

# QUALITY COUNTS

Striving for Five Star Early Learning



## Self-Study Packet for Family Child Care Programs

**For Baseline Assessment, Annual Update Report, and Star Rating**

Quality Counts is a quality rating improvement system designed and funded by The Children's Trust in partnership with the Early Learning Coalition of Miami-Dade/Monroe and the Early Childhood Initiative Foundation/Ready Schools Miami.

It is administered in collaboration with Florida International University, Family Central Inc., the University of Miami Mailman Center, Devereux Florida, the Children's Forum, the United Way Center for Excellence, the National Institute for Innovative Leadership, Miami-Dade County Community Action Agency Head Start and Early Head Start Division, the Miami-Dade County Public Schools, and Redlands Christian Migrant Association - RCMA.

# Table of Contents

## Self-Study Packet for FCCH

<b>Part 1: Self-Study Instructions and Forms</b> .....	3-22
<b>Introduction to the Self-Study Process</b> .....	4-5
<b>Program Information Cover Page</b> .....	6
<b>Staff Qualifications</b> .....	7-17
<i>Instructions: Staff Roster Form and Change of Employment Status Form</i> .....	8
<i>Form: Staff Roster</i> .....	9
<i>Form: Change of Employment Status</i> .....	10
<i>Instructions: Training Registry Information Form</i> .....	11
<i>Form: Training Registry Information Form</i> .....	12-15
<i>Instructions: Provider Qualifications Summary Form</i> .....	16
<i>Form: Provider Qualifications Summary Form</i> .....	17
<b>Program Administration</b> .....	18-20
<i>Instructions: Program Administration</i> .....	19
<i>Form: Program Administration Form</i> .....	20
<b>Quality Counts Summary Worksheet</b> .....	21-23
<i>Instructions: Summary Worksheet</i> .....	22
<i>Form: Quality Counts Summary Worksheet</i> .....	23
 <b>Part 2: Using the Environment Rating Scale</b> .....	 24-28
<i>Overview of the Environment Rating Scale</i> .....	25
<i>Learning Environment</i> .....	26-27
<i>Form: Environment Rating Scale Program Record (FCCERS-R)</i> .....	28



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Striving for Five Star Early Learning



## Part 1: Self-Study Instructions and Forms

**If you have questions about the self-study  
please contact the Quality Counts office at 305-646-7242.**

# Quality Counts: Striving for 5 Star Early Learning

## ***Part 1: Self-Study Instructions and Forms***

### **INTRODUCTION TO THE SELF-STUDY PROCESS**

**Welcome!** The Quality Counts team is pleased that you are ready to start working on your self-study for the quality rating improvement system.

If this is your first self-study, be sure to review the Quality Counts Manual for more information about the project. Visit the Quality Counts website at [www.elcmdm.org/QualityCounts](http://www.elcmdm.org/QualityCounts).

If you are completing your Self-Study for your annual Update Report, we hope you are having a positive experience with Quality Counts.

### **STANDARDS**

The self-study materials in this packet are directly related to the Quality Counts Standards, provided in the Quality Counts Manual. Benchmarks are defined at **5 Star** levels for the following areas, which help improve child outcomes:

- Learning Environment
- Staff Qualifications
- Ratios and Group Sizes
- Family Engagement
- Program Administration
- Curriculum

### **WHY DO A SELF-STUDY?**

Quality Counts understands that improving early childhood programs starts with YOU, the program director. Completing the self-study will help you and your staff:

- Become familiar with the Quality Counts Standards and with the tools used in the formal assessment
- Create a snapshot of your program to see how you stand in relation to the 5 Star benchmarks of quality
- Illustrate achievement of quality

### **UPDATING THE SELF-STUDY**

For your annual Update Report, you will complete the entire Self-Study in order to prepare an accurate report reflecting your current program. Your materials need to be up-to-date and reflect your program at the time of your Update Report. For some items, rather than starting over, you may be able to add to your past Self-Study materials.

### **ASSISTANCE**

Quality Counts specialists are available to help you complete this packet.

- **Technical Assistance:** through the Early Learning Coalition, Head Start/Early Head Start, or the Miami-Dade County Public Schools, depending on your program's funding.
- **Career Advising:** through the Quality Counts Career Center.

These specialists offer self-study training as well as on-site support to your program.

### **SELF-STUDY FORMS**

This self-study packet has 11 forms to help you gather and organize the information. Instructions are provided for each form.

Make copies of the forms before filling them out; multiple copies of some forms may be needed depending on the size of your program. These forms are also on the Quality Counts website at [www.elcmdm.org/QualityCounts](http://www.elcmdm.org/QualityCounts).

### **ORGANIZING THE SELF-STUDY**

- Create a way to organize your self-study materials such as a 3-ring binder or a box of hanging files with a section labeled for each of the six component areas
- Place copies of required documents in the binder or file box in the appropriate section so the formal assessor can verify the information on your forms.

## **AFTER FINISHING THE SELF-STUDY FOR YOUR FIRST BASELINE RATING**

- Be sure to call your Quality Counts specialist when you have completed all the forms and collected all the documents.
- Make a copy of your Program Information Cover Page, Family Engagement Form, Program Administration Form, and Curriculum Form (not including instructions or supporting documentation) for the Assessment team.
- Your Quality Counts specialist will then arrange for a formal assessment by Devereux Florida Inc. The Assessment Team will:
  - Verify the information from your self-study for the components of Ratios-Group Sizes, Family Engagement, and Program Administration (Curriculum documentation is not included the first year)
  - Complete a formal rating on a random sample of your classrooms using the Early Childhood Environment Rating Scale (ECERS-R) and/or the Infant Toddler Environment Rating Scale (ITERS-R)
- Enter all of this information into WELS, the database for this project.
- The Quality Counts Career Center will verify and enter Staff Qualifications into the Professional Development Registry. Individual transcripts and a center report will be generated for you.
- A report with your baseline results will be given to you within 2 - 4 weeks.
- Your Quality Counts specialist will meet with you to review the baseline report.

After completing the self-study and formal assessment, your technical assistance specialist (or curriculum specialist if you are a Head Start/Early Head Start program) will work with you to develop a quality improvement plan (QIP). Your QIP will help you access support needed for quality improvements.

## **QUALITY IMPROVEMENT**

**Self-study + Formal Assessment + Your Program Priorities = Quality Improvement Plan**

## **AFTER FINISHING THE SELF-STUDY FOR YOUR UPDATE REPORT**

Follow the instructions in the Update Report booklet. This is available through your Quality Counts specialist, or from the Quality Counts office at the Early Learning Coalition, phone (305) 646-7242 or on the web at [www.elcmdm.org](http://www.elcmdm.org).

Submit the Update Report to the Quality Counts office:

2555 Ponce de Leon Blvd., Suite 500  
Miami, FL 33134

Keep your Self-Study binder of file-box accessible. Staff at the Early Learning Coalition may contact you to clarify items in the Update Report.

**If you have questions about the self-study  
please contact the Quality Counts office at (305) 646-7242.**

# Program Information

## Cover Page

<b>Program Name:</b>	<b>License Number:</b>	<b>Date:</b>
<b>Address:</b>	<b>Phone and Email:</b>	
<b>Director Name:</b>	<b>Owner Name:</b>	
<b>Hours of Operation:</b>	<b>Primary language(s) spoken by staff:</b>	
<b>Please update your enrollment information. List the total number of children enrolled in each age group.</b>		
<b>AGE GROUP</b>	<b>NUMBER OF CHILDREN</b>	
• <b>Infants</b>		
• <b>Ones</b>		
• <b>Twos</b>		
• <b>Threes</b>		
• <b>Fours &amp; Fives (to school entry)</b>		
• <b>School Age in afterschool care program (5-12 years old)</b>		
<b>Total # of subsidized children c/o Early Learning Coalition - County Child Development Services in the above age groups.</b> <i>Do not include VPK children in subsidy count, and do not include school age children</i>		
<b>Comments (information Quality Counts should know):</b>	<b>Please check:</b> <input type="checkbox"/> <b>Baseline</b> <input type="checkbox"/> <b>Star Rating</b> <input type="checkbox"/> <b>Starpass</b>	
<b>Technical Assistance Specialist:</b>	<b>Agency:</b>	



# QUALITY COUNTS

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## Staff Qualifications

# Instructions for Staff Roster Form and Change of Employment Status Form

## Staff Roster Form

Please list each person working at your facility.

Provide the staff member's first and last name, birth date, title, ages of children (AoC) in the staff member's care and the hours per week worked by the staff member.

Use only the title codes and AOC codes listed on the Staff Roster Form to describe your staff.

You may list up to two (2) positions per staff member.

If you operate multiple sites, please include only staff who work most of their time at this site.

When listing title, in Quality Counts every group of children must have a "lead teacher" with primary responsibility for that group.

## Change of Employment Status Form

On the Change of Employment Status Form, list each person included on the Staff Roster Form who has left employment with your facility.

Provide the person's first and last name, birth date, position title (using title codes found on the Staff Roster Form), date they left employment, and their primary reason for leaving (to best of your knowledge).

Up to two positions per staff member may be listed using the title code(s) reported on the Staff Roster Form.

In the reason for leaving column, list the one code that corresponds to the primary reason employment ended using the "Primary Reason for Leaving" codes provided on the form. If you do not know why the person left employment, indicate A (Unknown). If you indicate L ("other"), please also write the primary reason for leaving in the box. Letters E-H should be used when the staff member resigned for personal reasons to accept alternative employment or focus on furthering their education. Letters I-K should be used when the staff member was terminated.

**Please continue to keep the Staff Roster Form and Change of Employment Form up to date by adding staff and completing each section of the form as staff begin employment (Staff Roster Form) or leave employment (Change of Employment Form) with your facility.**

# Quality Counts Career Center Staff Roster Form

## To be completed by facility director/owner ONLY

Please list each person working at your facility. Please use only the codes listed on this sheet to describe your staff with up to two (2) positions per staff member. **Make more copies of this form as needed.**

<p><b>Title Codes:</b></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">1. Owner</td> <td style="width: 50%;">7. Assistant Teacher</td> </tr> <tr> <td>2. Director*</td> <td>8. Student Teacher</td> </tr> <tr> <td>3. Assistant Director</td> <td>9. Substitute Teacher/Floater</td> </tr> <tr> <td>4. Center Administrator</td> <td>10. Non-teaching staff</td> </tr> <tr> <td>5. Curriculum Specialist</td> <td>11. Other</td> </tr> <tr> <td>6. Lead Teacher</td> <td style="text-align: right;"><i>* as on record with DCF</i></td> </tr> </table>	1. Owner	7. Assistant Teacher	2. Director*	8. Student Teacher	3. Assistant Director	9. Substitute Teacher/Floater	4. Center Administrator	10. Non-teaching staff	5. Curriculum Specialist	11. Other	6. Lead Teacher	<i>* as on record with DCF</i>	<p><b>Ages of Children in Care (AoC) Codes:</b></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">A. Infants (0 - 12 months)</td> <td style="width: 50%;">E. VPK/Pre-K (4 - 5 year olds)</td> </tr> <tr> <td>B. Toddlers (12 - 24 months)</td> <td>F. School-Age</td> </tr> <tr> <td>C. 2- to 3-year-olds (24 - 36 mos.)</td> <td>G. Mixed-age Group</td> </tr> <tr> <td>D. Pre-School (3- to 4-year olds)</td> <td>H. Not Direct Care</td> </tr> </table>	A. Infants (0 - 12 months)	E. VPK/Pre-K (4 - 5 year olds)	B. Toddlers (12 - 24 months)	F. School-Age	C. 2- to 3-year-olds (24 - 36 mos.)	G. Mixed-age Group	D. Pre-School (3- to 4-year olds)	H. Not Direct Care
1. Owner	7. Assistant Teacher																				
2. Director*	8. Student Teacher																				
3. Assistant Director	9. Substitute Teacher/Floater																				
4. Center Administrator	10. Non-teaching staff																				
5. Curriculum Specialist	11. Other																				
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D. Pre-School (3- to 4-year olds)	H. Not Direct Care																				

Person's Name	Birth Year	Title Code	AoC Code	Hrs/Week
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

I, the director/owner of this facility, certify that all information on this page is true, complete, and correct to the best of my knowledge.

<b>Name of Facility:</b>	
<b>License or License Exempt No.:</b>	
<b>NAEYC/NAFCC Program ID: (if applicable)</b>	
<b>Director/Owner's Name: (print)</b>	
<b>Signature:</b>	<b>Date:</b>

# Quality Counts Career Center Change of Employment Status Form

## To be completed by facility director/owner ONLY

Please complete this form for each person listed on the Staff Roster Form who has left employment with your facility. Use only codes listed on this form to describe the primary reason for leaving. Up to two positions per staff member may be listed (use title codes from Staff Roster Form). **Make more copies of this form as needed.**

**Primary Reason for Leaving**

- |   |   |  |
|---|---|--|
| A. Unknown  | E. Personal – accepted new ECE position     | I. Terminated due to job abandonment                               |
| B. Contract not renewed                                 | F. Personal – accepted new non-ECE position | J. Terminated due to low enrollment / no funds ( <i>laid off</i> ) |
| C. Retired  | G. Personal – focus on ECE education        | K. Terminated – other  |
| D. Transferred to another site ( <i>same employer</i> ) | H. Personal – focus on non-ECE education    | L. Other   |

Person's Name	Birth Year	Title Code	Last Day (mm/dd/yyyy)	Reason for Leaving
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

I, the director/owner of this facility, certify that all information on this page is true, complete, and correct to the best of my knowledge.

<b>Name of Facility:</b>	
<b>License or License Exempt No.:</b>	
NAEYC/NAFCC Program ID: ( <i>if applicable</i> )	
Director/Owner's Name: ( <i>print</i> )	
<b>Signature:</b>	<b>Date:</b>

# Instructions for the Registry Information Form

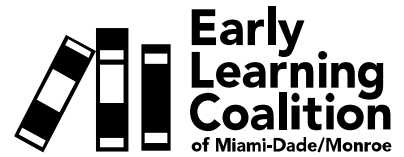
Quality Counts centers participate in the early care and education **Professional Development Registry**, an extensive database of information about the early childhood workforce. Staff qualification documentation for every member of the teaching staff and the director is recorded in the Professional Development Registry.

The Career Advisor or Curriculum Specialist working with your program will review the documents you gather and help determine if documentation is complete or if materials are missing.

Quality Counts providers receive a program site report from the Registry, to assist in staff development planning. Individuals can access transcripts of their training and educational history from the Registry, and use this information for career development planning.

## Instructions

1. Make a copy of the Registry Information Form (RIF) for yourself (the Director/Operator) and each of your providers. A form should be completed for you and each of your providers.
  2. Complete each item on the form (For "Other Phone", please indicate your cell phone number).
  3. Required proof documents must be submitted for each qualification that is checked on the Staff Qualifications Form for each RIF completed. Specifics regarding what information must be included on the proof document and other staff qualification requirements are found on the RIF Staff Qualifications Form. Below is a brief summary of documentation that must be attached to each individual RIF for each type of education level or credential selected on the RIF.
    - a. **High School Diploma/GED:** Attach a copy of your High School diploma or GED or a college/university transcript showing that you are currently degree seeking.
    - b. **College/University Degree:** Attach a copy of your degree diploma and college/university transcript showing you completed the degree for each degree you hold.
    - c. **Credentials:** Attach a copy of your credential award certification and DCF Child Care Training Transcript, if appropriate, for each credential you have obtained.
    - d. **CEUs/In-Service Training:** Attach a copy of the certificate of attendance or award for all CEUs and in-service completed within the last year or last renewal. On the Staff Qualifications Form, list all contact hours of in-service training, number of CEUs obtained, and number of college credits successfully completed in the last year/renewal. Provide the total number of in-service/Training hours across these categories. Do not duplicate any training hours in multiple categories. If you received CEUs and contact hours for the same training, only count it in one category. Indicate the date of the in-service training hours across all categories. [Note: 1 college credit = 15 in-service hours; 1 CEU = 10 in-service hours.]
    - e. **College Credit Classes:** Attach a copy of your college/university transcript(s). On each transcript, circle or check the ECE courses and the type of degree and major, if applicable. Unofficial transcripts from colleges and universities are acceptable.
  4. Be sure to sign and date the RIF and include your social security number (or at least the last 5 digits of your social security number) on the form.
  5. If you received your high school diploma or college degree outside of the United States, be sure to attach your translated and evaluated diploma/degree obtained from an accredited translation firm. Scholarships are available to help if your documents have not yet been translated and evaluated.
- For the annual Update Report, gather the documentation only to show achievements since your last self-study was completed:
- Educational credentials for new staff,
  - New credentials achieved by staff, and
  - In-service training completed by staff in the past year.



## Registry Information Form

Quality Counts Career Center Training Registry for Early Care and Education

The descriptive information you provide on this page is used to compile demographic information on participants as a whole.

<b>For Internal Use Only</b>
CA Initial:
Registry ID #:

Personal Information <i>(ALL information is required if applicable)</i>			
<b>Legal First Name:</b>	<b>MI</b>	<b>Legal Last Name:</b>	<b>Previous/Maiden Name:</b>
<b>Home Mailing Address:</b>			<b>Apt:</b>
<b>City:</b>	<b>State:</b>	<b>Zip:</b>	<b>County:</b>
<b>Home Phone:</b> (    )		<b>Other Phone:</b> (    )	
<b>Personal Email:</b>			
<b>Date of Birth: (mm/dd/yyyy)</b>		<b>Gender:</b> <input type="checkbox"/> Female <input type="checkbox"/> Male	
<b>Race/Ethnicity: (Select ONE)</b> <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Two or more races (multi-racial) <input type="checkbox"/> White <input type="checkbox"/> Other: _____		<b>Primary Language:</b> <input type="checkbox"/> English <input type="checkbox"/> Haitian Creole <input type="checkbox"/> French <input type="checkbox"/> Russian <input type="checkbox"/> Spanish <input type="checkbox"/> Other: _____	
<b>Ethnicity: (Select ONE)</b> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Haitian <input type="checkbox"/> Other: _____		<b>Birth Country:</b> <input type="checkbox"/> USA <input type="checkbox"/> Cuba <input type="checkbox"/> Argentina <input type="checkbox"/> Dominican Republic <input type="checkbox"/> Colombia <input type="checkbox"/> Haiti <input type="checkbox"/> Mexico <input type="checkbox"/> Puerto Rico <input type="checkbox"/> Venezuela <input type="checkbox"/> Other: _____	
			<b>Date Form Completed:</b>

### Did you attach copies of all that apply?

- Proof of high school** – high school diploma or transcript from a college/university
- Proof of degree** – degree diploma or transcript from awarding college/university
- Proof of credentials** – credential award certificate or DCF transcript (if award is listed)
- Proof of CEU/in-service** – attendance certificate with completion date and hours/CEUs awarded
- Proof of college credit** – transcript from college/university





<b>FOR INTERNAL USE ONLY</b>
CA Initial:
Registry ID #:
License #:

**Current Employment Information (All information is required if applicable)**  
*The descriptive information you provide on this page is used to compile demographic information on participants as a whole.*

**Name of Employer:**

<b>Address:</b>	<b>City:</b>	<b>Zip:</b>
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<b>Exempt No:</b>	<b>Work Phone:</b> (      )
-------------------	-----------------------------

<b>Start Date at this site (mm/dd/yyyy):</b>	<input type="checkbox"/> Part Time (20 or fewer hours per week) <input type="checkbox"/> Full Time (more than 20 hours per week)
--	---

**My job includes work in at least one classroom that includes children funded by:**

<input type="checkbox"/> Head Start	<input type="checkbox"/> VPK
<input type="checkbox"/> School Readiness	<input type="checkbox"/> N/A

<b>Title Codes:</b> 1. Owner 2. Director* 3. Assistant Director 4. Center Administrator 5. Curriculum Specialist 6. Lead Teacher 7. Assistant Teacher 8. Student Teacher 9. Substitute Teacher/Floater 10. Non-teaching staff 11. Other <small>* as on record with DCF</small>	<b>Ages of Children in Care (AoC) Codes:</b> A. Infants (0 - 12 months) B. Toddlers (12 - 24 months) C. 2- to 3-year-olds (24 - 36 mos.) D. Pre-School (3- to 4-year olds) E. VPK/Pre-K (4- to 5-year olds) F. School-Age G. Mixed-age Group H. Not Direct Care
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**Primary Position at Current Employer (use codes above)**

<b>Title Code:</b> (pick one)	<b>Ages of Children Code:</b> (pick one)	<b>Hours per week:</b>	<b>Position Start Date:</b>
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**Secondary Position at Current Employer (optional, use codes above)**

<b>Title Code:</b> (pick one)	<b>Ages of Children Code:</b> (pick one)	<b>Hours per week:</b>	<b>Position Start Date:</b>
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**Compensation at Current Employer**

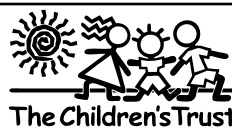
<b>Hourly Wage:</b> \$ _____ per hour	<b>Hours per week:</b> _____	<b>Months per year:</b> _____
---------------------------------------	------------------------------	-------------------------------

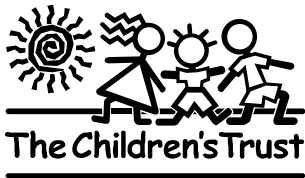
Please check if you are the only source of income for your household.

**Benefits available which are provided or subsidized by employer: (Choose all that apply)**

<input type="checkbox"/> Health	<input type="checkbox"/> Paid personal leave	<input type="checkbox"/> Training fees
<input type="checkbox"/> Vision	<input type="checkbox"/> Paid holidays	<input type="checkbox"/> Conference fees
<input type="checkbox"/> Dental	<input type="checkbox"/> Paid sick leave	<input type="checkbox"/> College tuition
<input type="checkbox"/> Paid vacation	<input type="checkbox"/> Paid release time for training	<input type="checkbox"/> Retirement
<input type="checkbox"/> No benefits are available		

<b>Name (PRINT CLEARLY)</b>	<b>Date Form Completed</b>
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## Staff Qualifications Form (Check All that Apply)

All claims of education require the listed documentation. Undocumented claims will NOT be saved in the Registry.\*

- Unable to provide proper High School diploma/GED documentation at this time.
- Have met DCF mandated training requirement as per attached DCF transcript

**High School Diploma\***  Information in the Center Report  
 Acceptable proof of a high school diploma includes one of the following:  
 A diploma listing: your name, the diploma type (high school or GED), the award date, and the name of the awarding school. If the diploma is from a school on the Transcript-Required Highschools List, we will also need a high school transcript.  
 A college or university transcript showing that you are currently degree seeking. It must also show: your name, the name of the institution, and the high school graduation date.

**College/University Degree**  Information in the Center Report  
 (The Registry only accepts college/university level degrees from regionally accredited institutions)  
 Acceptable proof of a post-secondary degree includes one of the following:  
 A diploma listing: your name, the diploma level (associates, bachelors, masters, doctorate), the award date, and the name of the awarding school.  
 A college or university transcript showing that you completed the degree. It must also show: your name, the name of the institution, the level of the degree (associates, bachelors, masters, doctorate), and the graduation date.

**Credentials**  Information in the Center Report  
 Acceptable proof of a credential includes one of the following:  
 The credential award certification listing: your name, the credential name, the awarding agency, and the award date. If the credential expires (for example National CDA), the expiration date must also be listed.  
 For FCCPCs, ECPCs, FL Staff Credentials, and FL Director Credentials ONLY the Registry will accept a DCF Child Care Training Transcript as proof.

**CEUs / In-Service Training**  
 Acceptable proof of a CEU or in-service training is:  
 The certificate of attendance or award listing: your name, the training name, the training date, the issuing organization name, and the amount of CEUs or in-service hours awarded. Attach all in-service and CEUs completed within the last year or last renewal date.  
 Complete A through E below. List in-service/trainings hours completed. Do not duplicate training hours in multiple categories. If you received CEUs and contact hours for the same training, only count those hours in one category.

A. Date of In-service/Training hours: From: \_\_\_\_\_ To: \_\_\_\_\_  
 B. Total Number of In-service contact hours \_\_\_\_\_  
 C. Total Number of CEUs \_\_\_\_\_ X 10 \_\_\_\_\_ = In-service hours  
 D. Total Number of College Credits \_\_\_\_\_ X 15 \_\_\_\_\_ = In-service hours  
 E. Add the total number of hours in B through D to obtain the total number of in-service hours:

**B: \_\_\_\_ + C: \_\_\_\_ + D: \_\_\_\_ = E: \_\_\_\_ Total In-service/Training hours**

**College Credit Classes** (The Registry only accepts college/university level degrees from regionally accredited institutions)  
 Acceptable proof of college credit classes is:  
 A college or university transcript listing: your name, the name of the institution, class name, course code (for example EEC1207), the amount of credits, and the class end date.

\*If you received your high school diploma or college degree outside of the United States your documents must be translated and evaluated by an accredited translation firm before they can be entered in the Registry. If documents were received outside of the United States, please submit the translated and evaluated diploma/degree obtained from an accredited organization. Scholarships are available to help if your documents have not yet been translated and evaluated.

<b>Name (PRINT CLEARLY)</b>	<b>Date Form Completed</b>





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## Participation Agreement

By signing this agreement, I agree to participate in the Miami-Dade Professional Development Registry (the Registry) and to follow its rules and policies. I understand the Children's Forum, Inc. (the Forum) as the manager of the Registry, The Children's Trust (the Trust) as the funder of the Registry, and the Early Learning Coalition of Miami-Dade/Monroe (ELCMDM), as coordinator of the Miami-Dade Quality Rating Improvement System, will protect the confidentiality of personally-identifiable information provided to the extent permitted under state and federal law.

I certify all information provided and/or attached to this form is true and correct. I certify I have achieved the education listed in this form and I understand all claims must be proven by providing the documentation listed in the Staff Qualifications Form. I understand I am responsible for the information included in this form and that this form will not be processed if any of the required fields are left blank. I understand my failure to provide information marked as required will prevent my participation in the Registry, which may impact my eligibility for programs such as the Quality Rating Improvement System.

By providing the information in this form, I give my permission for that information to be used in aggregate reports which may be made public. I give the Forum permission to share all educational information I provide with my current employer on record with the Registry and to share selected information with WELS, a secure data system supporting the Miami-Dade Quality Rating Improvement System. I consent to the use of my information in analyses for program quality improvement, evaluation and research.

I give the Registry permission to access my Florida Department of Children & Families (DCF) Child Care Training Transcript and to access my transcripts/degrees from training institutions and colleges/universities attended. I do hereby indemnify the Forum, the Trust, and ELCMDM and their employees and agents against any claims whatsoever arising out of or connected with this information.

This agreement shall be governed in all respects by the laws of the State of Florida without giving effect to its conflicts of law provisions. All parties submit to the personal jurisdiction of and venue in the state and federal courts in the State of Florida. The parties further agree that any cause of action arising under this agreement shall exclusively be brought in such courts. If any provision of this agreement is held to be invalid or unenforceable, such provision shall be struck and the remaining provisions shall be enforced.

*If you do not have a SSN, please provide the number used by DCF to store your child care training records. Complete and return pages 10 –13.*

<b>Name (PRINT CLEARLY):</b>	
<b>Signature:</b>	
<b>Social Security Number (PRINT CLEARLY):</b>	<b>Date:</b>



# Instructions: Provider Qualifications Summary Form

The Provider Qualifications Summary Form requires you to compile the information for both the credentials you may have achieved, as well as the total hours of in-service training you have completed in the past 12 months. Using the Quality Counts Standards for Provider Qualifications, you will figure out the Levels achieved for both parts: A. Credentials, and B. In-service Training. Then the two scores are averaged, by adding them together and dividing by 2. This number is then compared to the point ranges to determine the overall points for Provider Qualifications.

## **A. Determining Level Achieved for Provider Credentials.**

1. Review your educational accomplishments and check off any credentials achieved.
2. Beginning at Level 1, check off each level 1 – 5 that is accurate for you. All previous levels must be achieved to check off the next level. (If you have achieved the DCF Staff Credential, you would check off boxes 1-4.)
3. Record the highest Level that is accurate, and write that level 0-5 in the space provided. This is the level your program has achieved for this item.

## **B. Determining Level Achieved for In-service Training.**

1. Record the total number of hours of in-service training you have completed during the past 12 months.
2. Beginning at Level 1, check off each level 1 – 5 that is accurate for you. All previous levels must be achieved to check off the next level.
3. Record the highest Level that is accurate, and write that level 0-5 in the space provided. This is the level your program has achieved for this item.

## **Calculating Points for Provider Qualifications Section.**

- Add together the achieved Level for both of the elements (Provider Credentials, and In-service Training).
- Average the points by dividing the sum by 2. For example, a provider earned  $4 + 3 = 7$ .  $7$  divided by  $2 = 3.5$ .
- Identify the overall points for Staff Qualifications by using the point range at the end of the section. In this example, the program will get 4 points for Staff Qualifications.

**Figuring Bonus Points.** Up to 2 bonus points may be earned for a qualified provider/operator. To qualify for bonus points the provider/operator must work full-time and have a Bachelor's degree or higher including 18 credits in ECE. Record 2 points in this section if you meet these qualifications.

**Transfer the overall points for Provider Qualifications and the number of bonus points (if any) to the Quality Counts Summary Worksheet (at the end of Part One of this packet), or to the Update Report Summary Worksheet found in the Update Report booklet, as applicable.**

*Note: For the two parts of provider qualifications, the level relies on licensing requirements. In general, family child care homes with no major Licensing violations for personnel will achieve at least 1 point for Provider Qualifications.*

DCF Staff Credential requirement: Includes the Birth-Five Florida Child Care Professional Credential-FCCPC (formerly the FL CDA-Equivalent), the DOE Early Childhood Professional Certificate (ECPC), national CDA or equivalent national early childhood credential, Associate degree or higher in ECE or related field, Associate degree or higher out of field with 6 credits in ECE plus 480 hrs experience. See the website of the Department of Children and Families-DCF child care training: [www.myflorida.com/childcare/training](http://www.myflorida.com/childcare/training).

**If you are unclear about how to fill in the forms, please work with your Technical Assistance Specialist or contact the Quality Counts office at (305) 646-7242. For questions concerning educational qualifications, call the Quality Counts Career Center at (305) 639-2726.**

# Provider Qualifications Summary Form

Complete this form using the Individual Staff Qualifications Reporting Form

<b>Program Name</b>	<b>Date</b>
---------------------	-------------

**NOTES**

- You will need a calculator to complete this section. Round decimals to 2 places (0.564 rounds to 0.56).
- If Licensing requirements are not met for an element, the score is 0.
- Levels are cumulative; all previous levels must be met to go to the next level.
- \* For definition of DCF Staff Credential see the website of DCF: [www.myflorida.com/childcare/training](http://www.myflorida.com/childcare/training) or p. 15 of this self-study packet.

**A. Provider Credentials**

Check credentials achieved:

- Enrolled in training for DCF Staff Credential\*       National CDA  
 DCF Staff Credential\* (CDA-E or higher)       9 college credits in ECE

<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
<b>Meets Licensing Requirements</b>	<b>Meets Licensing Requirements</b>	<b>Provider is enrolled in training for a DCF Staff Credential*</b> <i>(If already achieved, check box)</i>	<b>Provider has a DCF Staff Credential* or higher</b>	<b>Provider has a national CDA or at least 9 college credits in ECE</b>

**A. Highest level achieved for Provider Credential: 0-5 (use grid above)**

**B. In-Service Training**

Total number of in-service hours completed in past 12 months \_\_\_\_\_

<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
<b>Meets Licensing Requirements</b>	<b>Provider has completed 15 hours total annual in-service training</b>	<b>Provider has completed 20 hours total annual in-service training</b>	<b>Provider has completed 25 hours total annual in-service training</b>	<b>Provider has completed 30 hours total annual in-service training</b>

**B. Highest level achieved for In-Service Training: 0-5 (use grid above)**

**Overall points for Staff Qualifications**

**A  + B  = Total: , divided by 2 =**

Reference this number on the grid below to determine total overall points for Provider Qualifications

<b>1 Point</b>	<b>2 Points</b>	<b>3 Points</b>	<b>4 Points</b>	<b>5 Points</b>
0.5 - 1.49	1.5 - 2.49	2.5 - 3.49	3.5 - 4.49	4.5 - 5

**Points for Provider Qualifications (use grid above): 0-5**

*Transfer this number to the Summary Worksheet (at the end of Part One of this packet), or to the Update Report Summary Worksheet in the Update Report booklet, as applicable.*

**Bonus Points**

**2 bonus points are awarded for the provider holding a Bachelor's Degree or higher with 18 credits in ECE working full time in the program.**

*Transfer this number to the Summary Worksheet (at the end of Part One of this packet), or to the Update Report Summary Worksheet in the Update Report booklet, as applicable.*

**# BONUS POINTS:**

Quality Counts TA Initials: \_\_\_\_\_ Date: \_\_\_\_\_

Owner/Director Initials: \_\_\_\_\_ Date: \_\_\_\_\_



# QUALITY COUNTS

Striving for Five Star Early Learning



# Program Administration

# Instructions: Program Administration

1. Look at the Program Administration Form. Check off the items you can document. You must be able to check off all items of each level to achieve that level and move on to the next.
2. Put together the evidence for each item you check off. These items should go into your self-study binder or file box.

The written policies may be included in a family handbook, staff handbook, personnel manual, or in a comprehensive policy and procedures manual for your program.

- The handbook or manual must be available and easy for the formal assessor to look at.
- The form provides space to record the page of the handbook or manual where the written information is located.
- If applicable, please note which document the page numbers refer to, such as Procedures Manual, Family Handbook, etc.
- If items are in more than one document, please note that on the form.
- For items not in a handbook or manual, a copy of each item must be provided and placed in the self-study binder or file box.

3. Based on the items you check off and can show, determine the level for the Program Administration Section. You must be able to check off EVERY item in EVERY section and subsection to achieve that level. Begin at 1, and check off each Level that is accurate for your program.

4. **Transfer the level (0-5) for Program Administration to the Quality Counts Summary Worksheet at the end of Part 1 of this packet, or to the Update Report Summary Worksheet found in the Update Report booklet, as applicable. In this case, levels are exactly equal to points.**

*Note: Quality Counts only verifies the existence of written policies and procedures; the actual content is not evaluated. A Technical Assistance Specialist may support your efforts to improve the content and scope of written policies, if desired.*

**If you are unclear about how to fill in the forms, please work with your Technical Assistance Specialist or contact the Quality Counts office at (305) 646-7242.**

# Program Administration Form

Program Name		Date
<b>LEVEL</b>	<b>Notes:</b> <ul style="list-style-type: none"> <li>You must be able to check off <b>ALL items in every section and subsection</b> to achieve that level and move on to the next.</li> <li>Beginning at 1, use the Level column on the left to check off level(s) achieved.</li> <li>Items may be included in a comprehensive policy and procedures manual, personnel manual, family handbook, and/or other written policies. When Pg. # _____ is located next to an item, if applicable you may record the page number(s) of that policy from your manual or handbook rather than providing a copy. Note which document the Pg # refers to. Please be sure the handbooks or manuals are included with your other self-study materials.</li> <li>If no page number is listed, a copy of the document must be included in the self-study binder or file box.</li> <li>If you do not meet all items in Level 1, a score of 0 is received.</li> </ul>	
	<input type="checkbox"/> <b>1</b>	<b>Provider maintains children's records.</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Individual file for each child enrolled</li> <li><input type="checkbox"/> File contains at minimum an enrollment form and medical information (physical, immunization record) AND</li> <li><input type="checkbox"/> Discipline Policy is given to parents AND</li> </ul> <b>Risk management plan is in place. Written risk management action plan includes:</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Description of what to do in the event of fire, hurricane/severe weather, and flood Pg. # _____</li> <li><input type="checkbox"/> Plan for communicating with parents during an emergency Pg. # _____</li> </ul>
	<input type="checkbox"/> <b>2</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Parent-Provider agreement is in place and includes information about fees and hours of service AND</li> <li><input type="checkbox"/> Financial recordkeeping system includes method for recording revenue and expenditures AND</li> <li><input type="checkbox"/> Provider has current membership in a local, state, regional, or national early childhood or family child care association</li> </ul>
	<input type="checkbox"/> <b>3</b>	<b>Families have an opportunity to evaluate the provider in writing at least annually</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Copy of program evaluation form or survey used</li> <li><input type="checkbox"/> Sample of completed forms representing 30% of families OR summary of an evaluation/survey completed in the past year. AND</li> <li><input type="checkbox"/> Brief annual business plan is written</li> <li><input type="checkbox"/> Projected annual budget (past year OK, numbers may be deleted)</li> </ul>
	<input type="checkbox"/> <b>4</b>	<b>Family Handbook is written and includes:</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Philosophy of the program Pg. # _____</li> <li><input type="checkbox"/> Schedule of operations including daily opening-closing hours and holidays Pg. # _____</li> <li><input type="checkbox"/> Payment policies including payment due dates; fees for late pick-up (if any) Pg. # _____</li> <li><input type="checkbox"/> Nutrition policies concerning food provided by the program, food brought from home, allergy precautions Pg. # _____</li> <li><input type="checkbox"/> Illness and medication policies Pg. # _____</li> <li><input type="checkbox"/> Emergency procedures Pg. # _____</li> </ul>
<input type="checkbox"/> <b>5</b>	<b>Provider portfolio includes:</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Information illustrating the program</li> <li><input type="checkbox"/> Record of trainings completed by the provider</li> <li><input type="checkbox"/> Letters of recommendation or referrals from other families</li> </ul>	
<b>Highest Level Achieved for Program Administration 0-5: (Level = Points in this section)</b> <div style="text-align: center; margin: 10px 0;"><input type="checkbox"/></div> <p><i>Transfer this number to the Quality Counts Summary Worksheet (at the end of Part One of this packet), or to the Update Report Summary Worksheet in the Update Report booklet, as applicable.</i></p> <p><b>Center Director Initials:</b> _____ <b>Date:</b> _____</p> <p><b>Quality Counts TA initials:</b> _____ <b>Date:</b> _____</p>		<b>Verification for Formal Assessment</b> <p>Initials indicate that the scoring of this checklist has been verified by the assessor and reviewed with the center director or designee.</p> <div style="text-align: center; margin: 10px 0;"><input type="checkbox"/></div> <p><b>Center Director Initials:</b> _____ <b>Date:</b> _____</p> <p><b>Quality Counts Assessor initials:</b> _____ <b>Date:</b> _____</p>



# QUALITY COUNTS

Striving for Five Star Early Learning



# Quality Counts Summary Worksheet

# Instructions: Quality Counts Summary Worksheet for Baseline Assessment

## Figuring your preliminary points

The Quality Counts baseline assessment score is based on a point system. For each area you can figure out how many points you might earn when the formal assessment is done.

1. Using the summary forms for each section, transfer the points onto the Quality Counts Summary Worksheet:
  - Transfer the number of points for Provider Qualifications and Program Administration (up to 5 points each) to the Points column
  - From the Provider Qualifications Summary Form, transfer the number of Bonus Points (up to 2).
2. Total up the number of points.
  - This is a partial score. The points for Learning Environment are provided when the formal assessment is completed.

## Please let your Technical Assistance Specialist know that you are done with the self-study:

- All your forms are complete.
- All documentation is gathered.
- You have made a copy for the assessors.

## Next Steps After the Self-Study is Completed

### Formal Assessment

The Quality Counts Assessment Team will contact you a few days after you complete your self-study. They will give you a two week window for coming to do the formal assessment. The Assessment Team will come to your program unannounced within this window and spend the better part of a day completing the formal assessment.

The assessment team will complete the environment rating scale on your program and verify your self-study materials.

You will receive a report of the formal assessment within 2 - 4 weeks. Your Technical Assistance Specialist can answer any questions you might have about the formal assessment.

### Quality Improvement Plan

The results of the formal assessment, your self-study, and priorities you have for your program will provide direction for your Quality Improvement Plan. Your Technical Assistance Specialist can help you develop this.

Your quality improvement plan will help you plan activities and access supports to help your program be successful providing high quality early care and learning services.

**Note: If you are completing an annual Update Report, please use the Update Report Summary Worksheet instead. That Worksheet is found in the Update Report booklet, along with instructions for next steps.**

**Also, complete Part 2 of this Self-Study Packet: Using the Environment Rating Scales.**

**Thank you for all of your hard work to complete the self-study. We are looking forward to working with you on the next steps.**

# Quality Counts Summary Worksheet for Baseline Assessment Only

<b>Center Name</b>	<b>Date</b>
<b>Component</b>	<b>Points</b>
<b>1. Provider Qualifications</b> <i>(from page 15)</i>	<input type="checkbox"/>
<b>2. Program Administration</b> <i>(from page 18)</i>	<input type="checkbox"/>
<b>3. Bonus Points</b> <i>(from page 15)</i> <i>2 bonus points for the provider (operator) with a Bachelor's degree or higher with 18 credits in ECE working full time in the program</i>	<input type="checkbox"/>
<b>Subtotal Estimated Points</b>	<input type="checkbox"/>
<b>Learning Environment from Formal Assessment</b> FCCERS-R points _____ X 4 = _____	
<b>"Plus" designation for current Gold Seal</b> <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	



# QUALITY COUNTS

Striving for Five Star Early Learning



## **Part 2: Using the Family Child Care Environment Rating Scale (FCCERS-R)**

## Part 2: Using the Environment Rating Scale (FCCERS-R)

The learning environment is evaluated for Quality Counts by using the Environment Rating Scales.

For the initial Self-Study, completion of a program self-assessment using the Environment Rating Scales is not required. However, the Environment Rating Scales are essential to the Quality Counts process.

Each year, by the time of submitting your annual Update Report, your program needs to complete your own assessment of your Family Child Care program. Such self-assessment is a key part of your ongoing quality improvement activities.

The completed Score Sheet from the Environment Rating Scale booklet should be placed in your Self-Study binder or file box.

**The form on the next page, the Environment Rating Scale Program Record FCCERS-R, should be used to keep a record of the FCCERS-R assessments your program completes.**

### Overview of the Environment Rating Scale

The Environment Rating Scale describes “how to” deliver programs that meet children’s needs, and is a very valuable tool for quality improvement work. In brief phrases the Environment Rating Scale describes appropriate practices for the entire spectrum of early care and education.

**The Environment Rating Scale is designed to ensure that children have three things:**

- Protection of their health and safety
- Warm and responsive interactions
- Opportunities for learning through a variety of experiences.

To evaluate Family Child Care Programs, there is a specific tool, the **Family Child Care Environment Rating Scale-Revised (FCCERS-R)**, for covering ages birth to 12 years.

**There are 7 subscales or areas:**

- Space and Furnishings
- Personal Care Routines
- Listening and Talking
- Activities
- Interaction
- Program Structure
- Parents and Provider

For each subscale, there are multiple “Items” describing key areas needing attention within a subscale. The FCCERS-R has 38 Items. For each of the Items, there are a number of “indicators.” The indicators are brief descriptions of best practices, carefully expressed in a few concise words.

The indicators are arranged in order to describe inadequate practices up to excellent practices.

**There is a 7-point scale with 4 levels of care identified:**

- Inadequate (0-1 points)
- Minimal (2-3 points)
- Good (4-5 points)
- Excellent (6-7 points)

The Environment Rating Scale is a valid and reliable tool for determining the quality of children’s programming. It is widely used across the United States, and is used in many countries.

#### FCCERS Training

Training on using the Environment Rating Scale is offered to all participants in Quality Counts by your Technical Assistance Specialist.

### The Environment Rating Scales (FCCERS-R) for the Update Report

For the Update Report, please complete the bottom section of the Environment Rating Scale Program Record.

The number of Points related to your FCCERS-R overall score should be transferred to the Update Report Summary Worksheet in the Update Report booklet.

### Evaluating your Program

1. Complete training about using the Environment Rating Scale.
2. You will be provided with the Environment Rating Scale booklet. The score sheet is included and can be photocopied.
3. Plan ways to be free of teaching responsibilities long enough to complete a program self-assessment. This may be done over several days, completing one subscale or part at a time.
4. Schedule time to review your findings and develop a plan for improvement.
5. Use your Quality Counts Technical Assistance Specialist to work with you in implementing changes.



# QUALITY COUNTS

Striving for Five Star Early Learning



## Learning Environment

# Learning Environment

## Family Child Care Environment Rating Scale - Revised (FCCERS-R)

### Information about the Family Child Care Environment Rating Scale

The Learning Environment is evaluated for Quality Counts by using the Environment Rating Scale.

#### **Completion of a program self-assessment using the Environment Rating Scale is NOT required for the initial self-study.**

However, the Environment Rating Scale is essential to the Quality Counts process. During each year of participation, your program needs to complete self-assessment of your program using the Rating Scale as a key part of your quality improvement activities.

The initial self-study provides a rather quick baseline snapshot of your program. It can take time to become familiar with the Environment Rating Scale, and take even more time to gain the skills to use it to assess your program and make plans for improvement based on the findings.

**See Part 2** of this packet for information about using the Family Child Care Environment Rating Scale for self-assessment.

### FCCERS Trainings

Trainings on using the Family Child Care Environment Rating Scale-Revised are offered through your Quality Counts Technical Assistance Specialist.

### About the Scale

The Environment Rating Scale looks at the many interactions that go on in a program between the provider and children, among the children themselves, and the interactions children have with the materials and activities. The Scale also looks at features such as space, schedule, furnishings and materials that support these interactions.

The version of the Environment Rating Scale used for Family Child Care:

- Family Child Care Environment Rating Scale-Revised (FCCERS-R): ages birth – 12 years

The FCCERS-R booklet describes the scoring criteria, and includes the score sheet.

### PUBLICATION INFORMATION

Harms, T., Clifford, R., & Cryer, D. (2007). *Family Child Care Environment Rating Scale-Revised*. Teachers College Press: New York.

# Environment Rating Scale Program Record

## FCCERS-R

The "Overall Score" is the sum of all item scores divided by the number of items scored. Fill in the information on this form using the completed score sheet for your program.

<b>Program Name</b>	Overall Score: <input style="width: 40px; height: 25px;" type="text"/>
<b>Completed By</b>	<b>Subscale Scores</b> Space and Furnishings _____ Personal Care Routines _____ Listening and Talking _____ Activities _____ Interaction _____ Program Structure _____ Parents and Provider _____
<b>Date Completed</b>	

**FOR THE UPDATE REPORT PLEASE COMPLETE THIS SECTION**

Compare the overall score to the points shown below to determine the points earned				
<b>1 Point</b>	<b>2 Points</b>	<b>3 Points</b>	<b>4 Points</b>	<b>5 Points</b>
<b>3 - 3.49</b>	<b>3.5 - 3.99</b>	<b>4 - 4.49</b>	<b>4.5 - 5.49</b>	<b>5.5 - 7</b>
FCCERS-R points 3-7 (Use grid above): <input style="width: 40px; height: 25px;" type="text"/>				<i>Transfer this number to the Update Report Self-Study Worksheet in the Update Report booklet.</i>

**If you have questions about the self-study  
please contact the Quality Counts office at 305-646-7242.**