

YoungStar Rating Verification Document – School-Age Care 2021/2022

Each box in the “Indicator Met” section should be marked as “Yes” if met, “No” if not met, or “Not Attempted”. Complete each section and clearly document the evidence used to determine whether the indicator was met or not. **Once complete, upload ALL pages of this document as the “Technical Rating Score Sheet” or “Formal Rating Observation Score Sheet” under the “Forms and Documents” section in CMS.**

Program Self-Assessment and Quality Improvement Plan (REQUIRED for all ratings and to earn a micro-grant)

Indicator Met: Yes No Not Attempted

Self-assessment used: _____

Date of self-assessment: _____

Who completed the self-assessment? _____

At least 75% of Group Leaders and the Site Supervisor/Director reviewed and contributed to the self-assessment.

Yes No

Comments/areas for future work on self-assessment:

Date of Quality Improvement Plan: _____

Who completed the QIP? _____

List three goals that have been identified for quality improvement.

1. _____

2. _____

3. _____

Registry Profile verified by Technical Consultant Yes No Date: _____

Additional comments for rating purposes:

Alternate Options for Site Supervisor/Director Qualifications

Centralized Administration

Meets qualifications: Yes No N/A

The program has multiple sites: Yes No

The Site Supervisor/Director is onsite for at least 25% of the total number of hours they work for the program each week

Yes No

The Site Supervisor/Director is responsible for either option 1 or option 2:

Yes No Option 1: Staff meetings and orientation **AND** Continuing education for staff

Yes No Option 2: Supervising planning and implementation of curriculum **AND** Supervising program staff

Dual-Role

Meets qualifications for 3 stars: Yes No

Meets qualifications for 4 stars: Yes No

The program is licensed for 50 or fewer children: Yes No

3 Stars

Yes No The person has Site Supervisor/Director responsibilities for at least 25% of the time the program is open (up to 40 hours)

Yes No The person is at least a Registry level 10 and has 6 business specific credits (as verified through the Registry)

4 Stars:

Yes No The person has Site Supervisor/Director responsibilities for at least 37.5% of the time the program is open (up to 40 hours)

Yes No The person is at least a Registry level 12 and has 6 business specific credits (as verified through the Registry)

Developmentally Appropriate Environments

Indicator Met: Yes No Not Attempted

DAE: School-Age Classroom/Group 1 Verified: _____

Item 1. Staff members provide developmentally appropriate interactions and promote positive relationships.

Yes No

All the following must be observed:

- All staff/staff and staff/child interactions must be positive or at least neutral
- Staff and children demonstrate enjoyment in being with each other
- Staff respond to children's needs promptly and appropriately
- Staff have developmentally appropriate expectations for children's behavior

At least two of these additional practices must be observed:

- Staff are near children when promoting positive interactions and learning opportunities
- Staff initiate language and literacy activities to support language development
- Staff have turn-taking conversations with most children and ask follow-up questions with a pleasant tone of voice
- Staff intentionally create opportunities for all children to engage in peer interaction in ways that are appropriate for each child
- Staff provide children with descriptive feedback for their efforts or accomplishments

Item 2: The environment is organized into 5 interest centers to support children's meaningful play.

Yes No List interest centers: 1. _____

2. _____

3. _____

4. _____

5. _____

Item 3: The following materials are developmentally appropriate and accessible to children.

Yes No

At least:

- one book for each child present at any given time
- six different examples of fine motor materials
- six different examples of art materials (for classrooms with all children age 24 months or older)
- two sets of 10 – 20 blocks (for classrooms with all children age 12 months or older)
- five different examples of dramatic play materials
- five different examples of nature/science materials (for classrooms with all children age 24 months or older)
- six different examples of math materials

Note any materials that are missing:

Item 4: The materials are reflective of the WMELS five domains and/or the SACF nine content areas, different learning styles, and offer varied levels of difficulty.

List material(s) that reflect each domain/content area:

WMELS Health and Physical: _____
WMELS Social and Emotional: _____
WMELS Cognition and General Knowledge: _____
WMELS Language and Communication: _____
WMELS Approaches to Learning: _____

OR

SACF Language, Literacy and Numeracy: _____
SACF Arts and Culture: _____
SACF Global Learning: _____
SACF Health and Wellness: _____
SACF Media and Technology: _____
SACF Science, Technology, Engineering, and Math: _____
SACF Social/Emotional/Character Education: _____
SACF Environmental Learning: _____
SACF Service Learning: _____

List 3 materials/experiences offering varied levels of difficulty:
1. _____
2. _____
3. _____

Yes No Materials in interest centers are easily accessible.

Item 5: The daily schedule includes a minimum of 50 consecutive minutes of uninterrupted free choice.

Yes No If yes, how verified? _____

DAE: School-Age Classroom/Group 2 Verified: _____ N/A only 1 classroom/group in program

Item 1. Staff members provide developmentally appropriate interactions and promote positive relationships.

Yes No

All the following must be observed:

- All staff/staff and staff/child interactions must be positive or at least neutral
- Staff and children demonstrate enjoyment in being with each other
- Staff respond to children's needs promptly and appropriately
- Staff have developmentally appropriate expectations for children's behavior

At least two of these additional practices must be observed:

- Staff are near children when promoting positive interactions and learning opportunities
- Staff initiate language and literacy activities to support language development
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- Staff provide children with descriptive feedback for their efforts or accomplishments

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Yes No List interest centers: 1. _____

2. _____

3. _____

4. _____

5. _____

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Yes No

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WMELS Health and Physical: _____
WMELS Social and Emotional: _____
WMELS Cognition and General Knowledge: _____
WMELS Language and Communication: _____
WMELS Approaches to Learning: _____

OR

SACF Language, Literacy and Numeracy: _____
SACF Arts and Culture: _____
SACF Global Learning: _____
SACF Health and Wellness: _____
SACF Media and Technology: _____
SACF Science, Technology, Engineering, and Math: _____
SACF Social/Emotional/Character Education: _____
SACF Environmental Learning: _____
SACF Service Learning: _____

List 3 materials/experiences offering varied levels of difficulty:
1. _____
2. _____
3. _____

Yes No Materials in interest centers are easily accessible.

Item 5: The daily schedule includes a minimum of 50 consecutive minutes of uninterrupted free choice.

Yes No If yes, how verified? _____

DAE: School-Age Classroom/Group 3 Verified: _____ N/A only 1 classroom/group in program

Item 1. Staff members provide developmentally appropriate interactions and promote positive relationships.

Yes No

All the following must be observed:

- All staff/staff and staff/child interactions must be positive or at least neutral
- Staff and children demonstrate enjoyment in being with each other
- Staff respond to children's needs promptly and appropriately
- Staff have developmentally appropriate expectations for children's behavior

At least two of these additional practices must be observed:

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Item 2: The environment is organized into 5 interest centers to support children's meaningful play.

Yes No List interest centers: 1. _____

2. _____

3. _____

4. _____

5. _____

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Yes No

At least:

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List material(s) that reflect each domain/content area:

WMELS Health and Physical: _____
WMELS Social and Emotional: _____
WMELS Cognition and General Knowledge: _____
WMELS Language and Communication: _____
WMELS Approaches to Learning: _____

OR

SACF Language, Literacy and Numeracy: _____
SACF Arts and Culture: _____
SACF Global Learning: _____
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SACF Media and Technology: _____
SACF Science, Technology, Engineering, and Math: _____
SACF Social/Emotional/Character Education: _____
SACF Environmental Learning: _____
SACF Service Learning: _____

List 3 materials/experiences offering varied levels of difficulty:
1. _____
2. _____
3. _____

Yes No Materials in interest centers are easily accessible.

Item 5: The daily schedule includes a minimum of 50 consecutive minutes of uninterrupted free choice.

Yes No If yes, how verified? _____

Additional comments for rating purposes:

Budgeting/Record-Keeping/Payment Agreement

Indicator Met: Yes No Not Attempted

Item 1: The program has a line-item budget for the current fiscal year, with actual and projected costs

Yes No

At least one, line item in the budget reflects a goal from the program's Quality Improvement Plan.

Yes No Line item: _____

Item 2: Budget is reviewed annually, and adjustments are made to future annual budgets as needed

Yes No The program has a report of actual income and expenses divided into line-items for the previous fiscal year.

Yes No The program used the previous budget to inform the current budget.

Documentation provided: _____

Item 3: Record-Keeping practices are used that track income and expenses for each month

Yes No

Documentation provided: _____

Item 4: Parent Payment Agreements are on file for families with a WI Shares authorization.

Yes No N/A There are no children enrolled currently receiving WI child care subsidy

The parent payment agreement form includes:

Yes No The provider's monthly or weekly child care price

Yes No The provider's days and hours of operation

Yes No Any discounts or scholarships that are available to parents, and any discounts or scholarships that the parent is receiving

Yes No The parent's payment schedule

Yes No The provider's anticipated closure dates

Yes No Payment expectations for the child's anticipated and unanticipated absences, and payment expectations for the provider's closure dates

Yes No Parent procedures for termination of a child's enrollment

Yes No Provider procedures for termination of a child's enrollment

Yes No Program states that the written parent payment agreements are kept on file for three years after the child's last day of attendance

Additional comments for rating purposes:

Family Engagement

3 Star Requirement Met: Yes No Not Attempted

4 and 5 Star Requirement Met: Yes No Not Attempted

3 Star programs demonstrate how they meet at least one practice from each of the four items

4 and 5 Star programs demonstrate how they meet at least two practices from each of the four items

Item 1: Communication (must have one for 3 stars, or two for 4 or 5 stars)

Yes No Respectful two-way exchange of information

Yes No Multiple ways to communicate are offered

Yes No Time is made to engage families in meaningful conversation

Documentation provided: _____

Item 2: Family Needs and Feedback (must have one for 3 stars, or two for 4 or 5 stars)

Yes No Family input guides program planning and policies

Yes No Program is adapted to meet the needs of children and families

Yes No Hiring practices of staff and volunteers reflect families' diverse backgrounds

Documentation provided: _____

Item 3: Collaborative Activities with Families (must have one for 3 stars, or two for 4 or 5 stars)

Yes No Families are encouraged to participate in activities

Yes No Opportunities exist for staff and families to learn from one another

Yes No Volunteer opportunities match families' strengths, interests, and skills

Documentation provided: _____

Item 4: Community Resources and Family Support (must have one for 3 stars, or two for 4 or 5 stars)

Yes No Families are connected to community resources

Yes No Support and planning around transitions is provided

Yes No Educational and developmental resources are available to families

Documentation provided: _____

Additional comments for rating purposes:

Healthy Nutrition and Physical Activity

Indicator Met: Yes No Not Attempted

Item 1: The program completed at least one of the following self-assessment(s) within the last 12 months:

Yes No

OSNAP

Out-of-School Nutrition **and** Physical Activity

Wisconsin Youth Garden

Date of self-assessment(s): _____

Yes No At least 75% of Group Leaders and the Site Supervisor/Director reviewed and contributed to the self-assessment(s)

Item 2: The program completed a QIP identifying at least three goals with plans to meet each goal

Yes No

Nutrition and/or Physical Activity goals identified for quality improvement:

1. _____

2. _____

3. _____

Item 3: Programs allowing meals and snacks from home have a policy stating the program supplements meals, snacks, and beverages if they do not meet the CACFP guidelines.

Yes No N/A The program does **not** allow meals or snacks from home

Where is the policy located? _____

Item 4: Programs who have previously earned this indicator show evidence of progress on at least one goal

Yes No N/A The program has not previously earned this indicator

List a goal progress has been made on: _____

Additional comments for rating purposes:

3 Star Rating Verification: School-Age Programs (Program Copy)

Anniversary Date of the Program: _____

Name of Program: _____

Provider and Location Numbers: _____

Name of Site Supervisor/Director: _____

Name of Rater: _____ Date: _____

The Rater should clearly mark each box as “Y” if the indicator was met, “N” if it was not met, or “N/A” if it was not attempted. Both the Site Supervisor/Director and Rater should initial and date each box.

Quality Indicator	Verification			
	Met? (Y, N, N/A)	Consultant Initials	Site Supervisor/ Director Initials	Date Verified
Self-Assessment and Quality Improvement Plan				
Education of Group Leaders and Site Supervisor/Director				
Group Leaders		Registry Verified		
Site Supervisor/Director				
Learning Environment and Curriculum				
Developmentally Appropriate Environment				
Business and Professional Practices				
Budget/Record-Keeping/Payment Agreement				
Family Engagement				
Health and Well-Being				
Healthy Nutrition and Physical Activity				

The Consultant and Program Representative have reviewed the requirements for each of the indicators listed above and agree that this completed document accurately represents the indicators that were met, not met or not attempted by the Consultant. By signing below, the Program Representative verifies that all documentation and information used in this rating review is truthful and accurate.

Site Supervisor/Director Signature: _____ Date: _____

Consultant Signature: _____ Date: _____

Additional Staff Present: _____

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3 Star Rating Verification: School-Age Programs (Consultant Copy)

Anniversary Date of the Program: _____

Name of Program: _____

Provider and Location Numbers: _____

Name of Site Supervisor/Director: _____

Name of Rater: _____ Date: _____

The Rater should clearly mark each box as “Y” if the indicator was met, “N” if it was not met, or “N/A” if it was not attempted. Both the Site Supervisor/Director and Rater should initial and date each box.

Quality Indicator	Verification			
	Met? (Y, N, N/A)	Consultant Initials	Site Supervisor/ Director Initials	Date Verified
Self-Assessment and Quality Improvement Plan				
Education of Site Supervisor/Director				
Group Leaders		Registry Verified		
Site Supervisor/Director				
Learning Environment and Curriculum				
Developmentally Appropriate Environment				
Business and Professional Practices				
Budget/Record-Keeping/Payment Agreement				
Family Engagement				
Health and Well-Being				
Healthy Nutrition and Physical Activity				

The Consultant and Program Representative have reviewed the requirements for each of the indicators listed above and agree that this completed document accurately represents the indicators that were met, not met or not attempted by the Consultant. By signing below, the Program Representative verifies that all documentation and information used in this rating review is truthful and accurate.

Site Supervisor/Director Signature: _____ Date: _____

Consultant Signature: _____ Date: _____

Additional Staff Present: _____

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Additional Requirements for 4 and 5 Star Ratings

Employment Policies and Procedures

Indicator Met: Yes No Not Attempted

The program has a policy/procedure stating that staff are aware of the existence of, and have access to, a written copy of each of the policies listed below within one day of request.

Yes No

The program has ALL the following policies/procedures, and each meets the requirements listed in the evaluation criteria.

Yes No

Job Description <input type="checkbox"/> Yes <input type="checkbox"/> No	Performance Evaluation <input type="checkbox"/> Yes <input type="checkbox"/> No
Hiring Practices <input type="checkbox"/> Yes <input type="checkbox"/> No	Staff Discipline <input type="checkbox"/> Yes <input type="checkbox"/> No
Salary/Wage Scale <input type="checkbox"/> Yes <input type="checkbox"/> No	Grievance <input type="checkbox"/> Yes <input type="checkbox"/> No

1. Hiring Policy addresses a process for:

Recruiting employees List who is responsible: _____

Interviewing employees List who is responsible: _____

Selecting employees List who is responsible: _____

Yes No The program has at least one resource for guidance on best practices in hiring.

2. Job Descriptions and Policy

Yes No The program has a written policy stating staff receive a job description upon hire for all staff positions (group leaders, site supervisor/director, assistants).

Yes No Job descriptions have clear expectations and responsibilities listed for each position within the program.

3. Salary/Wage Scale

Yes No The program has a salary/wage scale that is accessible to all staff and explains how a starting wage is determined and how an employee earns a wage increase.*

At least 3 factors determining starting wage:

1. _____

2. _____

3. _____

At least one factor determining wage increases:

1. _____

*Actual wages do not need to be listed.

4. Performance Evaluation Policy

Yes No The program has a written performance evaluation policy that explains how the annual evaluation process includes a self-evaluation, and an evaluation from the direct supervisor.

Documentation provided: _____

Yes No Performance evaluations are based upon the responsibilities of each job aligning with the job description

Yes No There is a written performance evaluation (including a self-evaluation and evaluation from the direct supervisor) on file for each Lead Teacher and Director who has been employed for at least 90 days. This can be verified by reviewing files for 25% of staff.

Yes No Performance evaluations are kept in a confidential manner.

5. Staff Disciplinary Policy

Yes No The program has a written disciplinary policy that outlines all the following:

- Behaviors that are subject to disciplinary action
- Consequences for violations
- Timeframe for notification of violation
- Repeated violations incur more severe consequences
- Disciplinary action is done in private between the employee and supervisor

Documentation provided: _____

6. Grievance procedures

Yes No The program has a written grievance policy including the following:

- Who an employee should notify in the case of a grievance
- How the grievance needs to be reported
- How the grievance will be evaluated

Documentation provided: _____

Additional comments for rating purposes:

Strategic Planning for Staff Retention

Indicator Met: Yes No Not Attempted

Item 1. The Site Supervisor/Director/Administrator has read one of the following:

- Model Work Standards*
- Blueprint for Action*
- PAS*
- A Great Place to Work*

Item 2. A strategic planning meeting was held within the last 12 months focused on improving the staff working environment

- Yes No Date of meeting: _____
- Yes No At least 75% of the staff attended the meeting
- Yes No Agenda and meeting notes verified

Item 3. An action plan and at least one goal have been developed targeted toward improving the staff working environment

- List the goal identified: _____
- How did all staff provide input: _____
- Staff person(s) identified to be responsible for implementing: _____
- Yes No Next steps are identified

Item 4. The program has made progress on at least one goal from their previous strategic planning goals

- N/A The program has not previously earned this indicator
- List the goal and progress made: _____
- Yes No All staff were involved in evaluating the progress made on the goal.

Additional comments for rating purposes:

High-Quality Practices Verification

Curriculum Aligned with WMELS and/or SACF

Indicator Met: Yes No Not Attempted

School-Age Group/Classroom 1 Verified: _____

1. Most recent consecutive 4 weeks of lesson plans reflect the WMELS domains/SACF content areas

Yes No

2. Goals/learning objectives are documented on, or as an attachment to, lesson plans, activity plans, individual learning plans

Yes No

3. Developmentally appropriate learning experiences, materials, and/or activities are linked to goals/learning objectives for children

Yes No

4. WMELS/SACF information is communicated to families in at least two ways.

Yes No

1. _____ 2. _____

School-Age Group/Classroom 2 Verified: _____ N/A only 1 classroom/group in program

1. Most recent consecutive 4 weeks of lesson plans reflect the WMELS domains/SACF content areas

Yes No

2. Goals/learning objectives are documented on, or as an attachment to, lesson plans, activity plans, individual learning plans

Yes No

3. Developmentally appropriate learning experiences, materials, and/or activities are linked to goals/learning objectives for children

Yes No

4. WMELS/SACF information is communicated to families in at least two ways.

Yes No

1. _____ 2. _____

School-Age Group/Classroom 3 Verified: _____ N/A only 1 classroom/group in program

1. Most recent consecutive 4 weeks of lesson plans reflect the WMELS domains/SACF content areas

Yes No

2. Goals/learning objectives are documented on, or as an attachment to, lesson plans, activity plans, individual learning plans

Yes No

3. Developmentally appropriate learning experiences, materials, and/or activities are linked to goals/learning objectives for children

Yes No

4. WMELS/SACF information is communicated to families in at least two ways.

Yes No

1. _____ 2. _____

Additional comments for rating purposes:

Individual Child Portfolios

Indicator Met: Yes No Not Attempted

School-Age Group/Classroom 1 Verified: _____

1. Portfolios have been used for at least one year

Yes No

2. All children attending the program at least 50% of the time (up to 40 hours per week) it is open have portfolios

Yes No

3. Portfolio documentation includes all of the following:

The child's interests The child's friends The child's family Developmental information

4. Each portfolio has at least one piece of documentation added at least once every *three* months

Yes No

5. Each portfolio includes written goals/learning objectives that are added or updated monthly

Yes No

6. When a child masters a goal/learning objective there is documentation in the portfolio with supporting evidence

Yes No

School-Age Group/Classroom 2 Verified: _____ N/A only 1 classroom/group in program

1. Portfolios have been used for at least one year

Yes No

2. All children attending the program at least 50% of the time (up to 40 hours per week) it is open have portfolios

Yes No

3. Portfolio documentation includes all of the following:

The child's interests The child's friends The child's family Developmental information

4. Each portfolio has at least one piece of documentation added at least once every *three* months

Yes No

5. Each portfolio includes written goals/learning objectives that are added or updated monthly

Yes No

6. When a child masters a goal/learning objective there is documentation in the portfolio with supporting evidence

Yes No

School-Age Group/Classroom 3 Verified: _____ N/A only 1 classroom/group in program

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Yes No

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Yes No

5. Each portfolio includes written goals/learning objectives that are added or updated monthly

Yes No

6. When a child masters a goal/learning objective there is documentation in the portfolio with supporting evidence

Yes No

Additional comments for rating purposes:

Intentional Planning to Improve Child Outcomes

Indicator Met: Yes No Not Attempted

School-Age Group/Classroom 1 Verified: _____

1. An ongoing child assessment tool is used

List assessment tool _____

- Yes No Assessments are completed at least twice per year or the frequency recommended by the tool
- Yes No Each child assessment includes the date(s) when it was completed
- Yes No A developmental continuum, from birth to at least 5, corresponding to the ages of children in care included in the assessment
- Yes No The assessment aligns with the WMELS/SACF
- Yes No The assessment is developmentally appropriate

2. The Group Leader is trained on the assessment tool used

Yes No How was the Group Leader trained? _____

3. Individual child development is monitored through monthly review of progress and assessment summaries

Yes No

Documentation provided:

4. Children’s daily activities/experiences/materials are individualized and linked to assessment data

Yes No

Documentation provided:

5. There is documentation (signed) on file that acknowledges assessment data was shared and that the program attempted to contact the family

Yes No

Documentation provided:

School-Age Group/Classroom 2 Verified: _____ N/A only 1 classroom/group in program

1. An ongoing child assessment tool is used

List assessment tool _____

- Yes No Assessments are completed at least twice per year or the frequency recommended by the tool
- Yes No Each child assessment includes the date(s) when it was completed
- Yes No A developmental continuum, from birth to at least 5, corresponding to the ages of children in care included in the assessment
- Yes No The assessment aligns with the WMELS/SACF
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2. The Group Leader is trained on the assessment tool used

Yes No How was the Group Leader trained? _____

3. Individual child development is monitored through monthly review of progress and assessment summaries

Yes No

Documentation provided:

4. Children's daily activities/experiences/materials are individualized and linked to assessment data

Yes No

Documentation provided:

5. There is documentation (signed) on file that acknowledges assessment data was shared and that the program attempted to contact the family

Yes No

Documentation provided:

School-Age Group/Classroom 3 Verified: _____ N/A only 1 classroom/group in program

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List assessment tool _____

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Yes No How was the Group Leader trained? _____

3. Individual child development is monitored through monthly review of progress and assessment summaries

Yes No

Documentation provided:

4. Children’s daily activities/experiences/materials are individualized and linked to assessment data

Yes No

Documentation provided:

5. There is documentation (signed) on file that acknowledges assessment data was shared and that the program attempted to contact the family

Yes No

Documentation provided:

Additional comments for rating purposes:

Developmental Screening/Inventory

Indicator Met: Yes No Not Attempted

1. A developmental screener or inventory tool that matches the ages of children served, is used in all groups/classrooms annually

Yes No List the screener/inventory used: _____

2. The Site Supervisor/Director, or identified staff has been trained on the developmental screener/inventory

Yes No How was the Site Supervisor/Director trained? _____

3. All regularly attending children, who have been enrolled for 45 days or more, have a completed screening/inventory (or waiver) on file from the most recent 12 months.

Yes No

School-Age Group/Classroom Verified: _____

School-Age Group/Classroom Verified: _____ N/A only 1 classroom/group in program

School-Age Group/Classroom Verified: _____ N/A only 1 classroom/group in program

4. Developmental screening policy is included in the family handbook

Yes No

5. The following referral and/or resource procedure is explained by the Site Supervisor/Director:

6. Completed developmental screener/inventory information is shared with families

Yes No How: _____

Additional comments for rating purposes:

Tracking Child Outcomes

Indicator Met: Yes No Not Attempted *Not Eligible

***This indicator cannot be earned if program does not also earn Intentional Planning and Child Portfolios.**

1. The Site Supervisor/Director and Group Leaders explain how child outcomes are tracked

Yes No Describe process explained: _____

2. Program has been tracking child outcomes for at least six months and can document the following:

School-Age Children Group/Classroom 1 Verified: _____

- Yes No The group/classroom demonstrates **six months** of tracking individual child outcomes for every regularly attending child
- Assessment completed within the last 12 months
 - Goals/learning objectives reflect assessment data
 - Lesson plans include activities/experiences/materials that relate to child goals
 - Portfolio observations include documentation of child meeting or making progress toward a goal
 - Outcomes are tracked using a child outcomes form

School-Age Children Group/Classroom 2 Verified: _____ N/A only 1 classroom/group in program

- Yes No The group/classroom demonstrates **six months** of tracking individual child outcomes for every regularly attending child
- Assessment completed within the last 12 months
 - Goals/learning objectives reflect assessment data
 - Lesson plans include activities/experiences/materials that relate to child goals
 - Portfolio observations include documentation of child meeting or making progress toward a goal
 - Outcomes are tracked using a child outcomes form

School-Age Children Group/Classroom 3 Verified: _____ N/A only 1 classroom/group in program

- Yes No The group/classroom demonstrates **six months** of tracking individual child outcomes for every regularly attending child
- Assessment completed within the last 12 months
 - Goals/learning objectives reflect assessment data

- Lesson plans include activities/experiences/materials that relate to child goals
- Portfolio observations include documentation of child meeting or making progress toward a goal
- Outcomes are tracked using a child outcomes form

Additional comments for rating purposes:

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Rating Verification for 4 and 5 Star Rating: School-Age Programs (Program copy)

Anniversary Date of the Program: _____

Name of Program: _____

Provider and Location Numbers: _____

Name of Site Supervisor/Director: _____

Name of Rater: _____ Date: _____

The Rater should clearly mark each box as “Y” if the indicator was met, “N” if it was not met, or “N/A” if it was not attempted. Both the Director and Rater should initial and date each box.

Quality Indicator	Verification			
	Met? (Y, N, N/A)	Consultant Initials	Director Initials	Date Verified
Self-Assessment & Quality Improvement Plan				
Education of Group Leaders and Site Supervisor/Director				
Group Leaders		Registry Verified		
Site Supervisor				
Learning Environment and Curriculum				
Developmentally Appropriate Environment				
ERS Average Score: _____ 4 Star rating: average score 4.00 5 Star rating: average score 5.00		Verified by ERS Observer		
Business and Professional Practices				
Budget/Record-Keeping/Payment Agreement				
Family Engagement – One practice per item				
Family Engagement – Two practices per item				
Employment Policies and Procedures				
Strategic Planning for Staff Retention				
Health and Well-Being				
Healthy Nutrition and Physical Activity				

High-Quality Practices 4 Star: Must earn 4 of 7 5 Star: Must earn 5 of 7				
Curriculum Aligned with WMELS/SACF				
Child Portfolios				
Intentional Planning				
Developmental Screening/Inventory				
Tracking Child Outcomes				
Social Emotional/Inclusion Training		Registry Verified		
Strengthening Families Through Early Care and Education Training				

The Consultant and Program Representative have reviewed these indicators and agree that this accurately represents the indicators that were met, not met or not attempted by the Consultant. By signing below, the Program Representative verifies that all documentation and information used in this rating review is truthful and accurate.

Site Supervisor/Director Signature: _____ Date: _____

Consultant Signature: _____ Date: _____

Additional Staff Present:

_____ Date: _____

_____ Date: _____

_____ Date: _____

Verification for 4 and 5 Star Rating: School-Age Programs (Consultant Copy)

Anniversary Date of the Program: _____

Name of Program: _____

Provider and Location Numbers: _____

Name of Site Supervisor/Director: _____

Name of Rater: _____ Date: _____

The Rater should clearly mark each box as “Y” if the indicator was met, “N” if it was not met, or “N/A” if it was not attempted. Both the Site Supervisor/Director and Rater should initial and date each box.

Quality Indicator	Verification			
	Met? (Y, N, N/A)	Consultant Initials	Site Supervisor/ Director Initials	Date Verified
Self-Assessment and Quality Improvement Plan				
Education of Group Leaders and Site Supervisor/Director				
Group Leaders		Registry Verified		
Site Supervisor/Director				
Learning Environment and Curriculum				
Developmentally Appropriate Environment				
ERS Average Score: _____ 4 Star rating: average score 4.00 5 Star rating: average score 5.00		Verified by ERS Observer		
Business and Professional Practices				
Budget/Record-Keeping/Payment Agreement				
Family Engagement – One practice per item				
Family Engagement – Two practices per item				
Employment Policies and Procedures				
Strategic Planning for Staff Retention				
Health and Well-Being				

Healthy Nutrition and Physical Activity				
High-Quality Practices 4 Star: Must earn 4 of 7 5 Star: Must earn 5 of 7				
Curriculum Aligned with WMELS/SACF				
Child Portfolios				
Intentional Planning				
Developmental Screening/Inventory				
Tracking Child Outcomes				
Social Emotional/Inclusion Training		Registry Verified		
Strengthening Families Through Early Care and Education Training				

The Consultant and Program Representative have reviewed these indicators and agree that this accurately represents the indicators that were met, not met, or not attempted by the Consultant. By signing below, the Program Representative verifies that all documentation and information used in this rating review is truthful and accurate.

Site Supervisor/Director Signature: _____ Date: _____

Consultant Signature: _____ Date: _____

Additional Staff Present:

_____ Date: _____

_____ Date: _____

_____ Date: _____