



**QUALITY RATING AND IMPROVEMENT SYSTEM**  
**DIRECTIONS FOR COMPLETING CENTER WORKSHEETS**

**JULY 2009**

Revised 06/30/09

## Directions for Completing Quality Rating Improvement System Center Worksheet #1 Domain 1: Learning Environment

1. If needed, make additional copies of **Center Worksheet #1** to record scores from every classroom that has been rated at your center.
2. Write the **Center Name** on the line provided.
3. In the section for **ITERS-R**, record the **Class Name**, **Overall Score** and **Assessment Date** for every classroom that has been rated at your center.
4. To calculate **the Average Overall Score** for **ITERS-R** at your center:
  - Add up all the Overall Scores
  - Figure the average score by dividing that number of classrooms rated. *For example: Add  $3.71 + 5.00 + 2.33 + 4.34 = 15.38$ . Divide that by  $4 = 3.85$ .*
  - Using the star ranges shown on the form, identify the ITERS-R Star Rating. *For example, an Average Overall Score of 3.85 earns a 2 star.*
  - If the average score is below 3.0, record 0 points for the Average Overall Score for the Scale.
5. Follow the same procedure for the **ECERS-R** scores, in the **ECERS-R** section of the form.
6. Place **Center Worksheet #1** with the appropriate documentation attached in your binder or file box.



# Center Worksheet #1: Domain – Learning Environment



Name of Center: \_\_\_\_\_

## Infant Toddler Environment Rating Scale Revised – ITERS-R

*If more than 3 infant-toddler classrooms are rated, please make additional copies of this form.*

Class 1: \_\_\_\_\_

Class 2: \_\_\_\_\_

Class 3: \_\_\_\_\_

Overall Score: \_\_\_\_\_

Overall Score: \_\_\_\_\_

Overall Score: \_\_\_\_\_

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

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

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

**Average Overall ITERS-R score (Sum of overall scores for all classrooms divided by the total # of classrooms rated):**

1 Point - 3.00 to3.49

2 Points - 3.50 to 3.99

3 Points – 4.00 to 4.49

4 Points – 4.50 to 5.49

5 Points – 5.50 to 7.00

ITERS-R Points 0-5 (Use grid above):

## Early Childhood Environment Rating Scale Revised – ECERS-R

*If more than 3 preschool classrooms are rated, please make additional copies of this form.*

Class 1: \_\_\_\_\_

Class 2: \_\_\_\_\_

Class 3: \_\_\_\_\_

Overall Score: \_\_\_\_\_

Overall Score: \_\_\_\_\_

Overall Score: \_\_\_\_\_

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

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

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

**Average Overall ECERS-R score (Sum of overall scores for all classrooms divided by the total # of classrooms rated):**

1 Point - 3.00 to3.49

2 Points - 3.50 to 3.99

3 Points – 4.00 to 4.49

4 Points – 4.50 to 5.49

5 Points – 5.50 to 7.00

ECERS-R Points 0-5 (Use grid above):

**Directions for Completing Quality Rating Improvement System Center Worksheets #2, #3, #4**  
**Domain 2: Staff Qualifications and Professional Development**

1. Make a copy of **Center Worksheets #2, #3, and #4**. You do not need to complete a form for staff who work only as cooks, drivers, maintenance, etc.
  2. On **Center Worksheets #2, #3, and #4**, write the **Center Name** in the space provided.
  3. Record the **Names of the Staff** on the appropriate worksheets.
  4. Record the **Dates**. Note expiration date if applicable (such as Director Credential or FCCPC (formerly CDA-E) that require renewal every 5 years).
  5. Place **Center Worksheets #2, #3 and #4** with the appropriate documentation attached in your binder or file box.
- \* Do not forget to include the number of hours received during Phase 2 coaching in the **Number of Training Hours within the Last Year** column.

*REFER TO THE **GUIDING STARS OF DUVAL MANUAL** ALSO, TO INCLUDE THE APPROPRIATE DOCUMENTATION NEEDED FOR YOUR BINDER OR FILE BOX.*

## Quality Rating and Improvement System

### Center Worksheet #2: Domain 2 - Staff Qualifications Director & Assistant Director



Center Name: \_\_\_\_\_

	Name of Director/Assistant	Date of Hire	Date DCF 40 Hours Awarded	Date 5 Hour Literacy Course Awarded	Date Foundational Awarded	Date Advanced Awarded	Date CDA, CDEA or FCCPC Awarded	Date AA/AS Degree Awarded	Date of BA/BS Degree or Higher Awarded	Date(s) of 60 HRS. of College Coursework w/18 credits in ECE Awarded	Number of Training Hours within the Last Year
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											



## Quality Rating and Improvement System

### Center Worksheet #3: Domain 2 - Staff Qualifications Lead Teacher(s)



**Center Name:** \_\_\_\_\_

	Name of Lead Teacher	Date of Hire	Date DCF 40 Hours Awarded	Date 5 Hour Literacy Course Awarded	Date High School Diploma or GED Awarded	Date DCF Staff Credential Awarded	Date CDA, CDAE or FCCPC Awarded	Date AS or AA Degree in ECE Awarded	Date of BA/BS Degree or Higher Awarded	Date(s) of 60 HRS. of College Coursework w/18 credits in ECE Awarded	Number of Training Hours within the Last Year
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											

## Quality Rating and Improvement System

### Center Worksheet #4: Domain 2 - Staff Qualifications Assistant Teacher(s)



Center Name: \_\_\_\_\_

	Name of Assistant Teacher	Date of Hire	Date DCF 40 Hours Awarded	Date 5 Hour Literacy Course Awarded	Date of Enrollment for DCF Staff Credential	Date DCF Staff Credential Awarded	Date High School Diploma or GED Awarded	Date CDA, CDAE or FCCPC Awarded	Date AA/AS in ECE, or BA/BS Degree in ECE or Child Development, or Higher Awarded	Number of Training Hours within the Last Year
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										

**Directions for Completing Quality Rating Improvement System Center Worksheet #5:  
Domain 3: Ratio and Group Size**

1. Make copies of **Center Worksheet #5** and fill one out for every class of children birth – five.
2. Place **Center Worksheets #5** with the appropriate documentation in your binder or file box.
3. **Spot check of licensing reports would be done on the day of validation**
4. **Spot check of staff child ratio would also be done by the assessor on the day of environment rating scale assessments.**

**Revised QRIS Worksheet # 5:**

- **For centers which would be validated in Spring 2010 – one worksheet per month for EACH OF THE MONTHS – Oct, Nov, Dec, Jan, Feb, March.**

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## Quality Rating and Improvement System

### CENTER WORKSHEET # 5 – RATIO AND GROUP SIZE

#### CLASSROOM LIST

**COMPLETE ONE FORM FOR EACH CLASSROOM FOR THE MONTHS OF OCTOBER THROUGH MARCH.**

**COMPLETE THE LAST COLUMN BASED ON ACTUAL ATTENDANCE FOR EACH CLASSROOM, ON THE LAST SCHOOL DAY OF EACH MONTH.** If you already have the list of children in another form, it can be attached instead of writing out the list of children. Complete all other parts of this form.

**FORM MUST BE COMPLETED WHEN THE MAJORITY OF CHILDREN HAVE ARRIVED FOR THE DAY – TYPICALLY BETWEEN 9:30 AM TO 11:30 AM**

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Classroom \_\_\_\_\_ Maximum Group Size\* \_\_\_\_\_  
\*the largest number of children allowed in one classroom space

Lead Teacher \_\_\_\_\_ Time In and Time Out \_\_\_\_\_

Assistant Teacher \_\_\_\_\_ Time In and Time Out \_\_\_\_\_

Use additional pages if needed.

<b>Child's First name or initials</b> <b>LIST OF TOTAL ENROLLMENT</b>	<b>Birth date</b>	<b>Age</b> <b>(years/months)</b>	<b>Days of the week when the child attends the program</b>					<b>Place ✓ for children present and X for children who are absent</b>
			M	Tu	W	Thur	Fri	
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								

Child's First name or initials <b>LIST OF TOTAL ENROLLMENT</b>	Birth date	Age (years/months)	Days of the week when the child attends the program					Place $\checkmark$ for children present and X for children who are absent
11.								
12.								
13.								
14.								
15.								
16.								
17.								
18.								
19.								
20.								

**Directions for Completing Quality Rating Improvement System Center Worksheet #6:  
Domain 4: Curriculum**

Write the **Center Name** in the space provided.

For **Quality Indicator 1.1:**

- Write the name of the curriculum for each age group.
- Indicate by circling **Y** or **N** whether or not the curriculum has been approved by the Coalition.

For **Quality Indicator 1.2 and 1.3:**

- Place a check mark on the line indicating the item has been met.
- Complete **Center Worksheet #7** (see directions on next page).

For **Quality Indicator 1.4 A&B:**

- Place a check mark on the line indicating the item has been met.

For **Quality Indicator 1.5:**

- Place a check mark on the line indicating the item has been met.

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# Quality Rating and Improvement System



## Center Worksheet #6: Domain 4 - Curriculum

**Center Name:**

Name of Curriculum:		Coalition Approved?
VPK/4's:		Y or N (Circle)
Threes:		Y or N (Circle)
Twos:		Y or N (Circle)
Ones:		Y or N (Circle)
Infants:		Y or N (Circle)
	Training Records for all Lead Teachers documenting 6 hours of attendance at the required curriculum implementation training	
	Training records for all Instructional Staff documenting 6 hours of attendance at the required curriculum implementation training	
	Each classroom has written lesson plans documenting the full implementation of the adopted curriculum	
	Each classroom has a system for ongoing observations of each child	
	Each child in each classroom is assessed and this information informs planning and instruction	
	Lesson Planning is individualized to address the specific need of the children in the class	
	Communication with families occurs to discuss child assessment results, progress and needs	



**Directions for Completing Quality Rating Improvement System Center Worksheet #7:  
Domain 4: Curriculum**

1. Write the **Center Name** in the space provided.
2. List the names of all **Lead Teachers and All Other Teachers**.
3. List the **DOH (Date of Hire), Name of Curriculum Training, Date Attended and the Name of Training Provider (Person who Conducted the Training)**.

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### Quality Rating and Improvement System

### Center Worksheet #7: Domain 4 - Curriculum Training for Staff

Center Name:

Lead Teachers	DOH	Name of Curriculum Training	Date Attended	Name of Training Provider
All Other Teachers	DOH	Name of Curriculum Training	Date Attended	Name of Training Provider

**Directions for Completing Quality Rating Improvement System Center Worksheet #8:  
Domain 5: Program Operations-Family Engagement**

1. Write the **Center Name** in the space provided.
2. For **Quality Indicator 1.1 A:**
  - Place a check mark on the line indicating the item has been met.
3. For **Quality Indicator 1.2 A:**
  - Place a check mark on the line indicating three of the items have been met.
4. For **Quality Indicator 1.3:**
  - Write the dates of the two Family Involvement Activities on the lines provided.
5. For **Quality Indicator 1.4 A:**
  - Place a check mark on the lines indicating the item has been met.

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**EPISCOPAL CHILDREN'S SERVICES**  
*Under contract for Family Engagement services in all GSOD Centers*  
**Quality Rating Improvement System**  
**Center Worksheet #8: Domain 5**  
**Program Operations - 5A Family Engagement**



**Center Name:** \_\_\_\_\_

Note: Final Star Rating will be combination of results of 5A Family Engagement and 5B Administration

Quality Indicator	Documentation														
<b>1.1 A Family Handbook is written and includes parental rights and responsibilities</b>	<p>_____ A Family Handbook is written and includes ALL of the following:</p> <table border="0"> <tr> <td>_____ Program Philosophy</td> <td>_____ Tuition Information – payment schedule, late payments, multiple child discounts</td> </tr> <tr> <td>_____ Open Door Policy</td> <td>_____ Health and Safety Requirements – children with severe allergies, dispensing medication, incident/accident reports</td> </tr> <tr> <td>_____ Pick up Procedures</td> <td>_____ Mandated Reporting of Child Abuse and Neglect</td> </tr> <tr> <td>_____ Discipline Policy</td> <td>_____ Emergency and Inclement Weather Closing of Center</td> </tr> <tr> <td>_____ Curriculum Information</td> <td>_____ Parent / Guardian Rights and Responsibilities</td> </tr> <tr> <td>_____ Parent Volunteering</td> <td></td> </tr> <tr> <td>_____ Parent conference information</td> <td></td> </tr> </table> <p>_____ Signature page on file for at least 10% of enrolled families</p>	_____ Program Philosophy	_____ Tuition Information – payment schedule, late payments, multiple child discounts	_____ Open Door Policy	_____ Health and Safety Requirements – children with severe allergies, dispensing medication, incident/accident reports	_____ Pick up Procedures	_____ Mandated Reporting of Child Abuse and Neglect	_____ Discipline Policy	_____ Emergency and Inclement Weather Closing of Center	_____ Curriculum Information	_____ Parent / Guardian Rights and Responsibilities	_____ Parent Volunteering		_____ Parent conference information	
_____ Program Philosophy	_____ Tuition Information – payment schedule, late payments, multiple child discounts														
_____ Open Door Policy	_____ Health and Safety Requirements – children with severe allergies, dispensing medication, incident/accident reports														
_____ Pick up Procedures	_____ Mandated Reporting of Child Abuse and Neglect														
_____ Discipline Policy	_____ Emergency and Inclement Weather Closing of Center														
_____ Curriculum Information	_____ Parent / Guardian Rights and Responsibilities														
_____ Parent Volunteering															
_____ Parent conference information															
<b>1.2 A minimum of three (3) modes of communication are used to share child and program information with families</b>	<p>Check three (3):</p> <table border="0"> <tr> <td>_____ Newsletters</td> <td>_____ Parent Bulletin Board</td> </tr> <tr> <td>_____ Daily / Weekly Reports</td> <td>_____ Resources &amp; Activities linked to child's learning</td> </tr> <tr> <td>_____ Monthly Calendar</td> <td>_____ Family / Parent Resource Room/Area</td> </tr> <tr> <td>_____ Parent/Family Orientation Checklist/agenda</td> <td>_____ Updated Website Information</td> </tr> <tr> <td>_____ Written two way communication logs with dates and signatures of parent</td> <td>_____ Family / Parent Conference form with date and parent / guardian and teacher signatures</td> </tr> <tr> <td>_____ Copies of mailed letters</td> <td>_____ Other</td> </tr> <tr> <td>_____ Copies of emailed correspondence</td> <td></td> </tr> </table>	_____ Newsletters	_____ Parent Bulletin Board	_____ Daily / Weekly Reports	_____ Resources & Activities linked to child's learning	_____ Monthly Calendar	_____ Family / Parent Resource Room/Area	_____ Parent/Family Orientation Checklist/agenda	_____ Updated Website Information	_____ Written two way communication logs with dates and signatures of parent	_____ Family / Parent Conference form with date and parent / guardian and teacher signatures	_____ Copies of mailed letters	_____ Other	_____ Copies of emailed correspondence	
_____ Newsletters	_____ Parent Bulletin Board														
_____ Daily / Weekly Reports	_____ Resources & Activities linked to child's learning														
_____ Monthly Calendar	_____ Family / Parent Resource Room/Area														
_____ Parent/Family Orientation Checklist/agenda	_____ Updated Website Information														
_____ Written two way communication logs with dates and signatures of parent	_____ Family / Parent Conference form with date and parent / guardian and teacher signatures														
_____ Copies of mailed letters	_____ Other														
_____ Copies of emailed correspondence															
<b>1.3 At least 2 family involvement activities are provided each year</b>	<p>Family Involvement Activity documentation may include: announcements/flyers, agendas, photos, sign in sheets. Indicate the dates of two family involvement activities:</p> <p align="center">DATE: _____ DATE: _____</p>														
<b>1.4A At least two (2) times a year, families are invited to attend scheduled family-teacher conferences to review child's progress and needs and set goals for the child</b>	<p>_____ Two (2) separate dated notices/letters to parents inviting them to schedule a parent/teacher conference</p> <p>_____ Dated parent conference forms that include progress notes and goals; signatures for at least 10% of children enrolled in the program</p>														

<p><b>+1.4B Activities are provided for children and families to assist in the transition to new settings within the center and/or from the child care program to kindergarten.</b></p>	<p>Documentation for transition within the center includes any of the following:</p> <ul style="list-style-type: none"> <li>_____ Letters or notices to parents regarding child’s transition to another setting/class</li> <li>_____ Written parent/teacher conference notes regarding change</li> <li>_____ Written policy and procedure for moving children from one class to another within the center</li> </ul> <p>Documentation for transition from the center to kindergarten includes any of the following:</p> <ul style="list-style-type: none"> <li>_____ Letter, notice, or packet of information provided to parents regarding preparing and transitioning their child to kindergarten</li> <li>_____ Written policy and procedure for transitioning children from center to kindergarten</li> <li>_____ Field trip records for field trips to nearby elementary schools</li> <li>_____ Invitations to kindergarten teacher to visit preschool classroom and children</li> <li>_____ Lesson plan activities targeted to support transition to kindergarten</li> </ul>
<p><b>1.5A Families have the opportunity to evaluate the provider in writing at least one (1) time per year</b></p>	<p>Documentation for program evaluation includes ALL of the following:</p> <ul style="list-style-type: none"> <li>_____ Dated copy of letter to parents explaining purpose and use of parent evaluation (satisfaction survey) of center</li> <li>_____ Dated copies of written survey, questionnaire, or assessment returned by parents</li> <li>_____ Summary sheet with information collected from returned parent evaluation forms</li> </ul>
<p><b>1.5B Resources are available to communicate with families in their primary language</b></p>	<p>Documentation that supports center has resources available to non-English speaking families may include:</p> <ul style="list-style-type: none"> <li>_____ Family/Parent Handbook in other languages OR</li> <li>_____ Observe Parent Resource Area for resource materials provided in other languages OR (photo of resources with date for documentation)</li> <li>_____ Written policy on center’s communication plan including list of primary languages and plan of communication for each</li> </ul>
<p><b>1.5C Developmental Screening occurs for 90% of all children and a referral process is in place. Findings are shared and activity suggestions are developed with staff and families</b></p>	<p>Documentation consists of all of the following:</p> <ul style="list-style-type: none"> <li>_____ Summary Screening Results Form documents 90% of children enrolled received a developmental screening.</li> <li>_____ Center has written referral policy and procedure. Referral Policy contains information on all of the following: <ul style="list-style-type: none"> <li>✓ Purpose of Screening</li> <li>✓ Obtaining Parent Consent</li> <li>✓ Name and information on screening tool</li> <li>✓ How parents will be informed of results</li> <li>✓ Referral for further evaluation or services</li> <li>✓ Follow-up to referral process</li> <li>✓ Accountability procedures( safeguards to protect against misidentification of children</li> </ul> </li> <li>_____ Letters to parents or conference notes signed by parent containing information on screening results</li> <li>_____ Sample of written activity suggestions developed with staff and families related to results and provided to parents</li> </ul>

## Directions for Completing Quality Rating Improvement System Center Worksheet #9: Domain 5: Program Operations-Staff and Administration

1. Write the **Center Name** in the space provided.
2. For **Quality Indicator 2.1:**
  - Place a check mark on the line indicating the item has been met.
3. For **Quality Indicator 2.2:**
  - Place a check mark on the line indicating eight of the items have been met.
4. For **Quality Indicator 2.3 A:**
  - Place a check mark on the line indicating the item has been met.
5. For **Quality Indicator 2.3 B, 2.4 C, 2.5 C:**
  - Place a check mark on the lines indicating the item has been met.
6. For **Quality Indicator 2.4 A:**
  - Place a check mark on the line indicating the item has been met.
7. For **Quality Indicator 2.4 B:**
  - Place a check mark on the line indicating the item has been met.
8. For **Quality Indicator 2.5 A:**
  - Place a check mark on the line indicating the item has been met.
9. For **Quality Indicator 2.5 B:**
  - Place a check mark on the line indicating the item has been met.

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**Quality Rating Improvement System  
Center Worksheet #9: Domain 5  
Program Operations – 5B Staff and Administration**

Center Name: \_\_\_\_\_

Quality Indicator	Documentation		
<p><b>2.1</b> <b>A Risk Management plan is in place with written action plans for emergency situations such as hurricanes, fire, severe weather, etc. including evacuation routes and drills</b></p>	<p>Risk Management Plan includes action steps for the following natural disasters:  <input type="checkbox"/> Fire    <input type="checkbox"/> Severe Weather/Tornado    <input type="checkbox"/> Hurricane    <input type="checkbox"/> Building Security    <input type="checkbox"/> Flood</p> <p>A Risk management plan and system includes documentation of <b>all</b> of the following:</p> <ul style="list-style-type: none"> <li>• Written copy of Risk Management/Emergency/Disaster Plan with policies and procedures for: <ul style="list-style-type: none"> <li>- dealing with severe weather, fire, flood, and building security</li> <li>- designated emergency person/team and responsibilities</li> <li>- to protect the health and safety of children and staff (allergies, chronic medical conditions, medical emergencies, playground safety)</li> <li>- to reduce the risk of child abuse or neglect</li> </ul> </li> <li>• Dated agenda from a staff meeting where there was a review of the Risk Management Plan</li> <li>• Posted center evacuation plan</li> <li>• Monthly evacuation drills</li> <li>• Posted emergency numbers by all center phones</li> </ul>		
<p><b>2.2</b> <b>The center has a personnel policy manual that includes job descriptions and procedures for staff orientation</b></p>	<p><b>MANDATORY DOCUMENTS:</b></p> <p><input type="checkbox"/> Written job descriptions for each staff position in the center</p> <p><input type="checkbox"/> Written procedure for staff orientation for all new staff. There must be a signature page in each staff file documenting distribution of staff manual and completion of orientation.</p> <p><b>PLUS - The Center's Employee Personnel Manual must include at least 8 of the following:</b></p> <table border="0" style="width: 100%;"> <tr> <td style="vertical-align: top;"> <input type="checkbox"/> Center Educational Philosophy and Goals  <input type="checkbox"/> Attendance policy  <input type="checkbox"/> Staff training requirements  <input type="checkbox"/> Ethical Conduct Policy  <input type="checkbox"/> Resignation/Termination Policy  <input type="checkbox"/> Guidelines for Performance Evaluation &amp; Merit Pay  <input type="checkbox"/> Child Abuse and Neglect Reporting Procedures  <input type="checkbox"/> Emergency/Health/Safety Procedures  <input type="checkbox"/> Discipline/Classroom Management Policy  <input type="checkbox"/> Salary Scale or Structure </td> <td style="vertical-align: top;"> <input type="checkbox"/> Benefit Descriptions (to be counted as one item):  &gt;Insurance (health, life, dental, vision, etc.)  &gt;Retirement/Annuity Plan  &gt;Child Care Discount for staff  &gt;Tuition Reimbursement  &gt;Paid Leave Time (sick, vacation, holiday)  &gt;Paid time for staff development / training </td> </tr> </table>	<input type="checkbox"/> Center Educational Philosophy and Goals <input type="checkbox"/> Attendance policy <input type="checkbox"/> Staff training requirements <input type="checkbox"/> Ethical Conduct Policy <input type="checkbox"/> Resignation/Termination Policy <input type="checkbox"/> Guidelines for Performance Evaluation & Merit Pay <input type="checkbox"/> Child Abuse and Neglect Reporting Procedures <input type="checkbox"/> Emergency/Health/Safety Procedures <input type="checkbox"/> Discipline/Classroom Management Policy <input type="checkbox"/> Salary Scale or Structure	<input type="checkbox"/> Benefit Descriptions (to be counted as one item): >Insurance (health, life, dental, vision, etc.) >Retirement/Annuity Plan >Child Care Discount for staff >Tuition Reimbursement >Paid Leave Time (sick, vacation, holiday) >Paid time for staff development / training
<input type="checkbox"/> Center Educational Philosophy and Goals <input type="checkbox"/> Attendance policy <input type="checkbox"/> Staff training requirements <input type="checkbox"/> Ethical Conduct Policy <input type="checkbox"/> Resignation/Termination Policy <input type="checkbox"/> Guidelines for Performance Evaluation & Merit Pay <input type="checkbox"/> Child Abuse and Neglect Reporting Procedures <input type="checkbox"/> Emergency/Health/Safety Procedures <input type="checkbox"/> Discipline/Classroom Management Policy <input type="checkbox"/> Salary Scale or Structure	<input type="checkbox"/> Benefit Descriptions (to be counted as one item): >Insurance (health, life, dental, vision, etc.) >Retirement/Annuity Plan >Child Care Discount for staff >Tuition Reimbursement >Paid Leave Time (sick, vacation, holiday) >Paid time for staff development / training		
<p><b>2.3A</b> <b>Staff meetings are held at least quarterly</b></p>	<p><input type="checkbox"/> Staff meeting agendas, sign-in sheets and/or minutes are available to document that meetings are held at least quarterly. <b>(minimum of 4 meeting documents required)</b></p>		

<p><b>2.3B,2.4C, 2.5C</b>  <b>Staff Performance Evaluations are completed annually, and include classroom observations and Professional Development Plans</b></p>	<p><b>Documentation consists of all of the following:</b>  2.3B _____Written performance evaluations are completed annually and are in each staff file, including policy and procedure for conducting staff evaluation  2.4C _____Performance evaluations include classroom observations, documented in each staff file (must meet 2.3B &amp; 2.4C)  2.5C _____Each staff person has a Professional Development Plan on file, done as part of the performance evaluation process(must meet 2.3B, 2.4C, &amp; 2.5C)</p>
<p><b>2.4A</b>  <b>Written operating policies &amp; procedures include standard business and fiscal management practices</b></p>	<p><b>Center Operations Policies and Procedures must include ALL of the following:</b>  - A copy of policies and procedures for collection of tuition and fees  - A copy of the process for informing parents of overdue fees and collection of late payments  - Budget  - Fiscal policies – budget review, fiscal projections, purchases, etc.  - A copy of an organizational chart which includes staff that work within the center and those that support the center in its educational program, AND staff schedules  - A copy of hiring policies and procedures  - A copy of the salary and benefit structure</p>
<p><b>2.4B A Marketing Plan is used to maximize full enrollment</b></p>	<p><b>Marketing Plan must include:</b>  _____A Written Marketing Plan includes action steps for recruiting families with children, providing visibility in the community and advertising services provided  <b>Documentation of a Marketing plan must include 3 of the following items:</b>  _____Public relations tools (ads, newsletters, letterhead stationary, business cards, logo, etc.)  _____Promotional items (clothing, mugs, pens)  _____Signage and posted information that is professional looking,  _____A referral rewards program,  _____Partnerships with businesses,  _____Membership in a Chamber of Commerce  _____Web site promotion  _____Phone Book Advertisement</p>
<p><b>2.5A A Salary Scale is in place and is differentiated by education and experience</b></p>	<p><b>Must include ALL of the following:</b>  _____A Written Salary Scale is used, showing differentiation by job title, education and experience.  _____The Salary Scale is dated and posted or distributed to staff (on file with staff signatures)</p>
<p><b>2.5B Financial record-keeping system provides quarterly reports and analysis and 1 year projected budget</b></p>	<p><b>Financial record keeping system must include ALL of the following items:</b>  _____ Copy of quarterly financial reports and analysis  _____ Copy of projected budget for the following year, with line item revenue and expenses  <b>PLUS – ONE of the following:</b>  _____ Proof of up-to-date payroll  _____ Proof of up-to-date taxes  _____ Proof of up-to-date insurance payments  _____ If applicable, most recent copy of audit by an outside firm</p>



## Directions for Completing Family Satisfaction Survey Center Worksheet #10: Domain 5 Program Operations- 5A Family Engagement

1. Write the **Center Name** and **Date** on lines provided.
2. Distribute surveys to parents at center and return to director.

*REFER TO THE **GUIDING STARS OF DUVAL MANUAL** ALSO, TO INCLUDE THE APPROPRIATE DOCUMENTATION NEEDED FOR YOUR BINDER OR FILE BOX.*



**FAMILY SATISFACTION SURVEY**  
**Center Worksheet #10: Domain 5**  
**Program Operations - 5A Family Engagement**  
*(To be used to document all indicators)*

Center Name \_\_\_\_\_ Date: \_\_\_\_\_

Length of time you have had a child at the center: \_\_\_\_\_

Please circle your answer to the following questions about the support of family involvement at your child's center. If you feel that a question does not apply to you, draw a line through the question.

YES NO 1. I have been given a Family/Parent Handbook. The center refers to it as the: \_\_\_\_\_

YES NO 2. The Family/Parent Handbook outlines my rights and responsibilities, including but not limited to: *(Check all that apply.)*

- \_\_\_ What I am required to send with my child each day
- \_\_\_ Schedule of Operation, holidays and dates when center is closed
- \_\_\_ Drop off and pick up procedures
- \_\_\_ Meals and food service provided by center
- \_\_\_ Illness and medication policies
- \_\_\_ Payment policies, due dates and fees
- \_\_\_ The center's process for developmental screenings and making referrals

YES NO 3. I signed an acknowledgement that I received the Family/Parent Handbook.

YES NO 4. I have regular communication with the center staff and administration in at least three ways, including: *(Check all that apply.)*

- \_\_\_ Daily individual written reports on my child
- \_\_\_ Newsletters several times a year
- \_\_\_ Letters or flyers and announcing events
- \_\_\_ Email or website
- \_\_\_ Bulletin boards for sharing current information and resources with families
- \_\_\_ Informal methods, such as phone calls or notes
- \_\_\_ Other:

YES NO 5. I have been offered the opportunity to participate in at least two family activities or events during the year.

Examples: 1. \_\_\_\_\_ 2. \_\_\_\_\_

YES NO 6. There are family-teacher conferences at least two times a year for me to meet with my child's teacher to review my child's progress, identify needs and to set goals.

YES NO 7. When it is time, there is a process for assisting me and my child in a smooth transition to another classroom or age group at the center.

- YES NO 8. This center has a process for providing information and activities that will support my child's transition into kindergarten.
- YES NO 9. Regular developmental screenings/checklists are done to assess my child's progress and the results are shared with me.
- YES NO 9. I am provided activity suggestions for things I can do at home to help my child learn or improve a skill, or offered a referral to another source for further evaluation if it is needed.
- YES NO 10. This center has a way to provide information and resources for non-English speaking families who have children attending here.

**Directions for Completing Summary of Responses Center Worksheet #11: Domain 5  
Program Operations- 5A Family Engagement**

1. Write the **Center Name, Survey Date, # of Surveys Distributed and # of Surveys Returned** on lines provided.
2. Indicate the number of **YES** answers, **NO** answers and the number of **N/A** answers for each item.
3. Refer to the **Guiding Stars of Duval Manual** to include the appropriate documentation needed for your binder or file box.

*REFER TO THE **GUIDING STARS OF DUVAL MANUAL** ALSO, TO INCLUDE THE APPROPRIATE DOCUMENTATION NEEDED FOR YOUR BINDER OR FILE BOX.*

**SUMMARY OF RESPONSES**  
**Center Worksheet #11: Domain 5**  
**Program Operations: 5A Family Engagement**  
*(To be used to document all indicators)*

Center \_\_\_\_\_ Survey Date \_\_\_\_\_ # Surveys Distributed \_\_\_\_\_ # Surveys Returned \_\_\_\_\_

Indicate the number of Yes answers, number of No answers and the number of N/A items for each item. Indicate the number of times a “no response/NA” was given under each item.

# \_\_\_ YES # \_\_\_ NO # \_\_\_ N/A      1. I have been given a Family/Parent Handbook.

# \_\_\_ YES # \_\_\_ NO # \_\_\_ N/A      2. The Family/Parent Handbook outlined my rights and responsibilities.

**Indicate any items that were not checked off on most of the surveys.**

- \_\_\_ What I am required to send with my child each day,
- \_\_\_ Schedule of Operation, holidays and dates when center is closed
- \_\_\_ Drop off and pick up procedures
- \_\_\_ Meals and food service provided by center
- \_\_\_ Illness and medication policies
- \_\_\_ Payment policies, due dates and fees
- \_\_\_ The center’s process for developmental screenings and making referrals

# \_\_\_ YES # \_\_\_ NO # \_\_\_ N/A      3. I signed an acknowledgement that I received the handbook.

# \_\_\_ YES # \_\_\_ NO # \_\_\_ N/A      4. This center regularly communicates with me in at least three ways.

**Indicate the items that were most frequently marked.**

- \_\_\_ Daily individual written reports on my child
- \_\_\_ Newsletters several times a year
- \_\_\_ Letters or flyers and announcing events
- \_\_\_ Email or website
- \_\_\_ Bulletin boards for sharing current information and resources with families
- \_\_\_ Informal methods, such as phone calls or notes ; \_\_\_ Other:

# \_\_\_ YES # \_\_\_ NO # \_\_\_ N/A      5. I have been offered the opportunity to participate in at least two family activities or events during the year.

# \_\_\_ YES # \_\_\_ NO # \_\_\_ N/A      6. There are family-teacher conferences at least two times a year for me to meet with my child’s teacher to review my child’s progress, identify needs and to set goals.

# \_\_\_ YES # \_\_\_ NO # \_\_\_ N/A      7. There is a process for assisting me and my child in a smooth transition to another classroom or age group at the center.

# \_\_\_ YES # \_\_\_ NO # \_\_\_ N/A      8. This center has a process for providing information and activities that will support my child’s transition into kindergarten.

# \_\_\_ YES # \_\_\_ NO # \_\_\_ N/A      9. Regular developmental screenings/checklists are done to assess my child’s progress and the results are shared with me.

