

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Quality Self-Assessment**

**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Organization Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Facilitator Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name(s) of the people completing the Quality Self-Assessment:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Instructions:** Before the Kaleidoscope Play & Learn group starts, we encourage your organization to decide who will be involved in completing and reviewing the Self-Assessment as well as who will be responsible for completing and monitoring follow-up steps. We encourage a supportive and interactive approach that involves the facilitator, his/her supervisor, and any other people in your organization that can help you offer a great Kaleidoscope Play & Learn program.

|  | **Yes**  **(√)** | **Working Towards**  **(√)** | **If Yes:** Give some examples of what you’re doing to fulfill this essential activity.  **If Working Towards:** Explain how and why this essential activity is not fully met. | **If Yes:** List changes or improvements – if any – you are planning to make for this essential activity.  **If Working Towards:** Explain the steps will you take to fulfill this essential activity. |
| --- | --- | --- | --- | --- |
| **Essential Activities: Embedded Practices** | | | | |
| Conducts group within the intent and parameters of the *Kaleidoscope* *Play & Learn Guidelines* |  |  |  |  |
| Uses emergent curriculum approach and/or a curriculum that meets the needs and preferences of participants |  |  |  |  |
| Uses modeling, one-on-one guidance, and small and large group approaches to assist caregiver learning |  |  |  |  |
| Conducts group in a culturally appropriate and competent manner for the participants who attend the group |  |  |  |  |
| Offers developmentally-appropriate activities for child participants |  |  |  |  |
| Facilitator works to develop warm, helping relationships with participants |  |  |  |  |
| Facilitator solicits and responds to caregiver in-put |  |  |  |  |
|  | Yes  (√) | Working Towards  (√) | If Yes: Give some examples of what you’re doing to fulfill this essential activity.  If Working Towards: Explain how and why this essential activity is not fully met. | If Yes: List changes or improvements – if any – you are planning to make for this essential activity.  If Working Towards: Explain the steps will you take to fulfill this essential activity. |
| **Essential Activities: What Happens at a Kaleidoscope Play & Learn Group** | | | | |
| Meets weekly for 90 minutes or more |  |  |  |  |
| Offers open-ended, child-directed free play |  |  |  |  |
| Includes coordinated group activity |  |  |  |  |
| Includes intentional caregiver learning, including how children learn through play, in each session |  |  |  |  |
| Makes intentional efforts for caregiver interaction and to connect caregivers with one another |  |  |  |  |
| Provides opportunities for children to interact |  |  |  |  |
| Provides intentional opportunities for developing caregiver leadership development within the group |  |  |  |  |
| **Essential Activities: Planning and Managing Kaleidoscope Play & Learn Groups** | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Makes efforts to recruit and engage Family, Friend and Neighbor caregivers |  |  |  |  |
| Has one person (at least) designated as the facilitator |  |  |  |  |
| Facilitator has completed Kaleidoscope Play & Learn 101 |  |  |  |  |
| Facilitator passes criminal background check |  |  |  |  |
| Meets location requirements: | | | | |
| * Access to bathrooms with running water |  |  |  |  |
| * Adequate space to meet local codes for number of participants |  |  |  |  |
| * No significant hazards for young children |  |  |  |  |
| * Access to telephone, fire extinguisher and first aid kit |  |  |  |  |
| * Ideally, ADA accessible |  |  |  |  |

|  |
| --- |
| **Additional notes and observations:** |

|  |
| --- |
| **Summary:**   1. What do you think are the strengths of this Kaleidoscope Play & Learn group? What do you think you’re doing particularly well? 2. If you answered “Working Towards” to any of the essential activities, who is responsible for making sure that steps are taken to meet the requirement? 3. What are your quality improvement goals and activities for the coming year? |

**Quality Assurance Log**

Please use this section to track the steps and actions you’ve taken to improve quality and address any essential elements you’re “working towards.” ***You are not required to use this section of the Self-Assessment or turn it into the Kaleidoscope Play & Learn Network***. As a best practice, we do encourage you to keep a record of your efforts.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date** | **Essential Element** | **Quality Assurance Steps Taken** | **Outcome of Actions Taken**  (eg, did you achieve your goal? What worked well? What challenges did you have?) | **Next Steps** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |