



# SAN MATEO COUNTY QRIS PILOT

## SITE QUALITY MONITORING REVIEW

Site Name: \_\_\_\_\_ License #: \_\_\_\_\_

Site Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

# of Preschool Classrooms: \_\_\_ # of Inf/Tod Classrooms: \_\_\_ # of Infants only: \_\_\_

Total # of Classrooms: \_\_\_\_\_ Monitoring Visit: \_\_\_\_\_ Final Rating: \_\_\_\_\_

### Rating Summary

Element	Points	Notes
1. Child Observation		
2. Development & Health Screening		
3. Lead Teacher		
4. Teacher Child Interaction Effective, Culturally & Linguistically Responsive		
5. Ratios & Group Size		
6. Program Environment		
7. Director Qualifications		
<b>Total Points:</b>		

Program Type	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5
Centers 7 Elements for 35 Points	Blocked Must Meet All Elements	Point Range 8 to 19	Point Range 20 to 25	Point Range 26 to 31	Point Range 32 and above

Formal Tier Rating: \_\_\_\_\_ QRIS Rater / Monitor: \_\_\_\_\_

*Summary Notes:*

## Element 1: Child Observation

<input type="checkbox"/> Block	<input type="checkbox"/> 2 Points	<input type="checkbox"/> 3 Points	<input type="checkbox"/> 4 Points	<input type="checkbox"/> 5 Points
<input type="checkbox"/> Not required	<input type="checkbox"/> Program uses evidence-based child assessment/observation tool annually that covers all five domains of development	<input type="checkbox"/> Program uses valid and reliable child assessment/observation tool aligned with CA <i>Foundations &amp; Frameworks</i> twice a year	<input type="checkbox"/> DRDP 2010 (minimum twice a year) and results used to inform curriculum planning	<input type="checkbox"/> Program uses DRDP 2010 twice a year and uploads into DRDP Tech and results used to inform curriculum planning

Random selection & review of child files completed.  
 Date: \_\_\_\_\_ Staff: \_\_\_\_\_

Confirmed use of DRDP Tech     Yes use DRDP Tech     No do not use DRDP Tech  
 Date: \_\_\_\_\_ Staff: \_\_\_\_\_

Evidence of DRDP goals and lesson plans for each classroom (see classroom worksheet)  
 Date: \_\_\_\_\_ Staff: \_\_\_\_\_

- Option 1: Proof of NAEYC accreditation
- Option 2: Copy of Head Start School Readiness Goals
- Option 3: Copy of form CD 4001-B *Desired Results Developmental Profile Summary of Findings Classroom and Family Child Care Home*
- Option 4: Evidence of at least two of the following:
  - Curriculum statement
  - Lesson plan
  - Planning webs
  - Notes from planning sessions that verify how assessment of children's progress informs curriculum

Notes: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

***Follow up needed:***

Description	Complete	Staff Initials

## Element 2: Development & Health Screening

☐ Block	☐ 2 Points	☐ 3 Points	☐ 4 Points	☐ 5 Points
<input type="checkbox"/> Meets Title 22 Regulations	<input type="checkbox"/> Health Screening Form (Community Care Licensing form LIC701 “Physician’s Report – Child Care Centers” or equivalent) used at entry, then: <ol style="list-style-type: none"> <li>1. Annually <b>OR</b></li> <li>2. Ensures vision and hearing screenings are conducted annually</li> </ol>	<input type="checkbox"/> Program works with families to ensure screening of all children using a <b>valid and reliable developmental screening tool</b> at entry and as indicated by results thereafter <b>AND</b> <input type="checkbox"/> Meets Criteria from point level 2	<input type="checkbox"/> Program works with families to ensure screening of all children using the <b>ASQ</b> at entry and as indicated by results thereafter <b>AND</b> <input type="checkbox"/> Meets Criteria from point level 2	<input type="checkbox"/> Program works with families to ensure screening of all children using the <b>ASQ &amp; ASQ-SE</b> , if indicated, at entry, then as indicated by results thereafter <b>AND</b> <input type="checkbox"/> * Program staff uses children’s screening results to make referrals and implement intervention strategies and adaptations as appropriate <b>AND</b> <input type="checkbox"/> Meets Criteria from point level 2

Health Screening: random selection & review of child files completed  
 Date: \_\_\_\_\_ Staff: \_\_\_\_\_

ASQ & ASQ-SE: random selection & review of child files completed  
 Date: \_\_\_\_\_ Staff: \_\_\_\_\_

Documentation of use of screening results by staff for further assessment  
 Date: \_\_\_\_\_ Staff: \_\_\_\_\_

\* Evidence of an intervention plan showing intervention strategies and adaptations used in the classroom  
 Date: \_\_\_\_\_ Staff: \_\_\_\_\_

Notes: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Follow up needed:**

Description	Complete	Staff Initials

## Element 3: Lead Teacher

<input type="checkbox"/> Block	<input type="checkbox"/> 2 Points	<input type="checkbox"/> 3 Points	<input checked="" type="checkbox"/> 4 Points	<input type="checkbox"/> 5 Points
75% of lead teachers must meet the final point score				
<input type="checkbox"/> Meets Title 22 Regulations  <b>[Center: 12 units of Early Childhood Education (ECE) / Child Development (CD)]</b>	<input type="checkbox"/> <b>Center:</b> 24 units of ECE/CD <sup>1</sup> <b>OR</b> Associate Permit + 12 units of ECE/CD	<input type="checkbox"/> 24 units of ECE/CD + 16 units of General Education  <b>OR</b> Teacher Permit <b>AND</b> <input type="checkbox"/> 21 hours professional development (PD) annually	<input checked="" type="checkbox"/> Associate's degree (AA) in ECE/CD (or closely related filed) <b>OR</b> AA/AS in any field plus 24 units of ECE/CD  <b>OR</b> Site Supervisor Permit <b>AND</b> <input checked="" type="checkbox"/> 21 hours PD annually	<input type="checkbox"/> Bachelor's degree in ECE/CD (or closely related field) <b>OR</b> BA/BS in any field plus 24+ units of ECE/CD <b>OR</b> Master's degree in ECE/CD  <b>OR</b> Program Director Permit <b>AND</b> <input type="checkbox"/> 21 hours PD annually

Summarize information from individual data sheets. Retain data sheets with report.

Teacher Name	Classroom Name	Point Score

Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Follow up needed:**

Description	Complete	Staff Initials

<sup>1</sup> For all ECE/CD units, the core 8 are desired but not required.

## Element 4: Teacher Child Interaction (Effective, Culturally & Linguistically Responsive)

<input type="checkbox"/> Block	<input type="checkbox"/> 2 Points	<input type="checkbox"/> 3 Points	<input type="checkbox"/> 4 Points	<input type="checkbox"/> 5 Points
<input type="checkbox"/> Not Required	<input type="checkbox"/> Familiarity with CLASS for appropriate age group as available by one representative from the site	<input type="checkbox"/> Independent CLASS assessment by reliable observer to inform the program's professional development / improvement plan	<input type="checkbox"/> Independent CLASS assessment by reliable observer with minimum CLASS scores: <b>Pre-K</b> <ul style="list-style-type: none"> <li>Emotional Support – 5</li> <li>Instructional Support – 3</li> <li>Classroom Organization – 5</li> </ul> <b>Toddler</b> <ul style="list-style-type: none"> <li>Emotional &amp; Behavioral Support – 5</li> <li>Engaged Support for Learning – 3.5</li> </ul> <b>Infant</b> <ul style="list-style-type: none"> <li>Responsive Caregiving – 5</li> </ul>	<input type="checkbox"/> Independent assessment with CLASS with minimum CLASS scores: <b>Pre-K</b> <ul style="list-style-type: none"> <li>Emotional Support – 5.5</li> <li>Instructional Support – 3.5</li> <li>Classroom Organization – 5.5</li> </ul> <b>Toddler</b> <ul style="list-style-type: none"> <li>Emotional &amp; Behavioral Support – 5.5</li> <li>Engaged Support for Learning – 4</li> </ul> <b>Infant</b> <ul style="list-style-type: none"> <li>Responsive Caregiving – 5.5</li> </ul>

### Pre-K CLASS

Classroom	ES	CO	IS	Assessor	Date
<b>Average of all classrooms</b>					

### Toddler CLASS

Classroom	EBS	ESL	Assessor	Date
<b>Average of all classrooms</b>				

### Infant CLASS

Classroom	RC	Assessor	Date
<b>Average of all classrooms</b>			

Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Element 5: Group Size and Ratios

<input type="checkbox"/> Block	<input type="checkbox"/> 2 Points	<input type="checkbox"/> 3 Points	<input type="checkbox"/> 4 Points	<input type="checkbox"/> 5 Points
<input type="checkbox"/> <b>Center:</b> Title 22 Regulations  <b>Infant</b> Ratio of 1:4 <b>Toddler Option</b> Ratio of 1:6 <b>Preschool</b> Ratio of 1:12	<input type="checkbox"/> <b>Center – Ratio: Group Size</b>  <b>Infant/Toddler</b> – 4:16 <b>Toddler</b> – 3:18 <b>Preschool</b> – 3:36	<input type="checkbox"/> <b>Center – Ratio: Group Size</b>  <b>Infant/Toddler</b> – 3:12 <b>Toddler</b> – 2:12 <b>Preschool</b> – 2:24	<input type="checkbox"/> <b>Center – Ratio: Group Size</b>  <b>Infant/Toddler</b> – 3:12 or 2:8 <b>Toddler</b> – 2:10 <b>Preschool</b> – 3:24 or 2:20	<input type="checkbox"/> <b>Center – Ratio: Group Size</b>  <b>Infant/Toddler</b> – 3:9 or better <b>Toddler</b> – 3:12 or better <b>Preschool</b> – 1:8 ratio and group size of no more than 20

Ratios observation completed.

Date: \_\_\_\_\_

Staff: \_\_\_\_\_

Classroom	Age	Point Score	# of Children	# of Staff

Notes: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Follow up needed:**

Description	Complete	Staff Initials

## Element 6: Program Environment

<input type="checkbox"/> Block	<input type="checkbox"/> 2 Points	<input type="checkbox"/> 3 Points	<input type="checkbox"/> 4 Points	<input type="checkbox"/> 5 Points
<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"/> Independent ERS assessment. All subscales completed and averaged to meet overall score level of 4.0	<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

### ERS Scores

Classroom	Tool	Score	Assessor	Date
<b>Average of all classrooms</b>				

Notes: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### Follow up needed:

Description	Complete	Staff Initials

## Element 7: Director Qualifications

☐ Block	☐ 2 Points	☐ 3 Points	☐ 4 Points	☐ 5 Points
<input type="checkbox"/> 12 units core ECE/CD + 3 units management / administration	<input type="checkbox"/> 24 units core ECE/CD + 16 units General Education + 3 units management / administration  <b>OR</b> Master Teacher Permit	<input type="checkbox"/> Associate's degree with 24 units core ECE/CD + 6 units management / administration + 2 units supervision  <b>OR</b> Site Supervisor Permit  <b>AND</b> <input type="checkbox"/> 21 hours PD annually	<input type="checkbox"/> Bachelor's degree with 24 units core ECE/CD + 8 units management / administration  <b>OR</b> Program Director Permit  <b>AND</b> <input type="checkbox"/> 21 hours PD annually	<input type="checkbox"/> Master's degree with 30 units core ECE/CD including specialized courses + 8 units management / administration  <b>OR</b> Administrative Credential  <b>AND</b> <input type="checkbox"/> 21 hours PD annually

Director Name	Position	Employment Date	Point Score
<b>How does the staff member identify their race/ethnicity?</b> (Check all that apply) <input type="checkbox"/> Asian <input type="checkbox"/> Bi-Racial or Multi-Racial <input type="checkbox"/> Black/African American <input type="checkbox"/> Latino/Hispanic <input type="checkbox"/> Native American/ Alaskan <input type="checkbox"/> Pacific Islander <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Unknown/Decline to State <input type="checkbox"/> Other _____	<p style="text-align: center;"><b>Certification</b></p> CA Permit Level: # _____ Exp. Date: _____ <p style="text-align: center;"><b>Credential</b></p> <input type="checkbox"/> Administrative Services <input type="checkbox"/> ECE Special Ed <input type="checkbox"/> Multiple Subject <input type="checkbox"/> Other _____ <p style="text-align: center;"><b>Professional Development</b></p> PD Hours Completed in a Year:  Start Date / End Date _____ / _____	<p style="text-align: center;"><b>Education</b></p> <input type="checkbox"/> No High School <input type="checkbox"/> Some College <input type="checkbox"/> AA/AS in _____ <input type="checkbox"/> BA/BA in _____ <input type="checkbox"/> Master's Degree in _____  <input type="checkbox"/> Doctorate Degree in or Major _____	

**If Teacher has no permit or degree is not in ECE or CD, verify that required ECE or GE units are in file. Use back of page to count units and place total here:**

<b>Professional Development Type:</b>	<b>Hours</b>
_____	_____
_____	_____
_____	_____
_____	_____
<b>Total:</b>	_____

Rated by: \_\_\_\_\_

**Classroom File Review** **Date:** \_\_\_\_\_



Classroom	DRDP	DRDP Planning	DRDP Tech	Health Form	ASQ & ASQ-SE	ASQ Planning	Intervention Plan
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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**Follow up needed:**

Description	Complete	Staff Initials
None		