



FCCERS Self-Reflection

Program: _____ Owner/Director Name: _____ Date: _____

1st self-reflection Self-reflection other than 1st

Criteria	Fully Met	Partially Met	Not Met	N/A	Questions/Improvements
1. SPACE and FURNISHINGS					
A. Commonly used areas, such as toileting and eating and at least 3 learning centers are defined and there is enough furniture for routine care, play and learning (Cubbies). (Ex. Toileting/diapering area close to play area, food prep area easily supervised, traffic patterns do not interfere with play activities, cubbies).					
B. Space provided to allow different kinds of activities to go on at the same time (quiet and active play activities for younger and older, books not close to blocks or dramatic play).					
C. Learning centers are available daily and organized for children’s independent use with labeled shelves and labeled containers, etc. (labels should have both words and pictures).					
D. Toys are clean, in good working order and complete. (e.g. no missing pieces or broken parts).					
E. Spaces are available for children’s privacy (at least one area that is for one or two children to play protected from intrusion of others, baby in protected area while using popular toys).					
F. Display children’s artwork. At least 3 colorful pictures and/or other materials displayed where children can easily see them. Artwork is done by individually by children vs. commercial displays and provider talks to children about displayed materials. Display photographs of the children, their families, pets, or other familiar faces. Add new materials or change the display at least monthly.					
G. Ample indoor space for children, play materials, and furnishing. (Children and adults can move freely, space allows many play materials accessible. Space is in good repair, clean and well maintained.					
H. Adequate lighting, ventilation, and temperature control. Direct natural lighting through windows, doors, or skylight.					
I. Soft furnishings and toys are accessible to children. Soft toys are clean and in good repair.					
J. Arrangement of room makes it possible for staff to see all children at a glance.					
2. PERSONAL CARE ROUTINES					
A. Every child and parent is greeted warmly by name. Children are helped to become involved in activities. Separation issues are handled sensitively. Provider shares information about child’s day.					



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B. Provider encourages parents to spend time visiting at drop-off and pick-up times. In addition to sharing information on routines, meals, safety, etc. Provider talks with parents about specific things their child did during the day.		
C. Provider shares info. about infants routines with parents daily (recommend daily written record)		
D. Cots/cribs are placed 3 feet apart. Bedding is stored so it does not come in contact with other bedding. Provider can visually supervise infants.		
E. Sheet and/or blanket is available for each child for nap (children may not sleep directly on vinyl; blankets should not be used with infants) Children helped to relax (soft music, patting back)		
F. Food allergies/dietary restrictions posted (nutritious substitutions made when necessary)		
G. Meal snack time well organized (food prepared ahead of time, children safely involved in activities while provider prepares food/ or allowed to help). , Appropriate feeding practices used (adequate supervision for ages and abilities of children). Close supervision required with infants/toddlers.		
H. Well-balanced meals are served and different ages fed to avoid waiting. Basic sanitary procedures are maintained. (Infant foods are served from individual bowls and spoons, milk and juice in bottles not allowed to sit un-refrigerated longer than an hour)		
I. Provider sits with children and model appropriate mealtime behavior and conversation. Provider uses meal/snack times to encourage learning. Menus provided or posted for parents.		
J. Provider cleans and sanitizes table surfaces and high chairs before and after snacks and meals, using the proper procedures.		
K. Hand washing practices are followed by provider and children. Upon arrival for the day, after breaks, or when moving from one child care group to another. In addition, before and after: preparing food or beverages; eating, handling food, or feeding a child; giving medication or applying a medical ointment or cream in which a break in the skin (e.g., sores, cuts, or scrapes) may be encountered; playing in water; diapering; After: Using the toilet or helping a child use a toilet; handling bodily fluid (mucus, blood, vomit), from sneezing, wiping and blowing noses, from mouths, or from sores; handling animals or cleaning up animal waste; playing in sand, on wooden play sets, and outdoors; cleaning or handling the garbage; applying sunscreen and/or insect repellent.		



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L. No major safety hazards indoors or outdoors (Ex. Small toys which are choking hazards, electrical outlets covered, spills on floors are cleaned up immediately to prevent falls, substances labels “Keep out of reach of children” are locked away, personal items are out of reach, open stairwells are not accessible, fall zones are protected by adequate impact material, no easy access to busy roads or parking lots, cords from blinds are out of reach of child or are safety cords). 6-inch raised edge as a protection from falling off diapering table.					
M. Provider use positive techniques (i.e. do not humiliate, tease, shame, time out, etc.) in assisting children to develop self-toileting skills and/or following appropriate diapering procedures.					
N. Children are properly cared for to meet health needs indoors and outdoors. Children are dressed properly for weather when outdoors (Ex. Sunscreen, hats and mittens, coats).					
O. Diapering / toileting schedules meets individual needs of children in an appropriate manner suited to the age of children that includes adequate supervision.					
P. Sanitary conditions easy to maintain (no potty chairs used, water near diapering area, easy to clean surfaces)					
Q. Provider anticipates and takes action to eliminate safety hazards explains reasons for safety and ensures that children follow rules.					
3. Listening and Talking					
A. Provider talks to children frequently throughout the day during routine and play (i.e., dialogue, songs, finger plays, stories, etc.). Provider generally responds in a timely and positive manner to children’s attempts to communicate and follows through appropriately. (Ex. Crying answered quickly; attend to verbal requests, responds to children’s communications during play.)					
B. Verbal communication is personalized (makes eye contact with child, uses child’s name, uses signing or primary language)					
C. Provider talks about many different topics with children and uses descriptive words (talks about feelings, expresses child’s intentions, names object and actions)					
D. Provider encourages children to communicate with one another (toddlers shown how to use words to avoid conflict, modeling conversation, setting up activities that requires communication)					
E. Provider has many turn-taking conversations with children(imitate infant sounds, repeat what toddlers say and let toddler add more, discuss ideas with older children)					
F. Provider talks with children about concepts, such as cause and effect and same/different, reasoning, and problem solving strategies during play and routines.					
G. Provider asks open-ended questions, use active listening skills, and extend concepts/vocabulary through interactions with children throughout the day.					



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H. Provider usually maintains a good balance between listening and talking (give child time to process information and answer)					
I. Provider links older children’s talk with writing (write what child dictates and reads it back), school-agers write stories and use email)					
4. Using Books					
A. At least 12 books appropriate for each age group , but no less than 2 for each age group accessible. This includes a variety and wide selection of topics for children. (Ex. Fantasy, factual, people, animals, science, books that reflect cultures and different abilities and ages)					
B. All books need to be in “good repair”. (Books that are not age appropriate, frightening or violent, missing cover, pages torn, scribbled or missing will not count).					
C. Books read both formally and informally to small groups and individuals, both planned and spontaneously. Book times are warm and interactive. (Infants held while reading book, toddlers turn pages, preschool ask questions).					
D. Books are added and changed to maintain interest.					
E. Provider encourages children to read at their own level and children are not forced to participate.					
5. FINE MOTOR					
A. Many and varied (interlocking building toys, manipulatives, art and craft, puzzles) materials for each age group. Materials should be safe, challenging, but not frustrating. (Ex. Grasping toys, nesting cups, peg boards, stringing beads, puzzles, duplos, links, lacing cards, crayons, scissors).					
B. Materials are well organized, sets of toys in separate containers and rotated monthly.					
C. Provider interacts with children in relation to their play with the materials.					
6. CREATIVE EXPRESSION/ART					
A. Toddlers offered some appropriate art materials 3 times per week.					
B. Provider facilitates appropriate use of materials and children are not required to participate.					
C. Many art materials (e.g. drawing, paints, 3D, collage materials, and tools) are accessible daily and are stored on open shelves. All materials are safe and non-toxic.					
D. Individual expression is encouraged. Provider facilitates appropriate use of materials. (expectations based children’s abilities)					
E. Opportunities provided for 3-D art activities, such as sculpture media, play clay, play dough, wood scraps, etc.					



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7. MUSIC and Movement					
A. Many musical materials accessible for children's use daily. (e.g. dance props, CD player that older children can use independently).					
B. Various types of music are used. (Ex. Classical, music from other cultures, children's music instrumentals, etc.).					
C. Music is played with a purpose, not as background noise. (Ex. Naptime, singing and dancing)					
D. Provider informally sings or chants. (washing hands, clean-up song, nursery rhymes)					
8. BLOCKS					
A. Sufficient space for blocks and block accessories (e.g. people, vehicles, animals) for 3 or more children to build larger structures in a protected area. Provider encourages and/or participates in block play with children.					
B. Two of the 3 types of blocks (unit blocks, hollow blocks and home-made blocks) available. Note: Legos and other interlocking toys are considered manipulatives, not blocks).					
C. Blocks and accessories are accessible for a 1/3 of the program's operating hours, located near each other and sorted by type.					
9. DRAMATIC PLAY					
A. Many and varied age-appropriate dramatic play materials accessible for a 1/3 of the program's operating hours according to the age group served. Provider facilitates children's dramatic play. (Ex. Talks to toddler on toy telephone; brings out props for playing store).					
B. Props for at least 2 themes accessible daily including child-sized play furniture (Ex. housekeeping and construction).					
C. Dramatic play area clearly defined with organized storage.					
10. SCIENCE & NATURE					
A. Science materials, including 3-5 collections of natural objects such as rocks, shells, acorns, pinecones, leaves, etc. (organized in individual containers) accessible daily. Outdoor experiences with nature provided at least 2 times a week.					
B. A minimum of 3 living things (e.g. plants and/or fish) present for which the children have responsibilities for their care.					
C. Evidence of science/nature activities, such as charts, cooking, estimations, simple experiments, etc.					
D. Science and nature games/toys (e.g. sequencing cards, matching cards, magnifying glasses, flashlights, binoculars, kaleidoscope, color paddles, etc.)					



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E. In addition to planned activities, unplanned, informal conversations occur connecting everyday events to science. Outdoor experiences twice a week.					
F. Children are encouraged to bring in natural materials to share with others or add to collections.					
11. MATH AND NUMBERS (preschool only)					
A. Many objects for counting, sorting, matching and classifying accessible to the children daily for each age group.					
B. Toys/games with numbers on them to assist in number recognition accessible to the children daily (e.g. cash register with money, number puzzles, etc.).					
C. Materials to measure volume, weight, length, and height (e.g. bathroom scales, balance scales, rulers, tape measures, measuring cups, unit blocks, etc.) accessible to children daily.					
D. Materials to promote seriation skills (e.g. seriated cups; nested measuring cups/spoons; nesting dolls; small, medium, large toys; light, heavy, heaviest items; etc.) accessible to children daily.					
E. Materials for spatial relationships (e.g. building toys, pegs, puzzles, pattern blocks, etc.) accessible to children daily.					
F. Provider supports and extends math concepts during play and routine activities through conversations and interactions. (e.g. before, after, next, circle, square, plus, compare, sort, estimate, graph, predict, more, less, etc.)					
G. Materials are well organized and in good condition, sorted by type and not missing pieces.					
12. USE OF TV/ VIDEOS, and COMPUTERS					
A. For preschoolers, computer, and TV/videos use limited to 15 minutes per child for the day and 30 minutes per week. Infants and toddlers under 2 never have access to computers, or TV/ videos.					
B. Videos and computer games limited to those that support classroom studies and/or are considered educational for children (e.g. children and provider actively involved, no violent images, no feature length movies, etc.)					



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13. DIVERSITY					
A. Props, dolls, food, books, pictures, wall displays, music, clothing and materials that show differences in the following categories: age, race, culture, ability, and non-stereotypical gender roles. Materials show diversity in a positive way. Also, no prejudice shown by children or adults.					
B. Parents encouraged to share family customs and holiday celebrations include different cultures.					
14. SAND AND WATER					
A. Sand and water activities set up to facilitate play for at least one hour daily according to age group served. Sand and water play not available for children under 18 months.					
B. Variety of items for pouring, scooping, measuring, sifting, digging, filling, comparing, etc.					
15. Active Physical Play					
A. Outdoor area is used 1 hour daily year-round.					
B. Large outdoor area is not crowded or cluttered and easy accessible.					
C. Space and equipment is safe with sufficient cushioning and has protection from the elements.					
D. Ample materials/equipment to keep children active and interested.					
E. Provider joins in children's active play and/or suggest ways the children can extend their active play. There are teacher lead activities/games that promote the development of motor skills. Provider plans large-motor activities that encourage balancing, climbing, jumping, and pedaling daily.					
F. Provider offers many opportunities throughout the day for infants to spend time on their tummies (i.e., "tummy time"). Infants have a safe, open, and interesting space that encourages movement and activity with legs, feet, arms, and hands.					
16. Interactions					
A. Provider interactions (physical and verbal) with children are warm, respectful, and positive. Provider usually stops negative and hurtful interactions. (Ex. Stops name calling, fighting).					
B. Provider shows enjoyment in being with children (e.g. demonstration of lots of smiling and laughing, etc.)					
C. Provider uses non-punitive discipline methods (e.g. re-direction, attention to positive behavior, problem solving, conflict resolution techniques, etc.)					
D. Provider encourages children to solve problems, initiate activities, brainstorm, explore, experiment, question, and learn by doing, etc.					



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E. The home is marked by a positive climate (e.g., the provider's affect is positive, the provider is in close physical proximity to the children, there are social conversations evident among the children and between the provider(s) and children, the provider uses a warm, calm voice, etc.)					
F. Provider(s) help children label and talk about their emotions and feelings.					
G. Children are given specific positive encouragement and recognition for appropriate behavior.					
17. PROGRAM STRUCTURE					
A. Written schedule is posted and individualized for different ages. Free play occurs daily, indoors and outdoors, weather permitting. Also, Supervision used as an education interaction (Ex. Provider adds words to children's actions; points out interesting features of toys).					
B. Schedule is written so there is at least one indoor and one outdoor play period daily.					
C. Schedule (written and actually observed) shows a 1/3 of the program day spent in free choice time.					
D. Whole group times limited to short periods, children are not required to participate and other activities are made available.					
E. Provider plans smooth educational transitions between activities give advance notice so children can prepare for change and ensure wait time is minimized.					
F. Learning activities are planned and prepared in advance so the materials are ready for use when the children arrive at the activity.					
G. Lesson plans are current and visible, being followed and appropriate for the children in care, and based on their interests.					
H. Provider provide a print rich environment and allow children to see their own words in print through a variety of dictation experiences.					
I. Provider makes adjustments to environment, program or schedule, as needed, to allow children of all abilities and skill levels to participate.					