



SAN MATEO COUNTY QRIS PILOT

FCCH SITE QUALITY MONITORING REVIEW

Provider Name: _____

FCCH Name: _____ License: _____

Site Address: _____

Telephone: _____ Email: _____

QRIS Rater/Monitor: _____ Monitoring Visit Date: _____

Rating Summary

Element	Points	Notes
Child Observation		
Development & Health Screening		
Family Child Care Provider		
Teacher Child Interaction (CLASS)		
Program Environment		
Total Points:		

Program Type	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5
FCCH 5 Elements for 25 Points	Blocked Must Meet All Elements	Point Range 6 to 13	Point Range 14 to 17	Point Range 18 to 21	Point Range 22 and above

Formal Tier Rating: _____

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 & 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: _____

Rater: _____

Confirmed use of DRDP Tech twice per year

Confirmed use of DRDP Tech

Date: _____

Rater: _____

Evidence of DRDP goals and lesson plans

Date: _____

Rater: _____

Evidence of at least two of the following:

Curriculum statement

Lesson plan

Planning webs

Notes from planning sessions that show how assessment of children's progress informs curriculum

Notes: _____

Follow up needed:

Description	Complete	Rater Initials

Element 2: Development & Health Screening

<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"/> 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"> 1. Annually OR 2. Ensures vision and hearing screenings are conducted annually 	<input type="checkbox"/> 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 <input type="checkbox"/> Meets Criteria from point level 2	<input type="checkbox"/> Program works with families to ensure screening of all children using the ASQ at entry and as indicated by results thereafter AND <input type="checkbox"/> Meets Criteria from point level 2	<input type="checkbox"/> Program works with families to ensure screening of all children using the ASQ & ASQ-SE , if indicated, at entry, then as indicated by results thereafter AND <input type="checkbox"/> * Program staff uses children’s screening results to make referrals and implement intervention strategies and adaptations as appropriate AND <input type="checkbox"/> Meets Criteria from point level 2

Health Screening: verified by random selection & review of child files
 Date: _____ Rater: _____

ASQ & ASQ-SE: verified by random selection & review of child files
 Date: _____ Rater: _____

Documentation of use of screening results by staff for further assessment
 Date: _____ Rater: _____

Evidence of an intervention plan showing intervention strategies and adaptations used in the classroom, if applicable.
 Date: _____ Rater: _____

Notes: _____

Follow up needed:

Description	Complete	Rater Initials

Element 3: Family Child Care Provider

<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"/> Meets Title 22 Regulations FCCH: 15 hours of training on preventative health practices	<input type="checkbox"/> FCCH: 12 units of ECE/CD OR Associate Permit	<input type="checkbox"/> 24 units of ECE/CD + 16 units of General Education OR Teacher Permit AND <input type="checkbox"/> 21 hours professional development (PD) annually	<input type="checkbox"/> Associate's degree (AA) in ECE/CD (or closely related field) OR AA/AS in any field plus 24 units of ECE/CD OR Site Supervisor Permit AND <input type="checkbox"/> 21 hours PD annually	<input type="checkbox"/> Bachelor's degree in ECE/CD (or closely related field) OR BA/BS in any field plus 24+ units of ECE/CD OR Master's degree in ECE/CD OR Program Director Permit AND <input type="checkbox"/> 21 hours PD annually

Name	Position	Employment Date	Point Score
<p>How does the staff member identify their race/ethnicity? (Check all that apply)</p> <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;">Certification</p> CA Permit Level: _____ # _____ Exp. Date: _____		<p style="text-align: center;">Education</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 _____	
<p style="text-align: center;">Credential</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;">Professional Development</p> PD Hours Completed in a Year _____ Start Date / End Date _____ / _____	
<p>If staff 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:</p>			

Professional Development Type:	Hours
_____	_____
_____	_____
_____	_____
_____	_____
Total:	_____
Rated by: _____	Date: _____

Element 4: Teacher Child Interaction (CLASS) Scores

<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: Pre-K <ul style="list-style-type: none"> Emotional Support – 5 Instructional Support – 3 Classroom Organization – 5 Toddler <ul style="list-style-type: none"> Emotional & Behavioral Support – 5 Engaged Support for Learning – 3.5 Infant <ul style="list-style-type: none"> Responsive Caregiving – 5 	<input type="checkbox"/> Independent assessment with CLASS with minimum CLASS scores: Pre-K <ul style="list-style-type: none"> Emotional Support – 5.5 Instructional Support – 3.5 Classroom Organization – 5.5 Toddler <ul style="list-style-type: none"> Emotional & Behavioral Support – 5.5 Engaged Support for Learning – 4 Infant <ul style="list-style-type: none"> Responsive Caregiving – 5.5

PRE-K CLASS	ES	CO	IS	Assessor	Date

TODDLER CLASS	EBS	ESL	Assessor	Date

INFANT CLASS	RC	Assessor	Date

Notes: _____

Element 6: Program Environment Rating Scale

<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

FCCERS Score	Assessor	Date

Notes: _____

Follow up needed:

Description	Complete	Rater Initials

Family Child Care Home File Review Worksheet

Child	DRDP	DRDP Planning	DRDP Tech	Health Form	ASQ & ASQ-SE	ASQ Planning	Intervention Plan
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	<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"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Group Size and Ratios

Ratios and group size observed to meet Licensing standards

Date: _____

Rater: _____

Number of Children in care: _____

Number of Staff present: _____