

## School Age Quality Rated Portfolio Checklist

**Program Name:**

STANDARD 1		Date Completed:
Item	Date Completed	Comments/Questions
<b>Director PDS</b> <input type="checkbox"/> Active/Pending Status <input type="checkbox"/> Training Documentation <input type="checkbox"/> Education Documentation/Career Level (30 days) <b>*Do not list site director as an administrator in PDS if they are a part of the ratio. List them as a Lead Teacher.</b>		
<b>Staff PDS</b> <input type="checkbox"/> Active/Pending Status <input type="checkbox"/> Training Documentation <input type="checkbox"/> Education Documentation/Career Level (30 days)		
<b>Classroom Information</b> <input type="checkbox"/> All classrooms currently open <b>*If only one space is used, list as one classroom</b>		
<b>Teacher Class Assignment</b>		
<b>Professional Learning Plans</b>		
<b>National Accreditation Certificate (if applicable)</b>		

Standard 1 Video Link: <https://youtu.be/2B7uQYBNoo0?si=9c73LXJ71yTyvdXA>

STANDARD 2		Date Completed:
Item	Date Completed	Comments/Questions
<b>Nutrition and Physical Activity Assessment</b>		
<b>Nutrition Action Plan</b> <input type="checkbox"/> 3 plans from different indicators in the domain		
<b>Physical Activity Action Plan</b> <input type="checkbox"/> 3 plans from different indicators the domain		
<b>CPR/First Aid verified by PDS</b> <input type="checkbox"/> Entered in other career data and verified by PDS  _____ % Of Staff Completed		

Written Health Info/Family Resources		
<b>NIOST Health and Safety Webinar</b> Program administrator has: <input type="checkbox"/> Viewed <input type="checkbox"/> Completed questions <b>Policy:</b> <input type="checkbox"/> Encourages healthy meals and snacks <b>Written Materials Shared:</b> <input type="checkbox"/> Immunization Resources <input type="checkbox"/> Oral Hygiene Resources <input type="checkbox"/> Contagious Disease/Illness Resources <input type="checkbox"/> Vision Screening Resources <input type="checkbox"/> Hearing Screening Resources <input type="checkbox"/> Benefits of Physical Activity and/or Nutrition Resources		

Standard 2 Video Link: [https://youtu.be/p2yoityMB6k?si=9sx\\_MIMsP0XQDV21](https://youtu.be/p2yoityMB6k?si=9sx_MIMsP0XQDV21)

STANDARD 3		Date Completed:
Item	Date Completed	Comments/Questions
<b>Family Partnership Awareness</b> Program administrator will complete the following: <input type="checkbox"/> Assess Your Family Engagement survey and answer the question <input type="checkbox"/> Read <i>Family Engagement Research Brief</i> and answer questions		
<b>Staff have viewed online videos: <u>Communicate with Families</u> and <u>Benefits of Family Engagement</u></b> * Once completed, staff will enter their information into the Awareness Videos section. _____% Of Staff Completed:		
<b>Family Engagement Self-Assessment</b>		
<b>Family Engagement Improvement Plan:</b> <input type="checkbox"/> 1 strategy for each of the 4 protective factors		
<b>Family Engagement Written Evidence</b> <i>Evidence can be policies, forms, narratives, etc.</i>		
<b>Policies/practices highlighting:</b> <input type="checkbox"/> Inclusion <input type="checkbox"/> Confidentiality of children's records <input type="checkbox"/> Family engagement <input type="checkbox"/> Resources of interest to families		
<b>Knowing Families and Their Culture</b> <input type="checkbox"/> Complete 3 strategy plans		
<b>Supporting and Engaging Families</b> <input type="checkbox"/> Complete 3 strategy plans		

Standard 3 Video Link: [https://youtu.be/qloJ\\_AhEp1g?si=3JtA-HIsSHtsP2GZ](https://youtu.be/qloJ_AhEp1g?si=3JtA-HIsSHtsP2GZ)

STANDARD 4		Date Completed:
Item	Date Completed	Comments/Questions
<b>Curriculum Narrative</b> Check off points that narrative proves: <input type="checkbox"/> Curriculum supports 5 learning domains <input type="checkbox"/> Curriculum is culturally, linguistically, and developmentally appropriate <input type="checkbox"/> Curriculum is aligned with the Georgia Afterschool & Youth Development Quality Standards		
<b>Lesson Plans</b> <input type="checkbox"/> 1 complete week per age group Must include: <input type="checkbox"/> Accommodations <input type="checkbox"/> Ages of children in the program		
<b>Assessments</b> Program administrator will complete the <i>Program Assessment Checklist</i> <input type="checkbox"/> develop 1 goal for staffing practices <input type="checkbox"/> develop 1 goal for programming practices and operations  <b>Surveys</b> <input type="checkbox"/> upload one survey completed by a family <input type="checkbox"/> upload one survey completed by a student		

Standard 4 Video Link: [https://youtu.be/Zcfuc0Bv0e0?si=c\\_OjAJ0jSyecjVXQ](https://youtu.be/Zcfuc0Bv0e0?si=c_OjAJ0jSyecjVXQ)

STANDARD 5		Date Completed:
Item	Date Completed	Comments/Questions
<b>Ratios</b> <input type="checkbox"/> Entered for one day open to close for each classroom listed in Standard 1		

Standard 5 Video Link: [https://youtu.be/u\\_3xIKcvPHI?si=4lwHVtL3I-FPUHIU](https://youtu.be/u_3xIKcvPHI?si=4lwHVtL3I-FPUHIU)

\*Prepare the following items in advance of the portfolio submission day to finalize the portfolio submission when marked "Ready to Submit." This information must be submitted within 2 business days to receive an observation. The portfolio is not considered fully submitted until it is marked "Pending Approval." \*

PRE-OBSERVATION INFORMATION		Date Completed:
Item	Date Completed	Comments/Questions
<p><b>Black Out Dates</b></p> <p><input type="checkbox"/> Choose 5 days you do not want to be assessed</p> <p>Day 1: Day 2: Day 3: Day 4: Day 5:</p> <p><input type="checkbox"/> Prepare comments to include anything the assessors would need to know including:</p> <p>- Dates when the program will be closed:</p> <p>- Helpful tips for accessing the program, etc.:</p>		
<p><b>Pre-Observation Sheet</b></p> <p><input type="checkbox"/> Prepare information for each classroom listed</p> <p>- Maximum number of children allowed in classroom/group at one time:</p> <p>- Number of children currently enrolled:</p> <p>- Birthdates for the oldest and youngest children in the classroom:</p> <p>- Number of children in the classroom with an identified disability and type(s) of disabilities:</p> <p><input type="checkbox"/> Physical/Sensory      <input type="checkbox"/> Social Emotional <input type="checkbox"/> Cognitive/Language      <input type="checkbox"/> Other</p>		
<p><b>Schedule and Roster</b></p> <p><input type="checkbox"/> One full day schedule for each classroom</p> <p><input type="checkbox"/> Birthday roster for each classroom (no names)</p> <p><input type="checkbox"/> Create PDF with the schedule and roster together for each classroom</p>		