

# Quality Counts Humboldt Early Learning System



## QRIS Self-Assessment

Your self-assessment is a very important step to success with the Humboldt QRIS. We will use your responses to provide recommendations for professional development and support based on the goals you establish. Please answer all questions that apply to your childcare setting. Please refer to the attached Humboldt Quality Ratings Matrix that will be used to determine program Tier ratings.

SITE NAME:	DATE:
OWNER/DIRECTOR NAME:	
ADDRESS:	
PHONE NUMBER:	EMAIL ADDRESS:

### ***Effective Teacher- Child Interactions***

**1. Please check all statements that apply to you.**

- I am **not** familiar with the Classroom Assessment Scoring System (CLASS) tool.
- I am somewhat familiar with the CLASS tool.
- I have been trained on the CLASS tool.
- My classroom has not been assessed with the CLASS tool.
- My classroom has been assessed with the CLASS tool.

**2. I use questions and process statements to stimulate children's thinking and learning.**

- Strongly Agree
- Agree
- Neither Agree nor Disagree
- Disagree
- Strongly Disagree

**3. I use children's responses to effectively identify what children understand and use that to plan for future learning and development.**

- Strongly Agree
- Agree
- Neither Agree nor Disagree
- Disagree
- Strongly Disagree



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## *Family Engagement*

**1. Please check all statements that apply to you.**

- I am not familiar with family engagement strategies.
- I engage with parents/caregivers, but need more strategies and training.
- I feel confident with my family engagement strategies & practice.
- I have not been assessed on family engagement strategies.
- I have been assessed on family engagement strategies.

**2. I provide opportunities for families to be engaged in their child's education, both within our program and in the family's home and engage families in active two-way communication on an ongoing basis.**

- Strongly Agree
- Agree
- Neither Agree nor Disagree
- Disagree
- Strongly Disagree

**3. I encourage collaboration with families to discuss children's progress by participating in relevant trainings, sharing information on resources to support children and their families, and/or attending IFSP or IEP meetings if applicable.**

- Strongly Agree
- Agree
- Neither Agree nor Disagree
- Disagree
- Strongly Disagree

**4. My program provides opportunities for families to socialize and foster a sense of community (i.e. celebrations, graduations, field trips, activities).**

- Strongly Agree
- Agree
- Neither Agree nor Disagree
- Disagree
- Strongly Disagree

**5. My program encourages and provides support for parent-organized social/educational events and activities (i.e. making community information and resources available, parent advisory group,).**

- Strongly Agree
- Agree
- Neither Agree nor Disagree
- Disagree
- Strongly Disagree

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6. Please describe your family engagement process.
  
  
  
  
  
  
  
  
  
  
7. Are there aspects of family engagement you would like to improve on? (Explain)
  
  
  
  
  
  
  
  
  
  
8. Does your site gather personal background information (strengths, culture, interests, challenges, etc.) on families and children? If yes, how is this information incorporated in your child care practice?

## ***Social Emotional Development***

1. **Please check all statements that apply to you.**
  - I am not familiar with the Ages and Stages Questionnaires on Social Emotional Development (ASQ-SE).
  - I am somewhat familiar with the ASQ-SE.
  - I am currently using the ASQ-SE.
  - I am not currently using the ASQ-SE.
  - I am trained on the ASQ-SE.
  - I am not trained on the ASQ-SE.
  - I would like training and technical assistance on the ASQ-SE.
  
2. I discuss concerns about the child's social emotional development with parents/caregivers, connect family to resources that might help, and/or help family develop strategies for addressing issues at home.
  - Strongly Agree
  - Agree
  - Neither Agree nor Disagree
  - Disagree
  - Strongly Disagree
  
3. I encourage children in my program to express their feelings though words, artwork, and expressive play.
  - Strongly Agree
  - Agree
  - Neither Agree nor Disagree
  - Disagree
  - Strongly Disagree

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4. I understand and respect the attachments and relationships children form in the program and I help the children process class/staffing changes.
  - Strongly Agree
  - Agree
  - Neither Agree nor Disagree
  - Disagree
  - Strongly Disagree
5. I coach parents/caregivers about how to interact effectively with their children (listening, appreciating ideas, efforts and feelings, creating a safe environment).
  - Strongly Agree
  - Agree
  - Neither Agree nor Disagree
  - Disagree
  - Strongly Disagree
6. Describe the site's developmental screening process. If you use the ASQ-SE, when and how often does your site use it?
7. Are you using other developmental screening tools? If yes, please list them below.
8. Are developmental screening results shared with parents? If yes, please describe how.
9. How is developmental screening information used to make referrals?
10. How is developmental screening used by the site and teaching staff to implement intervention strategies and inform instruction?

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11. Are there aspects of the ASQ-SE that you would like additional training and technical assistance in? Please note any concerns or difficulties you have, if applicable.

## *Environment*

1. **Please check the statement that applies to you the most.**
  - I am not familiar with the Environment Rating Scale (ERS) tool.
  - I am somewhat familiar with the ERS tool.
  - I have been trained on the ERS tool.
  - My program has not been assessed using the ERS.
  - My program has been assessed using the ERS
  
2. My classroom setting incorporates many options to accommodate the needs of individual children (i.e. areas for active play, quiet play, eating snacks and meals, activities, space and furnishing).
  - Strongly Agree
  - Agree
  - Neither Agree nor Disagree
  - Disagree
  - Strongly Disagree
  
3. My classroom setting has developmentally appropriate materials and toys for each age group served and they are accessible to the children.
  - Strongly Agree
  - Agree
  - Neither Agree nor Disagree
  - Disagree
  - Strongly Disagree
  
4. I have consistent routines and keep a daily written record of children's activities.
  - Strongly Agree
  - Agree
  - Neither Agree nor Disagree
  - Disagree
  - Strongly Disagree

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5. I provide at least 12 age-appropriate books for infant, toddlers, and preschool children and they are accessible daily.
- Strongly Agree
  - Agree
  - Neither Agree nor Disagree
  - Disagree
  - Strongly Disagree
6. I have procedures in place to minimize spread of contagious disease and enforce proper sanitation.
- Strongly Agree
  - Agree
  - Neither Agree nor Disagree
  - Disagree
  - Strongly Disagree
7. Please describe your childcare environment and how it is conducive to early learning.
8. Are there improvements that you would like to make to your site's learning environment? (Explain)
9. Are there aspects of the ERS you would like additional training and technical assistance on? If so, please describe below.
10. If your site has been assessed, how are you implementing suggested quality improvement indicators based on assessment results?

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## Children Served

**1.** Complete a separate line for each classroom at the site.

Lead Teacher/ Owner's Full Name	# Children in Each Class/Group	# Teachers and Additional Staff in Each Class/Group	For each Class/Group, circle one: AM, PM, or Full Day	Gender of Children in Each Class/Group # of Boys # of Girls	Age Range of Children in Each Class/Group
			AM/PM/FULL	Boys _____ Girls _____	<input type="checkbox"/> Infant Only <input type="checkbox"/> Infant/Toddler <input type="checkbox"/> Preschool
			AM/PM/FULL	Boys _____ Girls _____	<input type="checkbox"/> Infant Only <input type="checkbox"/> Infant/Toddler <input type="checkbox"/> Preschool
			AM/PM/FULL	Boys _____ Girls _____	<input type="checkbox"/> Infant Only <input type="checkbox"/> Infant/Toddler <input type="checkbox"/> Preschool
			AM/PM/FULL	Boys _____ Girls _____	<input type="checkbox"/> Infant Only <input type="checkbox"/> Infant/Toddler <input type="checkbox"/> Preschool
			AM/PM/FULL	Boys _____ Girls _____	<input type="checkbox"/> Infant Only <input type="checkbox"/> Infant/Toddler <input type="checkbox"/> Preschool

**2. Number of Children in Care with IFSP's \_\_\_\_\_ or IEP's \_\_\_\_\_**

**3. Number of Children in Care that are:**

- From low-income family \_\_\_\_\_
- Consider themselves homeless \_\_\_\_\_
- In Foster Care \_\_\_\_\_
- Receive protective services \_\_\_\_\_
- Reside on Indian lands \_\_\_\_\_
- From migrant family \_\_\_\_\_



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## Staff Information and Training

**1. Ethnicity of Early Childhood Educators (please indicate number of each):**

Teachers' Ethnicity	# of Teachers
Alaska Native/American Indian	
Asian	
African American/Black	
Hispanic/Latino	
Pacific Islander	
Caucasian	
Multi-Racial	
Other	
Unknown	

**2. Primary Language of Early Childhood Educators (please indicate number of each):**

Teachers' Language	# of Teachers
English	
Spanish	
Vietnamese	
Other, Please specify	
Unknown	

**3. Please list your **Owner/Director** and **Lead Teachers/Support Staff** and their qualifications.**

Staff Name	Qualifications (Degree and/or Permit Level)	Email

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## *Owner/Director's Certification*

I certify that all information provided in this Self-Assessment is true and correct to the best of my knowledge, this \_\_\_\_\_ day of \_\_\_\_\_, 2017.

Signature of Owner/Director: \_\_\_\_\_