**Facility Name**       **Ages in Care**       **to**       **Date Completed**

**Name of Person Completing Self-Assessment**       **Position**

YoungStar promotes a system of continuous quality improvement (CQI) that can guide early learning and school-age programs toward achieving and maintaining high quality practices for children and families. CQI is an ongoing process that includes reviewing sources of evidence about how the program is currently functioning, planning goals, and implementing strategies that move the program toward best practices. Well-developed plans supported with regular follow up are essential when advancing CQI across all areas of the program.

The goal of this self-assessment is to help child care providers become aware of important indicators of quality. This self-assessment tool is not a

test or pass/fail exam, but instead is a tool that supports an intentional review of program policies and delivery of services. The focus is on

improvement. A provider should develop a vision of high-quality child care by using this self-assessment to identify areas for improvements that will benefit leadership, other staff and the overall program. This part of the self-assessment will serve as a working tool for setting goals to improve current practices. It is important to engage any additional teaching staff in developing an action plan for change.

**How To Use This Tool**

When completing the YoungStar Self-Assessment it is important to honestly assess the work of the program. It is for all classrooms and all staff to

complete. This YoungStar Self-Assessment can be used in a variety of ways to meet your program’s needs, such as:

* Complete one section of the self-assessment at a time,
* Complete the entire self-assessment,
* Work with a mentor to complete the self-assessment. It is important that the work of self-assessment not fall on one person.
* The self-assessment tool can be used by the program director and individually by classroom teachers.

This self-assessment is intended to supplement, not replace, licensing standards. Items in the self-assessment represent high quality standards that are above and beyond what are included in the licensing standards. Use this opportunity to reflect on the assessment results and think about:

1) What impressed you about your current practices?

2) What surprised you about your current practices?

3) Were there any safety/supervision issues that may put children at risk?

4) What general areas will you begin improving today? How about the near future?

**How To Self-Assess**

Read each item carefully.

**Step 1**: Decide if the stated indicator is:

* “Yes”= showing sufficient evidence to support the item description or consistently met
* “No” = showing no or little evidence to support the item description partially met or not consistently met.
* “NA” indicates that it does not apply to the program at this time.

 **Step 2**: Document evidence and make comments regarding strengths that are present or barriers/challenges that are present. Items should be addressed and prioritized for the Quality Improvement Plan.

**QUALITY IMPROVEMENT PLAN (QIP)**:

QIPs offer an opportunity to think about how you can improve your program in each quality component section. At the bottom of each section on the Self-Assessment tool is a table for the program to identify areas for improvement and brainstorm ideas, feelings and practices that need to be prioritized.The purpose of this tool is to help you get started on looking at your current practices, sorting through your feelings, and from there identify areas you want to focus on developing to make improvements in your program. A key element to the process is having brainstorming conversations with others. These action steps are then transferred to the Quality Improvement Plan document available on the YoungStar website or through a YoungStar Consultant*.* The QIP should include SMART goals (Specific, Measurable, Achievable, Realistic, Timely).

Following each section is a space for the program to list the identified areas for improvement. Outline a series of action steps needed to accomplish the goal including who is responsible for coordinating the action steps and monitoring the completion and effectiveness. Follow up to the QIP is critical to the success of any plan.

Describe the resource & supports needed to achieve the goal. As appropriate, include needs related to:

* Professional Development/Technical Assistance
* Learning Program, Management, or Business Practices
* Materials, Equipment, or Facility Improvements

Establish a process for ongoing and a concluding annual review of the plan. The review should address how quality was improved (including goals achieve and those still in process), what resources and supports were used to assist in improving quality, and what challenges were faced in working toward continuous quality improvement goals. The results of the annual review should be used to guide the revision of existing goals and the planning of additional goals to be included in the new QIP. Other considerations for the QIP may include “above and beyond” goals created to enhance and strengthen existing competencies within the program such as program administration, curriculum, and relationships with families, etc. These “above and beyond” goals may emerge from current research or the director’s personal goals for the program.

***Plan for improvements now and in the future – YoungStar…Start Early. Start Smart. Start Here.***

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| Program Philosophy and Goals Yes/No/NA Evidence and Comments: |
| 1. A written program philosophy and program goals exist for the following topics:
* Supporting and strengthening families
* Facilitating the optimal development of each child
* Providing an environment of safety, support, and care,
* Providing healthy nutrition practices, physical activity and screen time limits for children,
* Providing opportunities for children to learn through socialization, exploration, choice, and creative play
* If school-aged children are enrolled, complementing or balancing the child’s school program rather than extending it for additional hours
 |       |       |
| 1. Written program philosophy and goals are shared with:
* Parents
* Staff
* Children
* Committees and boards (if applicable)
* Appropriate community agencies (e.g., schools, United Way, government)
 |       |       |

**Identified Areas for Improvement / Brainstorming Person Responsible Resources Needed Completion Target Date**

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| Staff Qualifications/Leadership Staff Qualifications Yes/No/NA Evidence and Comments |
| 1. The provider has education qualifications that meet the requirements for the desired star level.
 |       |       |
| 1. The employed staff have education qualifications that meet the requirements for the desired star level. (NA)
 |       |       |
| 1. Accurate and current records are on The Registry Organizational Profile for all staff listed.
 |       |       |
| 1. Employed and volunteer staff reflect the attitudes, image, and values consistent with the program goals and philosophy.
 |       |       |
| 1. Regular training opportunities are provided for provider, employed staff and volunteers to improve skills in working with children and families.
 |       |       |
| 1. Professional development opportunities are available for employed staff on the following topics (as applicable):
* Wisconsin Model Early Learning Standards
* School-Age Curricular Framework
* Social/Emotional/WI Pyramid Model or Inclusion Training
* Strengthening Families through Early Care and Education
* Other
 |       |       |
| 1. Training needed by, or beneficial to provider and/or employed staff and volunteers has been identified and a plan for how this training will be completed is in place.
 |       |       |
| 1. Provider is paid for 2 hours per week outside the times they are working with children for development activities (lesson/activity planning).
 |       |       |
| 1. Provider and/or employed staff has primary responsibility for, and develops a deeper attachment to, an identified group of children.
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**Identified Areas for Improvement / Brainstorming Person Responsible Resources Needed Completion Target Date**

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| Administration Yes/No/NA Evidence and Comments |
| 1. At least annually, program conducts one or more self-assessments using evidence-based tools and creates a QIP with goals and action items to support improvement.
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| 1. The program has written policies and procedures for operation, including enrollment, fee collection, attendance, sign-in/sign-out procedures, financial assistance, etc.
 |       |       |
| 1. The program has written personnel policies including job descriptions, a compensation structure, a staff retention plan, resignation and termination processes, explanation of benefits, and grievance procedures.
 |       |       |
| 1. Benefits for provider/full-time staff include health or medical insurance, paid sick leave, and an opportunity to enroll in a retirement plan.
 |       |       |
| 1. Where the program is governed by a board of directors, the program has written policies defining roles and responsibilities of board members and staff. (NA)
 |       |       |
| 1. Fiscal records are kept with evidence of long-range budgeting and sound financial planning.
 |       |       |
| 1. The provider (or employed staff) is familiar with and makes appropriate use of community resources.
 |       |       |
| 1. Provider and employed staff communicate frequently. (NA)
 |       |       |
| 1. Program has written policies to reduce risk/program.
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**Identified Areas for Improvement / Brainstorming Person Responsible Resources Needed Completion Target Date**

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| Learning Environment and Curriculum Yes/No/NA Evidence and Comments |
| 1. Wisconsin Model Early Learning Standards are used as a resource by staff to support planning and documentation of children’s learning. Lesson plans reflect a balance of activities that support developmentally appropriate learning through play.
 |       |       |
| 1. School Age Curricular Framework is used as a resource by staff to support planning a balance of activities that support developmentally appropriate learning opportunities for school-age children.
 |       |       |
| 1. Curriculum is planned to reflect the program’s mission, philosophy and goals.
 |       |       |
| 1. Staff plan appropriate curriculum goals based on child development and the assessment of individual needs and interests of the child.
 |       |       |
| 1. Daily schedule is planned to provide a balance of activities; indoor and outdoor, quiet and active, large muscle and small muscle, child initiated and adult initiated, and small group and individual.
 |       |       |
| 1. Developmentally appropriate materials and equipment are culturally responsive to children.
 |       |       |
| 1. Staff continually provide learning opportunities for children in response to children’s skills, needs and interests.
 |       |       |
| 1. Children are often permitted to move about freely, exploring and initiating activities.
 |       |       |
| 1. Provider provides a variety of developmentally appropriate activities and materials.
 |       |       |
| 1. Provider conducts smooth and varied/flexible transitions between activities.
 |       |       |
| 1. Provider is flexible enough to change planned or routine activities according to needs of the children.
 |       |       |
| 1. Provider uses routine tasks, such as diapering and toileting, eating, dressing, and sleeping, as a means of furthering the children’s learning.
 |       |       |
| 1. Provider models cooperation, solving problems through discussion, and other positive behaviors; they also praise and encourage these behaviors in children through descriptive feedback.
 |       |       |
| 1. The provider’s rules regarding children’s social behavior are age and developmentally appropriate .
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**Identified Areas for Improvement / Brainstorming Person Responsible Resources Needed Completion Target Date**

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| Family Engagement Yes/No/NA Evidence and Comments |
| 1. Respectful two-way exchange of information with families is implemented.
 |       |       |
| 1. Multiple ways to communicate with families are offered.
 |       |       |
| 1. Time is made to engage families meaningfully in conversation.
 |       |       |
| 1. Family input and feedback helps to guide program planning and policies.
 |       |       |
| 1. Program is adapted to meet the needs of children and families.
 |       |       |
| 1. Provider and volunteers reflect the diverse backgrounds of families in care.
 |       |       |
| 1. Families are encouraged to participate in activities.
 |       |       |
| 1. Opportunities exist for staff and families to learn from one another.
 |       |       |
| 1. Volunteer opportunities match families’ strengths, interests, and skills.
 |       |       |
| 1. Families are connected to community resources.
 |       |       |
| 1. Support and planning around transitions is provided to families. Examples include: child moving from classroom to classroom, center to school program, or program to program.
 |       |       |
| 1. Educational and developmental resources are offered for families to use at home.
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| Program Content and Programming with Children Yes/No/NA Evidence and Comments |
| 1. Provider and/or employed staff plan and consult together frequently about the program, the children, and the families. Regular staff meetings are held for staff to establish a plan for implementing overall goals, develop a plan for children, and discuss program and working conditions.
 |       |       |
| 1. A majority of each child’s day is spent in activities utilizing staff-child ratios and group size with a minimum number of transitions or regroupings.
 |       |       |
| 1. Modifications are made, as needed, in the schedule, environment, or activities to ensure the fullest possible participation by children with special needs.
 |       |       |
| 1. Many aspects of the curriculum are developed or modified in response to specific questions or interests expressed by children.
 |       |       |
| 1. The daily schedule is flexible. Children have many opportunities to make choices based on their needs and interests.
 |       |       |
| 1. Program utilizes valid and reliable observation-based assessments of children’s development and maintains internal data regarding child outcomes.
 |       |       |
| 1. Results from developmentally appropriate observation-based assessments of children’s development are used for curriculum planning, individual child planning, and referral to community resources. Teachers modify practices based on child assessment data. Accommodations are based on individual strengths/needs.
 |       |       |
| 1. Observation-based assessment results are shared with families at least twice a year.
 |       |       |
| 1. Individual descriptions of children’s development are written and compiled in portfolios as a basis for planning appropriate learning activities, as a means of facilitating the optimal development of each child, and as a record for use in communications with families.
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| Physical Environment Yes/No/NA Evidence and Comments |
| 1. Space is arranged so that children can work individually, together in small groups, or in a large group in clearly defined interest areas.
 |       |       |
| 1. Five clearly defined interest areas are available.
 |       |       |
| 1. Age-appropriate materials and equipment of sufficient quantity, variety, and durability are readily accessible and arranged on low, open shelves to promote independent use by children.
 |       |       |
| 1. Children who cannot move around to access toys independently have toys made accessible to them by the staff. (e.g. non-mobile infants)
 |       |       |
| 1. Materials are rotated to maintain children’s interest.
 |       |       |
| 1. Equipment and supplies are of sufficient quality, quantity, and variety appropriate to the ages of the children and the size of the groups.
 |       |       |

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| Interactions between Staff and Children Yes/No/NA Evidence and Comments |
| 1. Provider is available, responsive, and actively involved with children. They smile, touch, hold (infants and toddlers), and speak to children at their eye level.
 |       |       |
| 1. Provider interacts frequently with children in a caring, honest, respectful, and responsible manner. Staff actively seek meaningful conversations with children.
 |       |       |
| 1. Provider treats children of all races, religions, and cultures with equal respect and consideration. They respond to the individual needs of children, building curricula on children’s interests, talents, and cultures.
 |       |       |
| 1. Provider encourages developmentally appropriate independence in children and assist and encourage children in learning to do things for themselves rather than doing things for them. (Examples include: picking up toys, tying shoes, zipping coats.)
 |       |       |
| 1. In managing children’s behavior, staff do not use responses that frighten or humiliate children. Staff use positive guidance techniques such as redirection, positive reinforcement and logical or natural consequences. Clear rules are developed and discussed regularly with children.
 |       |       |
| 1. The sound of the environment is primarily marked by a controlled noise level and pleasant sounds made by positive staff and happy children while they play, talk and socialize.
 |       |       |
| 1. Provider fosters cooperation and other social behaviors among children.
 |       |       |
| 1. Provider’s expectations of children’s social behavior are developmentally appropriate.
 |       |       |
| 1. Children are encouraged to verbalize feelings and ideas.
 |       |       |
| 1. Provider assists children to be comfortable, relaxed, happy, and involved in play or other activities.
 |       |       |
| 1. Provider uses a variety of strategies to enhance children’s learning and development. For example, staff present problems, ask questions, and make comments and suggestions to stimulate thinking and extend children’s learning.
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**Identified Areas for Improvement / Brainstorming Person Responsible Resources Needed Completion Target Date**

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| Health and Wellness Yes/No/NA Evidence and Comments |
| 1. Program supports healthy nutrition and physical activity policies and practices.
 |       |       |
| 1. Program uses a Nutrition and/or Physical Activity Self-Assessment for Child Care (NAP SACC) for determining efforts for quality improvement.
 |       |       |
| 1. Program uses the Out of School Nutrition and Physical Activity Initiative (OSNAP) self-assessment for school age programs to determine efforts for quality improvement.
 |       |       |
| 1. Program has policies and procedures on-site to address children’s allergies and dietary restrictions.
 |       |       |
| 1. If the program allows meals, snacks or beverages to be brought from home, the program has a policy which states the program will supplement the meals, snacks and beverages if they do not meet the guidelines established by the Child and Adult Care Food Program (CACFP).
 |       |       |
| 1. If the program does not provide food, families are educated regarding well-balanced meals that may be brought from home.
 |       |       |
| 1. Program supports physical skill development and healthy physical activity.

Program can demonstrate the following:* Daily unrestricted free play (must be available indoors and outdoors, weather permitting)
	+ Daily of physical activity and active exploration
	+ Limited access to screen time per week while children are attending the program (see screen time limits in D.1.2)
 |       |       |
| 1. The provider and/or employed staff have a Registry-verified training/equivalency for social Emotional/WI Pyramid Model/Inclusion Training
 |       |       |
| 1. The provider and/or employed staff have a Registry-verified training/equivalency of Strengthening Families training.
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**Identified Areas for Improvement / Brainstorming Person Responsible Resources Needed Completion Target Date**

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| Program Evaluation Yes/No/NA Evidence and Comments |
| 1. The provider (or other appropriate person) evaluates all employed staff at least annually.
 |       |       |
| 1. Program implements tracking of children’s development for child outcomes over the duration of a child’s enrollment, as derived from child assessments.
 |       |       |
| 1. At least annually, parents, staff, and other professionals are involved in evaluating the program’s effectiveness in meeting the needs of children and families.
 |       |       |

**Identified Areas for Improvement / Brainstorming Person Responsible Resources Needed Completion Target Date**

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