

Document Review Self-Evaluation Form

Please select the point value you anticipate scoring in each of the elements below.

Program/Provider Name _____

Program Start Date _____

	<input type="checkbox"/> 1 Point	<input type="checkbox"/> 2 Points	<input type="checkbox"/> 3 Points	<input type="checkbox"/> 4 Points	<input type="checkbox"/> 5 Points
Element 1 Child Observation	Not currently implementing a child observation tool	Program uses evidence-based child assessment/observation tool annually that covers all five domains of development	Program uses valid and reliable child assessment/observation tool aligned with <i>CA Foundations & Frameworks</i> twice a year	DRDP (minimum twice a year) and results used to inform curriculum planning	Program uses DRDP twice a year and uploads into DRDP Online and results used to inform curriculum planning

If your program is using DRDP please list the 60-day start date _____ and winter /six-month completion date _____

	<input type="checkbox"/> 1 Point	<input type="checkbox"/> 2 Points	<input type="checkbox"/> 3 Points	<input type="checkbox"/> 4 Points	<input type="checkbox"/> 5 Points
Element 2 Developmental & Health Screenings	Meets Title 22 Regulations	Physical collected at entry, then: annually OR ensures vision and hearing screenings are conducted annually Current Immunizations recorded on blue card	Program works with families to ensure screening of all children using a valid and reliable developmental screening tool at entry and as indicated by results thereafter AND Meets Criteria from point level 2	Program works with families to ensure screening of all children using the ASQ at entry and as indicated by results thereafter AND Meets Criteria from point level 2	Program implements best practices by screening all children using the ASQ-3 AND ASQ-SE at entry and then as indicated by results thereafter. AND uses children's screening results to make referrals and implement intervention strategies and adaptations as appropriate AND Meets Criteria from point level 2

If your program is using ASQ 3, please list the 45-day start date _____

If your program is using ASQ SE, please list the 45-day start date _____

	<input type="checkbox"/> 1 Point	<input type="checkbox"/> 2 Points	<input type="checkbox"/> 3 Points	<input type="checkbox"/> 4 Points	<input type="checkbox"/> 5 Points
Element 3 Lead Teacher/ Provider Qualifications	Meets Title 22 Regulations [Center: 12 units of Early Childhood Education (ECE)/Child Development (CD)] FCC: 15 hours of training on preventive health practices]	Center: 24 units of ECE/CD OR Associate Teacher Permit FCC: 12 units of ECE/CD OR Associate Teacher Permit	24 units of ECE/CD + 16 units of General Education OR Teacher Permit AND 21 hours professional development (PD) annually	Associate's degree (AA/AS) in ECE/CD (or closely related field) OR AA/AS in any field plus 24 units of ECE/CD OR Site Supervisor Permit AND 21 hours PD annually	Bachelor's degree in ECE/CD (or closely related field) OR BA/BS in any field plus/with 24 units of ECE/CD (or master's degree in ECE/CD) OR Program Director Permit AND 21 hours PD annually

How many lead teachers/provider meet the three point value or higher? _____

	<input type="checkbox"/> 1 Point	<input type="checkbox"/> 2 Points	<input type="checkbox"/> 3 Points	<input type="checkbox"/> 4 Points	<input type="checkbox"/> 5 Points
Element 4 Effective Teacher- Child Interactions: CLASS Assessments	Not Required	Familiarity with CLASS for appropriate age group as available by one representative from the site	Independent CLASS assessment by reliable observer to inform the program's professional development improvement plan	Independent CLASS assessment by reliable observer with minimum CLASS scores:	Independent CLASS assessment by reliable observer with minimum CLASS scores:

My program is choosing _____ familiarity _____ external assessment

If you are choosing to have an external CLASS assessment, please rank (1-7) the 2-week assessment windows for your program

_____ 11/1/19 – 11/15/19

_____ 2/24/20 – 3/6/20

_____ 12/2/19 – 12/13/19

_____ 3/9/20 – 3/20/20

_____ 1/13/20 – 1/27/20

_____ 3/23/20 – 4/3/20

_____ 2/3/20 – 2/18/20

	<input type="checkbox"/> 1 Point	<input type="checkbox"/> 2 Points	<input type="checkbox"/> 3 Points	<input type="checkbox"/> 4 Points	<input type="checkbox"/> 5 Points
Element 5 Ratios and Group Size (Centers Only)	(Centers Only) Forms submitted at a later date.				

	<input type="checkbox"/> 1 Point	<input type="checkbox"/> 2 Points	<input type="checkbox"/> 3 Points	<input type="checkbox"/> 4 Points	<input type="checkbox"/> 5 Points
Element 6 Program Environment Rating Scale (ECERS, ITERS, FCCERS)	<input type="checkbox"/> Not Required	<input type="checkbox"/> Familiarity with ERS and every classroom uses ERS as a part of a Quality Improvement Plan	<input type="checkbox"/> Assessment on the whole tool. Results used to inform the program's Quality Improvement Plan	<input type="checkbox"/> Independent ERS assessment. All subscales completed and averaged to meet overall score level of 5.0	<input type="checkbox"/> Independent ERS assessment. All subscales completed and averaged to meet overall score level of 5.5 OR Current National Accreditation approved by the California Department of Education

My program is choosing _____ familiarity _____ self-assessment _____ external assessment

If you are choosing to have an external ERS assessment, please rank (1-7) the 2-week assessment windows for your program

_____ 11/1/19 – 11/15/19

_____ 2/24/20 – 3/6/20

_____ 12/2/19 – 12/13/19

_____ 3/9/20 – 3/20/20

_____ 1/13/20 – 1/27/20

_____ 3/23/20 – 4/3/20

_____ 2/3/20 – 2/18/20

	<input type="checkbox"/> 1 Point	<input type="checkbox"/> 2 Points	<input type="checkbox"/> 3 Points	<input type="checkbox"/> 4 Points	<input type="checkbox"/> 5 Points
Element 7 Director Qualifications (Centers Only)	12 units ECE/CD+ 3 units management/ administration	24 units ECE/CD + 16 units General Education +/with 3 units management/ administration OR Master Teacher Permit	Associate's degree with 24 units ECE/CD +/with 6 units management/ administration and 2 units supervision OR Site Supervisor Permit AND 21 hours PD annually	Bachelor's degree with 24 units ECE/CD +/with 8 units management/ administration OR Program Director Permit AND 21 hours PD annually	Master's degree with 30 units ECE/CD including specialized courses +/with 8 units management/administration, OR Administrative Credential AND 21 hours PD annually Local Requirements:

Does the Director meet the 3 point value or higher? _____ **(Centers Only)**