2.	There are various opportunities for families to provide feedback on Head Start and other community services (i.e., suggestion box, forms, parent meetings, etc.).					
3.	There is complete and current information in the parent area (i.e., parent board, binders, books, pamphlets, etc.) available in the language of the population served, including the following required information: <input type="checkbox"/> Health & Safety <input type="checkbox"/> Pedestrian Safety Training (within 30 days) <input type="checkbox"/> Dental <input type="checkbox"/> Mental Health <input type="checkbox"/> Post-Partum <input type="checkbox"/> Transition <input type="checkbox"/> Disabilities (including special education handbook) <input type="checkbox"/> Nutrition <input type="checkbox"/> Parenting Skills/Child Development <input type="checkbox"/> Education/Literacy <input type="checkbox"/> Employment/Training <input type="checkbox"/> Substance Abuse <input type="checkbox"/> Domestic Violence <input type="checkbox"/> Male Involvement <input type="checkbox"/> Child Abuse and Neglect <input type="checkbox"/> Head Start Parent Governance information (Policy Council Minutes and Meeting Schedule)					
2.2.C Parent Volunteer Activities		M	P	NM	N/A	Notes:
1.	There are a variety of opportunities for families to volunteer.					
2.	There are a variety of methods used for recruiting families as volunteers.					
3.	There is documentation of various strategies used to recruit parents for staff positions (i.e., parent meeting agendas, job announcements posted in parent areas, etc.).					
4.	There is evidence of training for parent volunteers (i.e., parent training agenda, sign-in sheet, etc.).					
5.	All families are greeted, treated with respect, and made to feel welcome in the classroom/center.					
6.	The classroom/center environment is welcoming to all families (welcome sign, culturally relevant items).					

2.2.D Transition		M	P	NM	N/A	Notes:
1.	There is evidence that information has been shared with families on transition services at the site (i.e., flyers, school district requirements, IDPs, etc.). (minimum 3 times/program year)					
2.	There is evidence that families have been given support when transitioning from one program option to another (e.g., introducing staff, visiting location, parent meetings, FPAs, etc.). (N/A permitted)					
3.	There is evidence of communication at the site level between Head Start and school district staff (PTA meetings, Back to School Night postings, parent meetings, etc.).					
4.	There is documentation that families have been provided the registration dates for their elementary school of attendance. (N/A permitted)					
5.	There is documentation that transition materials (pertinent child files) are being provided for families when they transition to and from Head Start/Early Head Start. (Originals left in file).					
6.	There is evidence that children with special needs have been provided with individualized transition plans.					
2.3 – Adult Mental Health						
2.3.A Parent/Guardian Mental Health		M	P	NM	N/A	Notes:
1.	There are adequate opportunities for parents to discuss mental health issues with program staff.					
2.	Phone numbers and hours of availability of Social Workers or Mental health professionals are clearly posted at the center.					
3.	There is evidence that parents/guardians who requested mental health services have referrals and follow-up.					

Performance Rating – Family, Parent and Community Engagement

2.1 - FAMILY PARTNERSHIPS

2.1.A Family Partnership Building				
	M	P	NM	N/A
1				
2				
3				
4				
5				
6				
7				
8				
9				
Total				

2.1.B Family Partnership Follow-Up				
	M	P	NM	N/A
1				
2				
3				
4				
5				
6				
7				
Total				

2.2 - PARENT INVOLVEMENT

2.2.A Parent Meetings and Trainings				
	M	P	NM	N/A
1				
2				
3				
4				
5				
6				
7				
Total				

2.2.B Parent Information Area				
	M	P	NM	N/A
1				
2				
3				
Total				

2.2.C Parent Volunteer Activities				
	M	P	NM	N/A
1				
2				
3				
4				
5				
6				
Total				

2.2.D Transition				
	M	P	NM	N/A
1				
2				
3				
4				
5				
6				
Total				

2.3 - ADULT MENTAL HEALTH

2.3.A Parent/Guardian Mental Health				
	M	P	NM	N/A
1				
2				
3				
Total				

M = Met P = Partial NM = Not Met N/A = Not Applicable



Monitoring and Quality Assurance Self-Assessment Checklist

VISIT DATE(S)
REVIEWER(S)

I. SITE INFORMATION

SITE NAME	SITE SUPERVISOR	FSW, if applicable
CLASSROOM	AGE RANGE	TEACHING STAFF OBSERVED

II. HOURS OF OPERATION

DAYS OF OPERATION	HOURS OF OPERATION	CLASSROOM HOURS
M = Met	am through pm P = Partial	am through pm NM = Not Met
N/A = Not Applicable		

CONTENT AREA 3 – EDUCATION, DISABILITIES AND CHILD MENTAL HEALTH EARLY HEAD START

3.5 – SCREENINGS AND FOLLOW-UP

3.5.A Screenings (Developmental, Speech, Mental Health)	M	P	NM	N/A	Notes:
1. There is a system (sign out log and a locked cabinet) to ensure confidentiality and it is implemented.					
2. All developmental and speech screens are completed within 45 days of entry.* (N/A permitted)					
3. All subsequent developmental and speech screens occur according to screening or program timeframes.* (N/A permitted)					
4. All behavioral social/emotional screens are completed within 45 days of entry.* (N/A permitted)					
5. All subsequent behavioral social/emotional screens are completed according to screening or program timeframes.* (N/A permitted)					
6. Necessary re-screens are completed in a timely manner.* (N/A permitted)					
7. Educational screens and re-screens are accurately entered into ChildPlus and are up-to-date.					
3.5.B Referral/Follow-Up (Developmental, Speech and Mental Health)	M	P	NM	N/A	Notes:
1. Parents are notified of screening results.					
2. Requests for Follow-up Services are initiated in a timely manner from re-screens, teacher observation, or parent request. (N/A permitted)					
3. All signed consent forms are included with Requests for Follow-up Services. (N/A permitted)					
4. There is evidence that all Requests for Follow-up Services/Referrals are <u>processed</u> within a timely manner. (N/A permitted)					

5.	There is evidence of cross-component (health/mental health, nutrition, education, disabilities, etc.) integration and cooperation when necessary. (Full team reviews and/or staffing, etc.). <i>(N/A permitted)</i>					
6.	There is evidence that mental health intervention is in process (within 2 weeks of referral and every 30 days thereafter) for all children needing mental health services. <i>(N/A permitted)</i>					
7.	There is evidence that the parent has had input, and written follow-up to the center staff has been provided every 30 days for children needing mental health services (i.e., parent consent for observation, Child Study Team, staffing, case managements, full team reviews etc.)* <i>(N/A permitted)</i>					
3.5.C Individualized Family Service Plan (IFSP)* * N/A permitted for entire section if there are no children with IFSPs in the class.		M	P	NM	N/A	Notes:
1.	There are current, legible copies of the IFSP in the child’s file.					
2.	All IFSPs include Head Start staff signature (unless there is valid documentation as to why not). <i>(N/A permitted if IFSP took place prior to enrollment)</i>					
3.	An interpreter in the family’s preferred language is available for all IFSP meetings or reviews. <i>(N/A permitted)</i>					
4.	Multi-disciplinary staffing took place prior to the beginning of services (or immediately after, if applicable). <i>(N/A permitted)</i>					
5.	All early intervention services have begun and there is evidence that they are ongoing, if applicable. <i>(N/A permitted)</i>					
6.	If children enter Early Head Start with an IFSP completed within 2 months prior to enrollment, services begin within 2 weeks of enrollment (or valid documentation of attempts to begin services by Head Start staff). <i>(N/A permitted)</i>					
7.	There is evidence of cross-component (health, nutrition, education, special education, etc.) integration and cooperation when necessary. (Full team reviews and/or staffing, etc.). <i>(N/A permitted)</i>					
8.	There is evidence of a transition plan into/out of Head Start or from one Head Start program to another such as Early Head Start to preschool for children with disabilities to facilitate continuity of services for children with disabilities (i.e., IFSP, SOP Transition form, staffing notes, etc.). <i>(N/A permitted)</i>					
9.	Special education information (i.e., Disabilities Profile/IFSP, etc.) is accurately entered into ChildPlus and is up-to-date. (SOP only)					
3.6 – WRITTEN INDIVIDUALIZATION						
3.6.A Assessments		M	P	NM	N/A	Notes:
1.	All children have several dated, ongoing, objective and functional observations linked to curriculum and specific measures in all four Desired Results categories. Portfolios of children’s progress are used as part of the assessment process. <i>(Related to HELP assessment for home-based).</i>					
2.	All children’s assessments are completed according to Assessment Schedule.* <i>(N/A permitted)</i>					

3.6.B Transition, Individual Development Plan (IDP), Home Visit/Parent Conference		M	P	NM	N/A	Notes:
1.	A written transition plan is completed and in the file for all children who are 2.5 years old.					
2.	All Individual Development Plans (IDPs) are completed within given time frames (unless there is valid documentation as to why not).					
3.	IDPs include some information in all developmental areas: cognitive, social/ emotional, and physical. At least one measure per domain is identified to be focused on.					
4.	IDPs include teacher strategies and parent input/home strategies.					
5.	Evidence of various opportunities for parent input into planning and implementation of curriculum is present (i.e., contributing to observations/assessments, IDP planning process).					
6.	All home visits/parent conferences are up-to-date within given time frames to meet a minimum of two parent conferences (PC) and two home visits (HV) per program year. (center based only)					
3.7 – HOME-BASED OPTION*						
* N/A Permitted for entire section for Center-Based Programs.						
3.7.A Group Size and Home Visits		M	P	NM	N/A	Notes:
1.	All home-based EHS educators/ home visitors maintain an average caseload of 10 to 12 families per home visitor with a maximum of 12 families for any individual home visitor.					
2.	Home-based EHS Educators/ home visitors provide one home visit per week per family (a minimum of 32 home visits per year) lasting for a minimum of 1 ½ hours each.					
3.	Missed home visits are documented in the family contacts and re-scheduled if planned home visits are canceled by program staff in order to meet the minimum visits per year. (Medical or social service appointments may not replace home visits)					
4.	Home visits are conducted by trained home visitors with the content of the visit jointly planned by the home visitor and the parents. Home visitors conduct the home visit with the participation of parents (not with a babysitter or other temporary caregiver).					
5.	The family is greeted in a warm, positive manner at the home visit and comfort in the family's home is present.					
6.	The home visitor positively reinforces the parent's sense of competence during the home visit.					
7.	The child development goals of the session are articulated during the home visit.					
8.	A parent-child interaction activity is conducted at each home visit.					
9.	The parent-child relationship is observed and supported at each home visit.					
10.	The home visit provides opportunities to help parents improve their parenting skills and to assist them in the use of the home as the child's primary learning environment.					
11.	The home visitor works with the parents to help them provide learning opportunities that enhance their child's growth and development (i.e., physical development, cognitive,					

	social/emotional) and to carry out the program’s child development curriculum.					
12.	Developmental information and guidance are provided at each home visit.					
13.	The home visitor reviews and discusses the last session and “homework” activities with the parent at each home visit.					
14.	The home visit is closed with review, goal setting, and a positive affirmation of the parent’s efforts.					
15.	Home visits contain, over the course of a month, elements of all Head Start program components.					
16.	Home visits plans are completed accurately and include parent and staff signatures and in-kind.					
17.	In-kind is linked to curriculum activities/goals and accurately documented.					
3.7.B Group Socializations		M	P	NM	N/A	Notes:
1.	The home-based program provides, at a minimum, two group socialization activities per month for each child (a minimum of 16 group socialization activities each year, 24 for year-round programs), and make up planned socializations that were canceled by the grantee or by program staff when this is necessary to meet the minimums stated above.					
2.	Group socialization activities are focused on both the children and parents.					
3.	Socialization activities for the children emphasize peer group interaction through age appropriate activities in an Early Head Start classroom, community facility, home, or on a field trip.					
4.	The children are supervised by the home visitor with parents observing at times and actively participating at other times.					
5.	Socializations are designed so that parents are expected to accompany their children to the group socialization activities at least twice each month to observe, to participate as volunteers, or to engage in activities designed specifically for the parents.					
6.	Staff model and provide activities and experiences for parent/child interaction and bonding.					
7.	Socializations provide developmentally appropriate activities based on the program’s curriculum goals.					
8.	Socialization plans are completed and available to parents.					
9.	Socialization activities are individualized based upon IDP, IEP, children’s interest, etc.					

3.8 – CURRICULUM AND IMPLEMENTATION OF INDIVIDUALIZATION						
3.8.A Group Size, Ratios and Supervision*		M	P	NM	N/A	Notes:
*Applies to Center-based programs only						
1.	Classrooms meet the appropriate group size.					
2.	Appropriate teacher/child ratio is maintained at all times (indoor and outdoor).					
3.	Children are within sight and sound of teaching staff at all times and teacher's attention is focused on observing children, not on other activities.					
4.	Each child is accounted for upon leaving from and returning to the classroom to ensure that no child will be left alone or unsupervised while under staff care (using Transition form and procedure for SOP).					
5.	Staff are trained and implement policies that ensure children are released only to a parent, legal guardian, or other formally designated individual.					
3.8.B Daily Schedule and Classroom Activities		M	P	NM	N/A	Notes:
1.	A daily schedule is posted, available to parents and is generally followed.					
2.	There is a balance of large group (large group time length is appropriate to the developmental level of the children), small group and individual activities indoors and out (formal or informal).					
3.	Adequate time (minimum 1 hr. outside time) for large and small motor activities throughout the day (indoors and out).					
4.	Nap/rest time is appropriately scheduled and is flexible according to the resting needs of the infant/toddler.					
5.	Activities are provided for children who are not sleeping (i.e., early risers and non-nappers have quiet activities).					
6.	There is a balance of adult directed and child initiated activities throughout the day (numerous opportunities for children to make choices).					
7.	There are variations made in schedule to allow for spontaneous learning experiences and to meet individual needs or interests of children (i.e., shorter group time for child with short attention span; child working on project allowed to continue past scheduled time; slow eater may finish at own pace).					
8.	All routines and transitions are timely (enough time is allowed for clean-up, etc.), predictable, consistent, and smooth, with minimal waiting times. Children are given notice about changes and know what will happen next.					
9.	Nap/rest time is relaxing (e.g., shoes off, soft toys (if appropriate for age), music, quiet, dim lights, cots placed for privacy). Staff attempt to comfort children who need help relaxing. (N/A permitted)					
3.8.C Lesson Plans and Classroom Activities		M	P	NM	N/A	Notes:
1.	Current lesson plans are visibly posted in the classroom and generally followed (all previous plans are available for the current year). (Socialization plans for home-based program)					
2.	All lesson plans show clear evidence of individualization according to IDPs, IFSPs, children's interests, and progress of groups of children (using some system of					

	identifying how group and/or individual needs are met through planned activities).					
3.	Lesson plans include identified curriculum goals and objectives to be emphasized during the week.					
4.	Evidence is present that required transportation and pedestrian safety education for children was provided within the first thirty days of the program year and as needed for new enrollees.					
5.	Activities are consistent, varied, developmentally appropriate and enable all children in the classroom to develop emerging skills and practice existing skills, as reflected in the IDP/IFSP, etc.					
6.	A variety of opportunities are offered daily for creative self-expression (art, dramatic play, music and movement, writing).					
7.	Sand or water play, outdoors or indoors, is offered weekly with enough space and toy variety for children to participate freely.					
8.	Nature/science experiences are offered to children including outdoor experiences and elements in the classroom environment.					
9.	There is consistent inclusion of health and safety, mental health, and nutrition activities (i.e., books, music, dramatic play, cooking/food prep, disaster, fire, non-smoking, etc.).					
10.	There is clear and consistent inclusion of a variety of literacy activities (books, rhymes, finger plays, different methods of storytelling, etc.).					
11.	Lesson plans and daily activities provide opportunities for each child to explore a variety of sensory and motor experiences with support and stimulation from teachers (i.e., pushing, pulling, walking, climbing; coordination of small muscles and grasping).					
12.	There are activities to prepare children to transition into <u>and</u> out of Head Start, or from one program to another (i.e., visits to Head Start preschool class, increasing length and types of activities, etc.). (N/A permitted)					
13.	During the program year, teaching staff include classroom activities that utilize collaboration with other agencies (e.g., visits from nurse, doctor, dentist, firefighter, field trips, etc.).					
14.	Staff adapt small group, large group, and individual activities, with any necessary modifications to enhance physical, cognitive, and language development in children with disabilities. (Center-based only) (N/A permitted)					
3.8.D Classroom Interactions - Cognitive and Language		M	P	NM	N/A	Notes:
1.	Children are often encouraged to explore, make choices and learn by investigation, in a rich, stimulating environment.					
2.	Creativity is promoted by encouraging children to use materials in innovative ways, make up words to songs and rhymes, etc. Primarily open-ended activities are used.					
3.	Staff use a variety of methods (language, movement, music, dramatic play, drawing, writing and/or other art media) to encourage children to interpret and represent their experiences and ideas.					
4.	Children are given numerous opportunities to link their spoken words with written language (i.e., dictation, labeling, drawings, etc.).					
5.	Staff promote interaction and language use among children and between children and adults.					

6.	Staff help children to understand language by frequent talking throughout the day in a way that is meaningful and personal to children and use simple sentences and descriptive words.					
7.	Staff help children to use language by responding in a timely and positive manner to children’s attempts to communicate and by describing their own actions and children’s actions with language.					
8.	Staff sustain and expand children’s home language, while supporting the continued development of English. Staff learn a minimum of a few words of home language, invite family members or someone from the community to share language and culture, etc. (N/A permitted)					
9.	Staff interactions with children clearly vary with the developmental level, home experiences, parent input, interests, temperament, learning style, language, IDP / IFSP, etc.					
3.8.E Classroom Interactions – Social and Emotional		M	P	NM	N/A	Notes:
1.	When a majority of children speak the same language, at least one classroom staff member or home visitor interacting regularly with the children speaks their home language.					
2.	On arrival, each child is warmly greeted at their level and in their home language. Problems with separation from parent are handled sensitively. (Center-based only)					
3.	Staff greet each parent at pick-up and provide a pleasant and organized departure (i.e., diaper recently changed, child’s things ready to go, talking with parent about child’s day, etc.). (Center-based only)					
4.	Diversity is appropriately included as part of daily routines and activities (i.e., foods, dramatic play props, music, etc.). Parents are encouraged to share family customs and holidays relevant to children in classroom.					
5.	There are clear, consistent, age appropriate classroom rules and expectations. Staff anticipate and prevent problems whenever possible and remind children about making positive choices. (Center-based only)					
6.	Staff effectively handle discipline problems by stopping dangerous behavior, acknowledging feelings, helping children to understand consequences, encouraging expression of feelings in appropriate ways, and redirecting when necessary. (Center-based only)					
7.	Staff are aware of children’s social/emotional needs and support their development in a positive way (i.e., acknowledging children’s efforts, getting on child’s level, taking time to listen, pleasant voice, physical warmth and holding, etc.).					
8.	There are many opportunities throughout the day for children to develop self-help skills (i.e., set tables, dressing, toileting, cleaning up by themselves etc.; environment supports independent choices and clean up). (Center-based only)					
9.	Staff encourage children in the classroom, both typically developing and those with special needs, to engage with other children or adults (children are not by themselves in the classroom, moving about the room aimlessly, or sitting uninvolved or waiting). (Center-based only)					
10.	Staff consistently encourage and model pro-social behaviors, such as cooperating, helping and turn-taking. (Center-based only)					

3.8.F Indoor Environment – Space and Furnishings		M	P	NM	N/A	Notes:
1.	Sufficient furnishings and equipment are attractive, child sized, clean and in good repair.					
2.	The classroom is adapted and adequate adaptive furniture is available and utilized to allow children with significant disabilities to participate in the full range of classroom activities. <i>(N/A permitted)</i>					
3.	Several soft and clean elements are included in the environment such as floor coverings, cushions, plants and table cloths.					
4.	There is a special cozy area protected from active play used for reading or other quiet play and is accessible to children.					
5.	There is adequate space available for all children's personal belongings.					
6.	There is adequate space organized into at least 3 functional areas, clearly defined by low furniture and shelves and easily recognized by children. (Active play area, quiet play area, and messy materials area at a minimum).					
7.	Open shelving is accessible to children, neat, consistently labeled and organized for independent use by children.					
8.	Activity areas are logically located (near necessary resources, noisy areas separated from quiet).					
9.	Traffic patterns discourage running yet allow children to move easily from one activity to another. All areas are easily supervised.					
3.8.G Indoor Environment – Materials and Displays		M	P	NM	N/A	Notes:
*Section also applies to socializations for home-based program						
1.	All interest areas are available for children to independently investigate and utilize materials.					
2.	There are designated storage areas that are separate from the children's work areas.					
3.	A variety of age appropriate, washable toys and equipment, including soft toys are accessible throughout the day.					
4.	There are adequate, developmentally varied (ranging from simple to complex) materials and supplies so that all children have choices and numerous opportunities for success.					
5.	Equipment and materials support both large and small motor activities.					
6.	Adequate adaptive materials are available and utilized to allow children with significant disabilities to participate in the full range of classroom activities. <i>(N/A permitted)</i>					
7.	Materials and activities support emerging numeracy development according to children's developmental level.					
8.	An area for block play is established with a variety of blocks and accessories sorted by type and accessible to children throughout the day.					

9.	A variety of materials are accessible that encourage children’s communication and language development (figures and animals in block area, puppets, books, phones, and verbal play materials, etc.).					
10.	Numerous materials are available and accessible to children in the classroom that support emerging literacy.					
11.	Classroom displays (posters, pictures) and/or materials (dolls, books, etc.) reflect diverse cultures, family compositions, genders, abilities and languages of children.					
12.	Staff use activities and materials to promote and reflect inclusive awareness on an ongoing basis (i.e., disability puzzles, books, posters, photos, toys, props, etc.).					
13.	The classroom has many colorful, simple pictures, posters, and photographs of the children in the group and their families that are located at children’s eye level.					
14.	Children’s art work (one and two dimensional) is displayed at children’s level.					
15.	Books, materials and displays are consistently rotated to maintain interest, meet progressing developmental levels and reflect current themes.					
3.8.H Outdoor Environment		M	P	NM	N/A	Notes:
1.	Playground surfaces are checked daily for unsafe conditions, litter, etc., before children go outside.					
2.	There is a variety of safe, developmentally varied equipment and materials for large motor/physical play, and small group/quiet play (stationary and portable gross motor equipment, trikes with and without pedals, digging and pouring materials, etc.					
3.	Adequate adaptive outdoor equipment is available when necessary (i.e., whirl-o-wheel bike, wagons, swings, etc.). <i>(N/A permitted)</i>					
4.	The space is organized so that different types of activities do not interfere with one another (i.e., wheel toys safely separated from climbing equipment or swings, etc.).					
5.	Staff consistently rotate equipment and materials (water, paint, and bubbles, occasionally take “indoor” playthings outdoors) to provide activities that extend children’s interests or support the curriculum theme during outside time.					
6.	Staff supervise all areas (especially high risk areas such as climbing equipment).					
7.	Staff consistently interact with children, expanding and enhancing learning opportunities during outside time.					
8.	Children are regularly reminded of safety rules during outside time, if needed.					

Performance Rating – Education, Disabilities and Child Mental Health (Early Head Start)

3.5 - SCREENING AND FOLLOW-UP

3.5.A Screenings (Development, Speech, Mental Health)				
	M	P	NM	N/A
1				
2				
3				
4				
5				
6				
7				
Total				

3.5.C Individualized Education Program (IEP)				
	M	P	NM	N/A
1				
2				
3				
4				
5				
6				
7				
8				
9				
Total				

3.5.B Referral/Follow-Up (Development, Speech, Mental Health)				
	M	P	NM	N/A
1				
2				
3				
4				
5				
6				
7				
Total				

3.6 - WRITTEN INDIVIDUALIZATION

3.6.A Assessments				
	M	P	NM	N/A
1				
2				
Total				

3.6.B Transition, Individual Development Plan (IDP), Home Visit/Parent Conference				
	M	P	NM	N/A
1				
2				
3				
4				
5				
6				
Total				

3.7 - HOME-BASED OPTION

3.7.A Group Size and Home Visits				
	M	P	NM	N/A
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
Total				

3.7.B Group Socializations				
	M	P	NM	N/A
1				
2				
3				
4				
5				
6				
7				
8				
9				
Total				

M = Met P = Partial NM = Not Met N/A = Not Applicable

3.8 - CURRICULUM AND IMPLEMENTATION OF INDIVIDUALIZATION

3.8.A Group Size, Ratios and Supervision				
	M	P	NM	N/A
1				
2				
3				
4				
5				
Total				

3.8.B Daily Schedule and Classroom Activities				
	M	P	NM	N/A
1				
2				
3				
4				
5				
6				
7				
8				
9				
Total				

3.8.C Lesson Plans and Classroom Activities				
	M	P	NM	N/A
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
Total				

3.8.D Classroom Interactions Cognitive and Language				
	M	P	NM	N/A
1				
2				
3				
4				
5				
6				
7				
8				
9				
Total				

3.8.E Classroom Interactions Social and Emotional				
	M	P	NM	N/A
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
Total				

3.8.F Indoor Enviroment - Space and Furnishings				
	M	P	NM	N/A
1				
2				
3				
4				
5				
6				
7				
8				
9				
Total				

3.8.G Indoor Enviroment - Material and Displays				
	M	P	NM	N/A
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
Total				

3.8.H Outdoor Environment				
	M	P	NM	N/A
1				
2				
3				
4				
5				
6				
7				
8				
Total				

M = Met P = Partial NM = Not Met N/A = Not Applicable



Monitoring and Quality Assurance Self-Assessment Checklist

VISIT DATE(S)
REVIEWER(S)

I. SITE INFORMATION									
SITE NAME	SITE SUPERVISOR			FSW, if applicable					
CLASSROOM	AGE RANGE	TEACHING STAFF OBSERVED							
II. HOURS OF OPERATION									
DAYS OF OPERATION	HOURS OF OPERATION	CLASSROOM HOURS							
	am through pm	am through pm							
M = Met	P = Partial	NM = Not Met		N/A = Not Applicable					
CONTENT AREA 3 – EDUCATION, DISABILITIES AND CHILD MENTAL HEALTH PRESCHOOL									
3.1 – SCREENINGS AND FOLLOW-UP									
3.1.A Screenings (Developmental, Speech, Mental Health)					M	P	NM	N/A	Notes:
1.	There is a system (sign out log and a locked cabinet) to ensure confidentiality and it is implemented.								
2.	All developmental screens are completed within 45 days of entry date.*								
3.	All subsequent developmental screens occur within 2 weeks of birthday.* (N/A permitted)								
4.	All speech and language screens are completed within 45 days of entry date.* (N/A permitted)								
5.	All behavioral social/emotional screens are completed within 45 days of entry date. (DECA > than 30 days < 45 days)* (N/A permitted)								
6.	Re-screens are completed in a timely manner. (Defined by program guidelines.) (N/A permitted)								
7.	Educational screens and re-screens are accurately entered into ChildPlus and are up-to-date.								
3.1.B Referral/Follow-Up (Developmental, Speech, Mental Health)					M	P	NM	N/A	Notes:
1.	Parents are notified of screening results.								
2.	Requests for Follow-up Services are initiated in a timely manner from re-screens, failed screens, teacher observation, or parent request.* (N/A permitted)								
3.	All signed consent forms are included with Requests for Follow-up Services. (N/A permitted)								

4.	There is evidence that all Requests for Follow-up Services/Referrals are <u>processed</u> within a timely manner. <i>(N/A permitted)</i>					
5.	There is evidence of cross-component (health/mental health, nutrition, education, disabilities, etc.) integration and cooperation when necessary. (Full team reviews and/or staffing, etc.). <i>(N/A permitted)</i>					
6.	There is evidence that mental health intervention is in process (within 2 weeks of referral and every 30 days thereafter) for all children needing mental health services.* <i>(N/A permitted)</i>					
7.	There is evidence that the parent has had input, and written follow-up to the center staff has been provided every 30 days for children needing mental health services (i.e., parent consent for observation, Child Study Team (CST), staffing, case managements, full team reviews etc.).* <i>(N/A permitted)</i>					
3.1.C Individualized Education Program (IEP)* * N/A permitted for entire section if there are no children with IEPs in the class.		M	P	NM	N/A	Notes:
1.	There are current, legible copies of the IEP in the child’s file.					
2.	All IEPs include Head Start staff signature (unless there is valid documentation as to why not). <i>(N/A permitted- if IEP took place prior to enrollment)</i>					
3.	An interpreter in the family’s preferred language was available for all IEP meetings or reviews. <i>(N/A permitted)</i>					
4.	Multi-disciplinary staffing took place prior to the beginning of services (or immediately after, if applicable). <i>(N/A permitted)</i>					
5.	All special education services have begun and there is evidence that they are ongoing. <i>(N/A permitted)</i>					
6.	If children enter Head Start with an IEP completed within 2 months prior to enrollment, services begin within 2 weeks of enrollment (or valid documentation of attempts to begin services by Head Start staff). <i>(N/A permitted)</i>					
7.	There is evidence of cross-component (health, nutrition, education, special education, etc.) integration and cooperation when necessary. (Full team reviews and/or staffing, etc.). <i>(N/A permitted)</i>					
8.	There is evidence of a transition plan into/out of Head Start/Early Head Start for children with disabilities to facilitate continuity of services for children with disabilities (i.e., IFSP, staffing notes, etc.). <i>(N/A permitted)</i>					
9.	Special education information (i.e., Disabilities Profile/IEP, etc.) is accurately entered into ChildPlus and is up-to-date. (SOP only)					

3.2 – WRITTEN INDIVIDUALIZATION						
3.2.A Assessments		M	P	NM	N/A	Notes:
1.	All children have several dated, ongoing, objective observations linked to curriculum and specific measures in all four Desired Results categories. Portfolios of children's progress are used as part of the assessment process. <i>(Related to HELP assessment for home-based).</i>					
2.	All children's assessments are completed according to Assessment Schedule.* <i>(N/A permitted)</i>					
3.2.B Individual Development Plan (IDP), Home Visit/Parent Conference		M	P	NM	N/A	Notes:
1.	All Individual Development Plans (IDPs) are completed within given time frames (unless there is valid documentation as to why not).					
2.	IDPs include some information in all developmental areas: cognitive, social/ emotional, and physical. At least one measure per domain is identified to be focused on.					
3.	IDPs include teacher strategies and parent input/home strategies.					
4.	Evidence of various opportunities for parent input into planning and implementation of curriculum is present (i.e., contributing to observations/assessments, IDP planning process).					
5.	All home visits/parent conferences are up-to-date within given time frames to meet a minimum of two parent conferences (PC) and two home visits (HV) per program year. <i>(center-based only)</i>					
3.3 – HOME-BASED OPTION*						
* N/A Permitted for entire section for Center-Based Programs.						
3.3.A Group Size and Home Visits		M	P	NM	N/A	Notes:
1.	All home visitors maintain an average caseload of 10 to 12 families per home visitor with a maximum of 12 families for any individual home visitor.					
2.	Home visitors provide one home visit per week per family (a minimum of 32 home visits per year) lasting for a minimum of 1 ½ hours each.					
3.	Missed home visits are documented and re-scheduled if planned home visits are canceled by program staff in order to meet the minimums stated above. <i>(Medical or social service appointments may not replace home visits.)</i>					
4.	Home visits are conducted by trained home visitors with the content of the visit jointly planned by the home visitor and the parents. Home visitors conduct the home visit with the participation of parents <i>(not with a babysitter or other temporary caregiver).</i>					
5.	The family is greeted in a warm, positive manner at the home visit and comfort in the family's home is present.					
6.	The home visitor positively reinforces the parent's sense of competence during the home visit.					
7.	The child development goals of the session are articulated during the home visit.					

8.	A parent-child interaction activity is conducted at the home visit.					
9.	The parent-child relationship is observed and supported at the home visit.					
10.	The home visit provides opportunities to help parents improve their parenting skills and to assist them in the use of the home as the child's primary learning environment.					
11.	The home visitor works with the parents to help them provide learning opportunities that enhance their child's growth and development (i.e., physical development, cognitive, social/emotional) and to carry out the program's child development curriculum.					
12.	Developmental information and guidance are provided at each home visit.					
13.	The home visitor reviews and discusses the last session and "homework" activities with the parent at each home visit.					
14.	The home visit is closed with review, goal setting, and a positive affirmation of the parent's efforts.					
15.	Home visits contain, over the course of a month, elements of all Head Start program components.					
16.	Home visits plans are completed accurately and include parent and staff signatures.					
17.	In-kind is linked to curriculum activities/goals and accurately documented.					
3.3.B Group Socializations		M	P	NM	N/A	Notes:
1.	The home-based program provides, at a minimum, two group socializations per month (a minimum of 24 group socializations) and make up planned socializations that were canceled by program staff when necessary to meet the minimums stated above.					
2.	Group socializations are focused on both the children and parents.					
3.	Socializations for the children emphasize peer group interaction through age appropriate activities in a Head Start classroom, community facility, home, or on a field trip.					
4.	The children are supervised by the home visitor with parents observing at times and actively participating at other times.					
5.	Socializations are designed so that parents are expected to accompany their children to the group socialization activities at least twice each month to observe, to participate as volunteers, or to engage in activities designed specifically for the parents.					
6.	Staff model and provide activities and experiences for parent/child interaction and bonding.					
7.	Socializations provide developmentally appropriate activities based on the program's curriculum goals.					
8.	Socialization plans are completed and available to parents.					
9.	Socialization activities are individualized based upon IDP, IEP, children's interest, etc.					

3.4 – CURRICULUM AND IMPLEMENTATION OF INDIVIDUALIZATION						
3.4.A Group Size, Ratios and Supervision*		M	P	NM	N/A	Notes:
*Applies to Center-based programs only						
1.	Classrooms meet the appropriate group sizes.					
2.	Appropriate teacher/child ratio is maintained at all times (indoor and outdoor).					
3.	Children are within sight and sound of teaching staff at all times and teacher's attention is focused on observing children, not on other activities.					
4.	Each child is accounted for upon leaving from and returning to the classroom to ensure that no child will be left alone or unsupervised while under staff care (using Transition form and procedure for SOP).					
5.	Staff are trained and implement policies that ensure children are released only to a parent, legal guardian, or other formally designated individual.					
3.4.B Daily Schedule and Classroom Activities		M	P	NM	N/A	Notes:
1.	A daily schedule is posted, available to parents and is generally followed.					
2.	There is a balance of large group (large group time length is appropriate to the developmental level of the children), small group and individual activities indoors and out (formal or informal).					
3.	There is adequate time for large and small motor activities throughout the day (indoors and out) (minimum ½ hr. outside time for part day and 1 hr. for full day).					
4.	Nap/rest time is appropriately scheduled.					
5.	On arrival, each child is warmly greeted at their level and in their home language. <i>(center-based only)</i>					
6.	There is a balance of adult directed and child initiated activities throughout the day (numerous opportunities for children to make choices).					
7.	There are variations made in schedule to allow for spontaneous learning experiences and to meet individual needs or interests of children (i.e., shorter group time for child with short attention span; child working on project allowed to continue past scheduled time; slow eater may finish at own pace).					
8.	Nap/rest time is relaxing (e.g. shoes off, soft toys, music, quiet, dim lights, cots placed for privacy). Staff attempt to comfort children who need help relaxing. <i>(N/A permitted)</i>					
9.	Activities are provided for children who are not sleeping (i.e., early risers and non-nappers have quiet activities).					
10.	Staff greet each parent at pick-up and provide a pleasant and organized departure (i.e., child's things ready to go, talking with parent about child's day, etc.). <i>(center-based only)</i>					
3.4.C Lesson Plans and Classroom Activities		M	P	NM	N/A	Notes:
1.	Current lesson plans are visibly posted in the classroom and generally followed (all previous plans are available for the current year).					
2.	All lesson plans show clear evidence of individualization according to IDPs, IEPs, children's interests (using some system of identifying how group and/or individual					

	needs are met through planned activities).					
3.	Lesson plans include identified curriculum goals and objectives to be emphasized during the week.					
4.	Evidence is present that required transportation and pedestrian safety education for children is provided within the first thirty (30) days of the program year and as needed for new enrollees.					
5.	Activities are consistent, varied, developmentally appropriate and enable all children in the classroom to develop emerging skills and practice existing skills as reflected in the IDP/IEP, etc.					
6.	A variety of opportunities are offered daily for creative self-expression (art, dramatic play, music and movement, writing).					
7.	There is consistent inclusion of health and safety, mental health, and nutrition activities (i.e., books, music, dramatic play, cooking/food prep, disaster, fire, non-smoking, etc.).					
8.	There is clear and consistent inclusion of a variety of literacy activities (books, rhymes, finger plays, different methods of storytelling, etc.).					
9.	Children are given numerous opportunities to link their spoken words with written language (i.e., dictation, labeling, drawings, etc.).					
10.	Staff sustain and expand children’s home language, while supporting the continued development of English. Staff learn a minimum of a few words of home language, invite family members or someone from the community to share language and culture, etc. (N/A permitted)					
11.	When a majority of children speak the same language, at least one classroom staff member or home visitor interacting regularly with the children speaks their home language.					
12.	There are activities to prepare children to transition into and out of Head Start, or from one program to another (i.e., field trip to local kindergarten, increasing length and types of activities, etc.). (N/A permitted)					
13.	During the program year, teaching staff include classroom activities that utilize collaboration with other agencies (e.g., visits from nurse, doctor, dentist, firefighter, field trips, etc.).					
14.	Staff adapt small group, large group, and individual activities, with any necessary modifications to enhance physical, cognitive, and language development in children with disabilities. (N/A permitted)					
3.4.D Classroom Interactions - Cognitive and Language		M	P	NM	N/A	Notes:
3.4.E Classroom Interactions – Social and Emotional		M	P	NM	N/A	Notes:
1.	Average CLASS scores are at the minimum thresholds for the following domains: <ul style="list-style-type: none"> • Emotional Support – 4 • Classroom Organization – 3 • Instructional Support – 2 					
3.4.F Indoor Environment – Space and Furnishings*		M	P	NM	N/A	Notes:
*Section also applies to socializations for home-based program						
1.	Sufficient furnishings and equipment are attractive, child sized, clean and in good repair.					

2.	The classroom is adapted and adequate adaptive furniture is available and utilized to allow children with significant disabilities to participate in the full range of classroom activities. <i>(N/A permitted)</i>					
3.	Several soft and clean elements are included in the environment such as floor coverings, cushions, plants and table cloths.					
4.	There is adequate space available for all children’s personal belongings.					
5.	There is adequate space organized into at least 5 functional areas, clearly defined by low furniture and shelves and easily recognized by children. (Art, block, housekeeping, manipulative, and reading/writing area, minimum).					
6.	Open shelving is accessible to children, neat, consistently labeled and organized for independent use by children.					
7.	Activity areas are logically located (near necessary resources, noisy areas separated from quiet).					
8.	Location of activity areas encourage compatible play (i.e., house area is close to block area, etc.).					
9.	Traffic patterns discourage running, yet allow children to move easily from one activity to another. All areas are easily supervised.					
3.4.G Indoor Environment – Materials and Displays		M	P	NM	N/A	Notes:
1.	All interest areas are available for children to independently investigate and utilize materials.					
2.	There are designated storage areas that are separate from the children’s work areas.					
3.	There are adequate, developmentally varied (range from simple to complex), and relevant materials and supplies so that all children have choices and numerous opportunities for success.					
4.	Equipment and materials support both large and small motor activities.					
5.	Adequate adaptive materials are available and utilized to allow children with significant disabilities to participate in the full range of classroom activities. <i>(N/A permitted)</i>					
6.	Materials offer numerous opportunities to sort, classify, sequence, count, compare, and learn functions of objects.					
7.	A variety of materials are accessible that encourage children’s communication (small figures and animals in block area, puppets, phones, listening centers, etc.).					
8.	There are numerous reading <u>and</u> writing materials that are accessible and relevant (journals, books, writing pads, etc.) in more than one area of the classroom.					
9.	There are opportunities for children to see and use functional print (labeling, signs, captions, etc.) in most areas of the classroom, with some reflecting children’s home languages.					
10.	Classroom displays (posters, pictures, photographs of the children in the group and their families) and/or materials (dolls, books, etc.) reflect diverse cultures, family compositions, genders, abilities and languages of children.					
11.	Staff use activities and materials to promote and reflect inclusive awareness on an ongoing basis (i.e., disability puzzles, books, posters, photos, toys, props, etc.).					

12.	There are classroom displays (posters, pictures) and/or materials (books, games, puzzles) that reflect health, mental health and nutrition.					
13.	Children’s art work (one and two dimensional) is displayed at children’s level (sometimes posted by children).					
14.	Books, materials and displays are consistently rotated to maintain interest, meet progressing developmental levels and reflect current themes.					
3.4.H Outdoor Environment*		M	P	NM	N/A	Notes:
1.	Playground surfaces are checked daily for unsafe conditions, litter, etc., before children go outside.					
2.	There is a variety of safe, developmentally varied equipment and materials for large motor/physical play, and small group/quiet play (stationary and portable gross motor equipment, trikes with and without pedals, digging and pouring materials, etc.).					
3.	Adequate adaptive outdoor equipment is available when necessary (i.e., whirl-o-wheel bike, wagons, swings, etc.). <i>(N/A permitted)</i>					
4.	The space is organized so that different types of activities do not interfere with one another (i.e., wheel toys safely separated from climbing equipment or swings, etc.).					
5.	Staff consistently rotate equipment and materials (water, paint, and bubbles, occasionally take “indoor” playthings outdoors) to provide activities that extend children’s interests or support the curriculum theme during outside time.					
6.	Staff supervise all areas (especially high risk areas such as climbing equipment).					
7.	Staff consistently interact with children, expanding and enhancing learning opportunities during outside time.					
8.	Children are regularly reminded of safety rules during outside time, if needed.					

Performance Rating – Education, Disabilities and Child Mental Health (Preschool)

3.1 - SCREENING AND FOLLOW-UP

3.1.A Screenings (Development, Speech, Mental Health)				
	M	P	NM	N/A
1				
2				
3				
4				
5				
6				
7				
Total				

3.1.C Individualized Education Program (IEP)				
	M	P	NM	N/A
1				
2				
3				
4				
5				
6				
7				
8				
9				
Total				

3.1.B Referral/Follow-Up (Development, Speech, Mental Health)				
	M	P	NM	N/A
1				
2				
3				
4				
5				
6				
7				
Total				

3.2 - WRITTEN INDIVIDUALIZATION

3.2.A Assessments				
	M	P	NM	N/A
1				
2				
Total				

3.2.B Individual Development Plan (IDP), Home Visit/Parent Conference				
	M	P	NM	N/A
1				
2				
3				
4				
5				
Total				

3.3 - HOME-BASED OPTION

3.3.A Group Size and Home Visits				
	M	P	NM	N/A
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
Total				

3.3.B Group Socializations				
	M	P	NM	N/A
1				
2				
3				
4				
5				
6				
7				
8				
9				
Total				

M = Met P = Partial NM = Not Met N/A = Not Applicable

3.4 - CURRICULUM AND IMPLEMENTATION OF INDIVIDUALIZATION

3.4.A Group Size, Ratios and Supervision				
	M	P	NM	N/A
1				
2				
3				
4				
3				
Total				

3.4.B Daily Schedule and Classroom Activities				
	M	P	NM	N/A
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
Total				

3.4.C Lesson Plans and Classroom Activities				
	M	P	NM	N/A
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
Total				

3.4.D Classroom Interactions Cognitive and Language				
3.4.E Classroom Interactions Social and Emotional				
	M	P	NM	N/A
1				
Total				

3.4.F Indoor Environment - Space and Furnishings				
	M	P	NM	N/A
1				
2				
3				
4				
5				
6				
7				
8				
9				
Total				

3.4.G Indoor Environment - Material and Displays				
	M	P	NM	N/A
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
Total				

3.4.H Outdoor Environment				
	M	P	NM	N/A
1				
2				
3				
4				
5				
6				
7				
8				
Total				

M = Met P = Partial NM = Not Met N/A = Not Applicable



Monitoring and Quality Assurance Self-Assessment Checklist

VISIT DATE(S)
REVIEWER(S)

I. SITE INFORMATION

SITE NAME	SITE SUPERVISOR	FSW, if applicable
CLASSROOM	AGE RANGE	TEACHING STAFF OBSERVED

II. HOURS OF OPERATION

DAYS OF OPERATION	HOURS OF OPERATION	CLASSROOM HOURS
M = Met	am through pm P = Partial	am through pm NM = Not Met
N/A = Not Applicable		

CONTENT AREA 4 – ELIGIBILITY, RECRUITMENT, SELECTION, ENROLLMENT AND ATTENDANCE (ERSEA)

4.1 – ELIGIBILITY, RECRUITMENT, SELECTION, ENROLLMENT AND ATTENDANCE

4.1.A Eligibility, Recruitment and Selection					M	P	NM	N/A	Notes:
1.	The program enrolls children who are categorically eligible, and the application and eligibility verification form clearly indicate which eligibility requirement the children meet.								
2.	All families whose income exceeds eligibility guidelines have signed waivers on file. (Waivers approved prior to enrollment). (N/A permitted)								
3.	All files of enrolled families with no income contain a signed Declaration of Income. (N/A permitted)								
4.	All children who are over or under age have signed waivers on file. (Waivers approved prior to enrollment). (N/A permitted)								
5.	There is evidence of recruitment to encourage potential families to apply for Head Start (i.e., recruitment log, interview staff, recruitment flyers on parent board, and "Now Enrolling" banner).								
6.	There is recruitment materials available in the languages of the community served.								
7.	There is a current waiting list that is ranked according to the current selection criteria.								
8.	There is a waiting list form in each enrolled child's file. (SOP only)								
9.	Children are enrolled according to the current selection criteria. (N/A permitted)								
10.	All applications are accurately entered into ChildPlus.								
11.	All families who need assistance completing application forms receive help, including translation services. (N/A permitted)								

12.	There is a minimum of ten percent (10%) of children with diagnosed disability enrolled within the program year.					
13.	The maximum of ten percent (10%) of children enrolled who are over income (130% of poverty level) is observed.					
14.	If there are families enrolled in the 100-130% of poverty category, there is evidence that the wait list has been exhausted and recruitment has taken place.					
15.	The maximum of thirty-five percent (35%) of children enrolled are within 100- 130% of poverty is observed.					
16.	There is signed documentation if the family is qualified for full day services (i.e., Notice of Action). The records of each child receiving services in designated “full day” classrooms must show how each child meets the need (i.e., parent is working, attending vocational training, or incapacitated). (SOP only) (N/A permitted)					
17.	A Notice of Action is completed accurately for each child enrolled in a State co-funded program. (SOP only) (N/A permitted)					
18.	Notice of Action dates match work verification/seek work forms. (SOP only) (N/A permitted)					
4.1.B Enrollment		M	P	NM	N/A	Notes:
1.	All files contain a complete application signed by parent/guardian and staff.					
2.	Accepted enrollment date and attendance/entry date are present on all applications.					
3.	All enrollment dates match within all required areas (e.g., Child Plus, application, teacher’s records, and all family contact forms) as applicable.					
4.	The method of income verification is filled in and signed by staff on all applications.					
5.	The method of birth verification is filled in and signed by staff on all applications.					
6.	All files contain completed and signed Parents’ Rights, Personal Rights, Child Abuse Prevention forms, and Admissions Policy (forms must contain current center information). Home-based files also include a Home-based Parent Agreement.					
7.	Personal and Parent Rights notices are posted prominently. (Center-based only)					
8.	All enrollment slots are filled at the beginning of the program year.					
9.	All vacancies are filled within 30 days.					
10.	Each child’s file contains a completed enrollment questionnaire. (SOP only)					
11.	Routing is completed if necessary. (SOP only) (N/A permitted)					
12.	All required enrollment forms are completed prior to accepted enrollment date.					

4.1.C Attendance		M	P	NM	N/A	Notes:
1.	Attendance records are accurate. Sign in/out documents match monthly attendance records for the past 60 days. <i>(Review at central office) (Center-based only)</i>					
2.	There is consistent evidence of contact with families whose child has exceeded 4 consecutive days (3 days for SOP) of absences (i.e., documentation of home visit(s), telephone calls and/or letters). <i>(N/A permitted)</i>					
3.	An Attendance Tracking form is begun after 4 days of absence (3 days for SOP) without contact with the family or when there is irregular attendance. <i>(N/A permitted)</i>					
4.	EZ-ID information matches ChildPlus information. <i>(SOP center-based only)</i>					
5.	Transfer procedure is followed. There is documentation in the file for children who transfer from one program to another within Head Start. (Change of Status form in SOP) <i>(N/A permitted)</i>					

Performance Rating – ERSEA

4.1 - ELIGIBILITY, RECRUITMENT, SELECTION, ENROLLMENT AND ATTENDANCE

4.1.A Eligibility, Recruitment and Selection				
	M	P	NM	N/A
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
Total				

4.1.B Enrollment				
	M	P	NM	N/A
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
Total				

4.1.C Attendance				
	M	P	NM	N/A
1				
2				
3				
4				
5				
Total				

M = Met P = Partial NM = Not Met N/A = Not Applicable



Monitoring and Quality Assurance Self-Assessment Checklist

VISIT DATE(S)
REVIEWER(S)

I. SITE INFORMATION

SITE NAME	SITE SUPERVISOR	FSW, if applicable
CLASSROOM	AGE RANGE	TEACHING STAFF OBSERVED

II. HOURS OF OPERATION

DAYS OF OPERATION	HOURS OF OPERATION	CLASSROOM HOURS
M = Met	am through pm P = Partial	am through pm NM = Not Met
N/A = Not Applicable		

CONTENT AREA 5 – PROGRAM DESIGN AND MANAGEMENT

5.1 - GOVERNANCE

5.1.A Governing Board

		M	P	NM	N/A	Notes:
1.	The grantee has a governing board composed of: <ul style="list-style-type: none"> At least 1 member with background and expertise in accounting or fiscal management. At least 1 member with background and expertise in early childhood education and development. At least 1 member who is a licensed attorney. Additional members who reflect the community and include parents of formerly or currently enrolled Head Start/EHS children, and Other members selected for their expertise in education, business administration or community affairs. Note: If a Head Start agency is unable to include members for any of the first three categories above, the Governing Board must obtain the services of a consultant or other individual with relevant expertise and qualifications. <i>(Applies to WCIC only) (N/A permitted)</i>					
2.	Background information and area (s) of expertise of governing board members is available for review (Applies to all delegates).					
3.	There is a shared governance structure established and is functioning.					
4.	There is available information on governing board overview.					

5.	Conflict of Interest - The program has policies and procedures in place to ensure that members of the Governing Board are free from financial or other conflicts of interest with the Head Start/Early Head Start program, do not receive compensation for serving if not an elected official, and are not employed by the Head Start agency.															
6.	Members of the Governing Board receive appropriate training on roles and responsibilities, ethics training and technical assistance to assure members understand information they receive, and can provide effective oversight and make appropriate decisions.															
7.	The Governing Board performs required activities and makes decisions pertaining to program administration and operations that include: selecting delegates and service areas, establishing procedures and criteria for ERSEA (Grantee only), reviewing all applications for funding, and establishing procedures for selecting Policy Council, Policy Committee members (By-laws).															
8.	The Governing Board approves financial management, accounting and reporting policies and ensures compliance with laws and regulations related to financial statements (one time only and as needed if there are changes).															
9.	The Governing Board reviews and approves the following within the appropriate timelines: Self-Assessment, financial audits, fiscal operations, grant applications, personnel policies, and the results of monitoring and follow-up activities, program approach changes and budget modifications.															
10.	<p>Governing Board members regularly receive and use the following information or reports about program planning, policies and agency operations:</p> <table border="0"> <tr> <td><input type="checkbox"/> Monthly financial statements, including credit card expenditures, CAL Card if applicable (NOTE: used by SCUSD and SJUSD)</td> <td><input type="checkbox"/> Annual Self- Assessment, including findings related to such assessment</td> </tr> <tr> <td><input type="checkbox"/> Monthly program information summaries</td> <td><input type="checkbox"/> Annual community-wide strategic planning and needs assessment (i.e., Community Assessment) of the Head Start agency, including applicable updates</td> </tr> <tr> <td><input type="checkbox"/> Monthly program enrollment reports, including attendance and all program options. If attendance is below 85%, a corresponding corrective plan of action is included in the report</td> <td><input type="checkbox"/> Communication and guidance from the Secretary of the Administration for Children and Families (ACF), as applicable</td> </tr> <tr> <td><input type="checkbox"/> Monthly reports of meals and snacks provided through USDA programs</td> <td><input type="checkbox"/> Annual Program Information Reports</td> </tr> <tr> <td><input type="checkbox"/> Annual financial audit</td> <td><input type="checkbox"/> Ongoing monitoring results and corrective plans</td> </tr> </table>	<input type="checkbox"/> Monthly financial statements, including credit card expenditures, CAL Card if applicable (NOTE: used by SCUSD and SJUSD)	<input type="checkbox"/> Annual Self- Assessment, including findings related to such assessment	<input type="checkbox"/> Monthly program information summaries	<input type="checkbox"/> Annual community-wide strategic planning and needs assessment (i.e., Community Assessment) of the Head Start agency, including applicable updates	<input type="checkbox"/> Monthly program enrollment reports, including attendance and all program options. If attendance is below 85%, a corresponding corrective plan of action is included in the report	<input type="checkbox"/> Communication and guidance from the Secretary of the Administration for Children and Families (ACF), as applicable	<input type="checkbox"/> Monthly reports of meals and snacks provided through USDA programs	<input type="checkbox"/> Annual Program Information Reports	<input type="checkbox"/> Annual financial audit	<input type="checkbox"/> Ongoing monitoring results and corrective plans					
<input type="checkbox"/> Monthly financial statements, including credit card expenditures, CAL Card if applicable (NOTE: used by SCUSD and SJUSD)	<input type="checkbox"/> Annual Self- Assessment, including findings related to such assessment															
<input type="checkbox"/> Monthly program information summaries	<input type="checkbox"/> Annual community-wide strategic planning and needs assessment (i.e., Community Assessment) of the Head Start agency, including applicable updates															
<input type="checkbox"/> Monthly program enrollment reports, including attendance and all program options. If attendance is below 85%, a corresponding corrective plan of action is included in the report	<input type="checkbox"/> Communication and guidance from the Secretary of the Administration for Children and Families (ACF), as applicable															
<input type="checkbox"/> Monthly reports of meals and snacks provided through USDA programs	<input type="checkbox"/> Annual Program Information Reports															
<input type="checkbox"/> Annual financial audit	<input type="checkbox"/> Ongoing monitoring results and corrective plans															
11.	Delegate maintains a recordkeeping system that provides evidence of compliance with Governing Board functions.															

5.1.B Policy Council, Policy Committee, Parent Advisory Committee (PAC)		M	P	NM	N/A	Notes:
1.	The program has established a Policy Council, Policy committee (delegate agency), and Parent Advisory Committee (PAC) as early in the year as possible (within first 2 months of program year).					
2.	Policy Council, Policy Committee and PAC members do not exceed the maximum 3 program year term of office.					
3.	Policy Council, Policy Committee and PAC members approved program By-laws prior to governing board approval.					
4.	The Policy Council, Policy Committee (delegate agency), and Parent Advisory Committee (PAC) is comprised of community representatives and a parent majority (at least 51%) and is responsible for the Head Start program's direction, program design, operation and goal planning.					
5.	<u>Conflict of Interest</u> - The program has policies and procedures in place to ensure that members of the Policy Council, Policy Committee, and Parent Advisory Committee (PAC) are free from financial or other conflicts of interest with the Head Start/Early Head Start program, do not receive compensation for serving if not an elected official, and are not employed by the Head Start agency.					
6.	Members of the Policy Council, Policy Committee, and Parent Advisory Committee (PAC) receive appropriate training and technical assistance to assure members understand information they receive and can provide effective oversight and make appropriate decisions which must include: officer training, roles and responsibilities, orientation and ethics training.					
7.	Policy Council, Policy Committee, and Parent Advisory Committee (PAC) parent members are supported by the program in fulfilling their governance responsibilities by receiving reasonable reimbursement of their expenses for participation.					
8.	Policy Council, Policy Committee, and Parent Advisory Committee (PAC) review and approve the following within the appropriate timelines: Self-Assessment, financial audits, fiscal operations, grant applications, personnel policies, and the results of monitoring and follow-up activities, program approach changes and budget modifications.					
9.	Policy Council, Policy Committee, and Parent Advisory Committee (PAC) participate in developing policies and identified program activities to be submitted to the governing body.					
10.	Policy Council, Policy Committee, and Parent Advisory Committee (PAC) members regularly receive and use the following information or reports about program planning, policies and agency operations: <input type="checkbox"/> Monthly financial statements, including credit card expenditures, CAL Card if applicable (NOTE: used by SCUSD and SJUSD) <input type="checkbox"/> Monthly program information <input type="checkbox"/> Annual Self-Assessment, including findings related to such assessment <input type="checkbox"/> Annual community-wide strategic planning and needs assessment (i.e., Community Assessment) of the Head					

	summaries <input type="checkbox"/> Monthly program enrollment reports, including attendance and all program options. If attendance is below 85%, a corresponding corrective plan of action is included in the report <input type="checkbox"/> Monthly reports of meals and snacks provided through USDA programs <input type="checkbox"/> Annual financial audit	Start agency, including applicable updates <input type="checkbox"/> Communication and guidance from the Secretary of the US Department of Health and Human Services, as applicable <input type="checkbox"/> Annual Program Information Reports <input type="checkbox"/> Ongoing monitoring results and corrective plans					
11.	Delegate maintains a recordkeeping system that provides evidence of compliance with Policy Council, Policy Committee and PAC functions.						
5.1.C Parent Involvement			M	P	NM	N/A	Notes:
1.	An overview of the Head Start/Early Head Start Programs is found in a Parent Handbook or similar resource.						
2.	Information regarding Head Start program governance is made available to parents to encourage involvement and recruitment (i.e., posting in parent area, addressed at parent meetings, or in parent handbook, etc.).						
3.	PC/PAC Representatives provide a report at parent center meetings/Delegate Policy Committee meetings and provide center updates at PAC meetings and Policy Council meetings.						
4.	Translation services and/or translated program information are provided as needed at Policy Council, Policy Committee, PAC and parent center meetings.						

5.2 – HUMAN RESOURCES						
5.2.A Organizational Structure and Staffing		M	P	NM	N/A	Notes:
1.	The program has established an organizational structure that provides for adequate supervision and supports the required program management functions to ensure the accomplishment of program goals and objectives.					
2.	The program ensures that the program management functions for providing services to children and families are formally assigned to and adopted by staff within the program.					
3.	Program hires staff or consultants who meet the required qualifications, knowledge, skills, and experience needed to perform their assigned functions, fulfill their job responsibilities, and implement Head Start Performance Standards.					
4.	Head Start Director and/or Early Head Start Director is qualified for the position through demonstrated skills and abilities relevant to human services program management.					
5.	Policy Council or Policy Committee gives prior approval for hiring/terminating of full time Head Start and Early Head Start Employees.* (N/A permitted)					
6.	Education Staff Qualifications - Teaching staff have the required education, training and experience in accordance with the HS Act 2007. <ul style="list-style-type: none"> • Center-based Head Start • Home-based Head Start • Center-based Early Head Start • Home-based Early Head Start 					
5.2.B Developing/Implementing Personnel Policies		M	P	NM	N/A	Notes:
1.	The program develops and implements written personnel policies for staff including Standards of Conduct that contain provisions for appropriate penalties when violations occur. Policies and procedures are approved by the Governing Board and Policy Council, and available to all staff.					
2.	The program ensures that each staff member completes an initial health examination (including screening for Tuberculosis) and periodic re-examinations (as recommended by his or her health care provider or as mandated by State, local, or Tribal laws).					
3.	Prior to employing an individual, the program obtains a: <ul style="list-style-type: none"> • Criminal record check covering all jurisdictions where the program provides Head Start services to children • Criminal record check as required by the law of the jurisdiction where the program provides Head Start services including fingerprint clearance • Criminal record check as otherwise required by Federal law 					
4.	Licensing records of all teaching staff are complete and on file for each employee (records are kept for 3 years) and must be available for review at the child care center where teaching staff is assigned: <ul style="list-style-type: none"> • Personnel Records (LIC. 501) • Child Abuse Index Check (LIC. 198) • Health Screening Report – Facility Personnel (LIC. 503) 					

	<ul style="list-style-type: none"> • Notice of Employment Rights (LIC. 9052) • Criminal Record Statement (LIC. 508) • Medical Placement Category (County) – Physical (not required if temp. employee) • Statement Acknowledging Requirement to Report Suspected Child Abuse (LIC. 9108) • TB Clearance • Fingerprint Clearance • CPR/FA • Transcripts • Teaching Credential 					
5.	<u>Ongoing Training</u> - Program provides opportunities for orientation, ongoing training and development for all staff that increase competency needed to fulfill their job responsibilities and give staff the knowledge and skills to implement the content of the Head Start Performance Standards and the Head Start Act 2007. At a minimum, teaching staff have 15 hours of professional development annually.					
6.	<u>Annual Performance Review</u> - Program conducts annual performance reviews of all staff and results are used to plan for training and staff development.					
7.	<u>Professional Development Plan</u> - Program ensures that all full-time Head Start employees who provide direct services to children have a professional development plan that is evaluated regularly to assess its impact on teacher and staff effectiveness.					
8.	<u>Annual Child Abuse and Neglect Training</u> - Program establishes staff training that includes processes and procedures that comply with applicable state and local laws for identifying and reporting child abuse and neglect.					
5.3 – PLANNING/ON-GOING MONITORING/COMMUNICATION/CONTRACTS						
5.3.A Planning		M	P	NM	N/A	Notes:
1.	The program has a written planning procedure that has been approved by the governing body.					
2.	The program has developed a written plan or plans for implementing services in early childhood development and health/mental health, family and community partnerships, and program design and management.					
3.	The grantee and delegate Written Service Plans (i.e. Program Area Plan or Content Area Plans) are reviewed and updated annually.					
4.	The grantee and delegate Written Service Plans (i.e., Program Area Plan or Content Area Plans) are reviewed and approved annually by the Policy Council or Policy Committee.					
5.	The grantee and delegate’s planning process uses and incorporates information from the Community Assessment.					
5.3.B On-going Monitoring		M	P	NM	N/A	Notes:
1.	The program has established and implemented procedures for ongoing monitoring of program operations, and eventual follow-up for program improvement to ensure effective implementation of Federal regulations.					

2.	Program conducts an annual self-assessment.					
3.	The Grantee informs delegate governing bodies of any deficiencies in delegate operations identified in the monitoring review and there is a plan to assist in addressing identified problems.					
5.3.C Communication		M	P	NM	N/A	Notes:
1.	Grantee and delegate ensure that communication with parents is carried out in the parents' primary or preferred language or through an interpreter to the extent feasible.					
2.	The grantee and delegate have established and implemented systems to ensure that timely and accurate information is provided to parents, governing bodies, policy groups, staff and the general community.					
3.	There is an annual public report published by the grantee containing all the required elements from the Head Start Act 2007.					
5.3.D Delegate Agency Contractual Agreements		M	P	NM	N/A	Notes:
1.	Contract with SETA is signed and submitted within 30 days of start of funding year.					
2.	Average CLASS scores are at the minimum thresholds for the following domains: <ul style="list-style-type: none"> • Emotional Support – 4 • Classroom Organization – 3 • Instructional Support – 2 					
3.	Any site license revocation has been reported to SETA within 5 business days of the revocation.					
4.	Disbarment from receiving Federal or State funds from any Federal or State department or agency or disqualification from participating in CACFP has been reported to SETA within 5 business days of the event.					
5.	Required program and fiscal reports are submitted to SETA in an accurate and timely manner. These include the following: <ul style="list-style-type: none"> • Monthly program reports • Disabilities monthly report • Monthly fiscal report • Monthly In-kind forms • Program Information Report (PIR) • Final closeout report • Delegate monitoring response form • Monthly enrollment, attendance, and waiting list reports 					

Performance Rating – Program Design and Management

5.1 - GOVERNANCE

5.1.A Governing Board				
	M	P	NM	N/A
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
Total				

5.1.B Policy Council, Policy Committee, Parent Advisory Committee				
	M	P	NM	N/A
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
Total				

5.1.C Parent Involvement				
	M	P	NM	N/A
1				
2				
3				
4				
Total				

5.2 - HUMAN SERVICES

5.2.A Organizational Structure and Staffing				
	M	P	NM	N/A
1				
2				
3				
4				
5				
6				
Total				

5.2.B Developing and Implementing Personnel Policies				
	M	P	NM	N/A
1				
2				
3				
4				
5				
6				
7				
8				
Total				

5.3 - PLANNING/ON-GOING MONITORING/ COMMUNICATION/CONTRACTS

5.3.A Planning				
	M	P	NM	N/A
1				
2				
3				
4				
5				
Total				

5.3.B On-going Monitoring				
	M	P	NM	N/A
1				
2				
3				
Total				

5.3.C Communication				
	M	P	NM	N/A
1				
2				
3				
Total				

5.3.D Delegate Agency Contractual Agreements				
	M	P	NM	N/A
1				
2				
3				
4				
5				
Total				