

Quality Rated Portfolio Checklist

Program Name:

Introduction Video Link: <https://youtu.be/2jkhxjiaarfs?si=usWBezYY75kUw4TR>

STANDARD 1		Date Completed:
Item	Date Completed	Comments/Questions
Director PDS <input type="checkbox"/> Correct role <input type="checkbox"/> Active/Pending status <input type="checkbox"/> Training documentation <input type="checkbox"/> Education documentation/Career level (30 days)		
Staff PDS <input type="checkbox"/> Correct role FCC: Assistants should be listed as a lead or assistant teacher in order to be considered in Part B <input type="checkbox"/> Active/Pending status <input type="checkbox"/> Training documentation <input type="checkbox"/> Education documentation/Career level (30 Days)		
Classroom Information <input type="checkbox"/> All ages currently enrolled <input type="checkbox"/> FCC-all ages currently enrolled		
Teacher Class Assignment		
Professional Learning Plans		
National Accreditation Certificate (if applicable) <i>*40-Hour Director Training certificate can be uploaded in this section</i>		

Standard 1 Video Link: <https://youtu.be/ehYbF670ZI?si=WZ05dfI4INFpYpKz>

STANDARD 2		Date Completed:
Item	Date Completed	Comments/Questions
Nutrition and Physical Activity Assessment		
Nutrition Action Plan <input type="checkbox"/> 3 plans from different indicators in the domain		
Physical Activity Action Plan <input type="checkbox"/> 3 plans from different indicators in the domain		
CPR/First Aid <input type="checkbox"/> Entered in other career data and verified by PDS ___% Of Staff Completed:		
Written Health Info/Family Resources <i>Evidence can be policies, forms, narratives, etc.</i>		
Written Resources Shared <input type="checkbox"/> Immunization <input type="checkbox"/> Oral Hygiene <input type="checkbox"/> Vision Screening <input type="checkbox"/> Hearing Screening Policy <input type="checkbox"/> Encourages submission of vision, hearing, nutrition, and dental screenings for <u>all</u> 4-year-old children within 90 days of enrollment or within 90 days of reaching their fourth birthday. Use of Developmental Screening Tool <input type="checkbox"/> Sample of tool used (do not upload children’s personal information) <input type="checkbox"/> Statement including the following information: <ul style="list-style-type: none"> <input type="checkbox"/> Used annually <input type="checkbox"/> Family permission <input type="checkbox"/> Tools and results shared with families <input type="checkbox"/> Referrals provided as needed 		

Standard 2 Video Link: <https://youtu.be/fEQfOPdh3gs?si=ppALjuj0ezUwdm3V>

STANDARD 3		Date Completed:
Item	Date Completed	Comments/Questions
GA Strengthening Families Training <input type="checkbox"/> Upload signed certificate into the training section of PDS and ensure it is verified ____% Of Staff Completed:		
Family Engagement Self-Assessment		
Family Engagement Improvement Plan <input type="checkbox"/> 1 strategy for each of the 4 Protective Factors		
Family Engagement Written Evidence <i>Evidence can be policies, forms, narratives, etc.</i>		
Policies/Practices Highlighting <input type="checkbox"/> Inclusion <input type="checkbox"/> Confidentiality of Children’s Records <input type="checkbox"/> Family Engagement <input type="checkbox"/> Healthy Transition Activities <input type="checkbox"/> Parent/Teacher Conferences (Twice Yearly) <input type="checkbox"/> Family Connection Activities <input type="checkbox"/> Family Advisory Committee/Board Meetings or Family Voice (Twice Yearly)		

Standard 3: https://youtu.be/X21ulfzDiNE?si=9nqLiZ_US8h1EDg0

STANDARD 4		Date Completed:
Item	Date Completed	Comments/Questions
Curriculum Questionnaire Narrative should include: <ul style="list-style-type: none"> <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 GELDS <input type="checkbox"/> Children are active and engaged <input type="checkbox"/> Goals are clear and shared by all <input type="checkbox"/> The curriculum is likely to benefit children 		
Lesson Plans <ul style="list-style-type: none"> <input type="checkbox"/> 1 complete week per age group <input type="checkbox"/> Must include: <ul style="list-style-type: none"> <input type="checkbox"/> Individualized adaptations <input type="checkbox"/> GELDS codes 		
Instructional Assessments <ul style="list-style-type: none"> <input type="checkbox"/> Paragraph describing: <ul style="list-style-type: none"> <input type="checkbox"/> How the instructional assessment is used to inform planning and instruction <input type="checkbox"/> How data is collected <input type="checkbox"/> How often data is collected <input type="checkbox"/> How data is used <input type="checkbox"/> Applicable age group(s) 		

Standard 4: https://youtu.be/zAPOPtCVOeE?si=YiR32Sql_v_E2eKV

STANDARD 5		Date Completed:
Item	Date Completed	Comments/Questions
Ratios <ul style="list-style-type: none"> <input type="checkbox"/> Entered for one day open to close for each classroom listed in Standard 1 		

Standard 5: <https://youtu.be/haTEikn0SHY?si=N1IFBmEjp0wL1wMe>

*Prepare the following items in advance of the portfolio submission day in order to finalize the portfolio submission when marked "Ready to Submit." This information must be submitted within 2 business days in order 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>Black Out Dates</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> <ul style="list-style-type: none"> - Dates when the program will be closed: - Helpful tips for accessing the program, etc.: 		
<p>Pre-Observation Sheet</p> <p><input type="checkbox"/> Prepare information for each classroom listed</p> <ul style="list-style-type: none"> - Maximum number of children allowed in classroom/group at one time: - Number of children currently enrolled: - Birthdates for the oldest and youngest children in the classroom: - Number of children in the classroom with an identified disability and type(s) of disabilities: <p><input type="checkbox"/> Physical/Sensory <input type="checkbox"/> Social Emotional</p> <p><input type="checkbox"/> Cognitive/Language <input type="checkbox"/> Other</p>		
<p>Schedule and Roster</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>		