Measuring Inclusion Quality in Early Childhood Centres -- Why and How

SpeciaLink Symposium

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SpeciaLink

THE NATIONAL CENTRE FOR CHILD CARE INCLUSION

Today's Agenda

- Introduction to the day's work
- A virtuous cycle that supports effective inclusion
- Reasons to measure inclusion quality
- Development and use of the inclusion scales and training materials — and research issues
- Overview of the 11 practices and 6 principles
- Explanation of terms
- Assigned ratings
- Scrambled items and sample vignette
- Viewing and scoring of 3 video segments
- Scoring the complete *Scales*
- Questions and discussion

SpeciaLink points out....

- Unlike other children in Canada of minority status, children with disabilities can be excluded from enrolment in child care centres.
- Many reasons— additional costs for extra supports, lack of staff training, physical inaccessibility, etc.
- When children are deprived of critical social and developmental experiences, their parents are often forced out of the workforce and onto unemployment and welfare programs and we all lose.

SpeciaLink points out....

- 10% of Canadian children need extra support to be included in child care, because of their disabilities.
- 10% of families face a double disadvantage because of their child's disability — the additional challenges of parenting a child with a disability plus unemployment because of the lack of child care — enlarging Canada's shameful disability ghetto.

Why do we measure inclusion?

Key Points

From a presentation by Lero and Irwin to the 2005 Canadian Social Welfare Conference

- **Strong agreement on importance & value of including children with disabilities in high quality ELCC**
- **Governments are making commitments to major improvements & expansions in ELCC services & to being accountable for demonstrating positive changes.**
- **Evaluation of real progress requires change in a number of policies & practices.**
- **What will be measured? How? by whom?**

Inclusion of Children with Special Needs in Child Care

- **"Historically many inclusive child care centres have developed on an individual basis…"**
- **All provinces have made some provision for the inclusion of children with special needs, with some doing more than others.**
- **Children's access to high quality inclusive care is affected by policies that affect ELCC generally and inclusion specifically.**
- **Both access and inclusion quality are important issues.**

From a presentation by Lero and Irwin to the 2005 Canadian Social Welfare Conference

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ECCE Developments in 21st C

- **2003 Multilateral Framework on Early Learning and Child Care**
- **2004-2005 "Foundations" approach**
- **QUAD PRINCIPLES**
  - Quality
  - **Universally Inclusive**
  - Accessible
  - Development
- **Bilateral Agreements signed between Liberal government and all 10 provinces in 2005**

ECCE Developments in 21st C

- **Accountability, Knowledge Framework**
- **Conservative government elected in 2006 gave notice to cancel the agreements March 31, 2007**
- **Within the new government's plans for children, no specifics with respect to children with disabilities or inclusion**
- **Many provinces move forward on the inclusion issue despite lack of federal involvement.**

Evaluation of Progress in Achieving the Goal of Being Universally Inclusive requires

- Clearly stated measurable objectives, targets and timetables
- Improvements in multiple dimensions that contribute to this goal
- Identification of meaningful indicators and plans for systematic data collection
- Commitment to using the data to identify aspects that require continuing attention.

From a presentation by Drs. Lero and Irwin to the 2005 Canadian Social Welfare Conference

Suggested Indicators - 1
Prima Facie Evidence

- The number of children with special needs in child care programs
- Evidence of children with a range of needs and levels included
- Number of centres accepting children
- Reduced incidence of children with SN being turned down
- Higher retention … No Expulsion

From a presentation by Lero and Irwin to the 2005 Canadian Social Welfare Conference

Suggested Indicators – 2
Change in Provincial Policies & Practices

- Education / training requirements for director & staff related to inclusion
- Policies that affect availability & access for children & parents
- Policies that ensure all programs are physically accessible with design features appropriate for care
- Resources to provide additional trained staff beyond ratio as needed
- Resources allocated for in-service training and on-going support to centre staff and regulated home child care providers
- Monitoring of adequacy of resources, including caseloads of resource consultants, responsiveness

Lero and Irwin (2005)

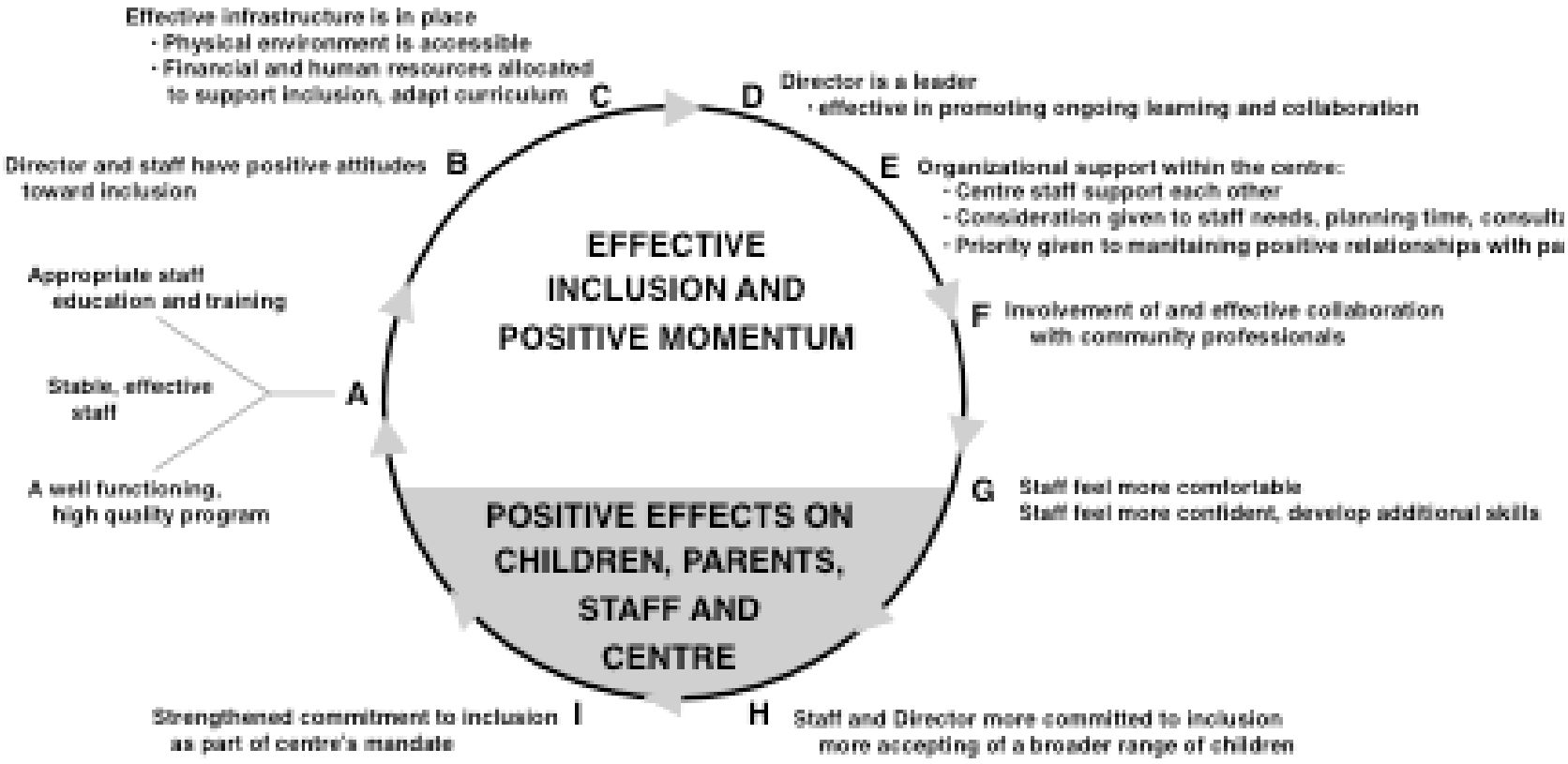
Suggested Indicators – 3
Direct Measures of Inclusion Quality in ELCC Programs

- SpeciaLink Early Childhood Inclusion Principles Scale
- SpeciaLink Early Childhood Inclusion Practices Scale

- Ongoing research to track emerging concerns & address accountability issues

Lero and Irwin (2005)

A Virtuous Cycle That Supports Effective Inclusion



Policy goals and centre resources that promote quality child care services and effective inclusion

So what do we mean by an inclusive program?

- A range of children with special needs are meaningfully included in ALL aspects of the childcare day
- All your staff feel equally comfortable in working with children with special needs
- You make the best use of available funding and multi-disciplinary consultants to support these children and your staff
- Parents are key partners in all decisions being made about their children
- **YOU** act as an advocate for the entitlement of children with special needs for high quality childcare services

What is the point of evaluation?

- Self Assessment = personal growth & development
- Staff Development = gets all the staff rowing in the same direction
- Develop your wish list
- Focus fundraising efforts
- Identify further training needs
- Talk about inclusion & quality to your parents, board of directors, other funders, community, government
- Meet accountability standards

Subscales and Scoring

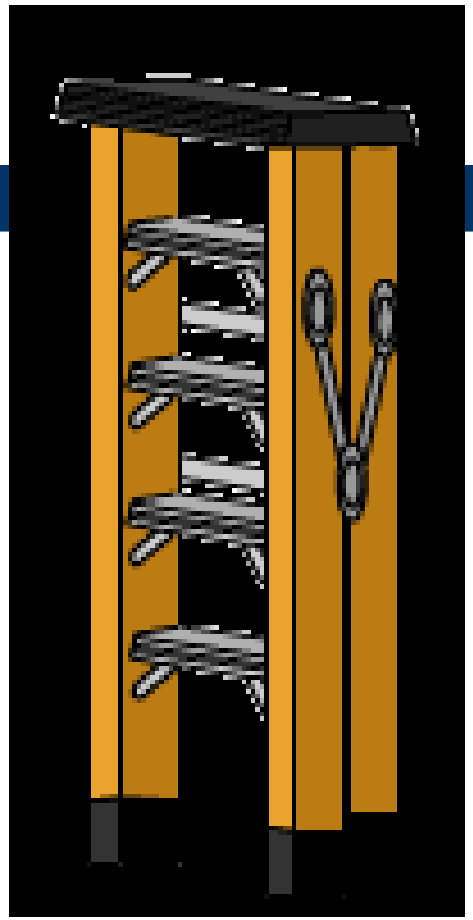
- Seven is the magic number
- 3 meets basic licensing standards
- It must be visible for you to score it
- Confirm what you saw through inter-rater reliability

The Quality Continuum

1 = Inadequate→	Doesn't even meet custodial care
3 = Minimal→	Basic health and safety, & to a small degree, basic development needs
5 = Good→	Basic dimensions of developmental care
7 = Excellent→	High quality, personalized care

Note: 5 and 7 require positive interaction, planning and personalized care as well as good materials

Assigned Ratings



Assigned Ratings

- A rating of 1 must be given if any indicator under 1 is scored Yes.
- A rating is 2 is given when all indicators under 1 are scored No and at least half of the indicators under 3 are scored Yes.
- A rating of 3 is given when all indicators under 1 are scored No and all indicators under three are scored Yes.
- A rating of 4 is given when all indicators under 3 are met and at least half of the indicators under 5 are scored Yes.

Assigned Ratings

- A rating of 6 is given when all indicators under 5 are met and at least half of the indicators under 7 are scored Yes.
- A rating of 7 is given when all indicators under 7 are scored Yes.
- A score of N/A (Not Applicable) may only be given for indicators for entire items when “N/A permitted” is shown on the scale and on the Score Sheet. Indicators that are scored N/A are not counted when determining the rating for an item, and items scored N/A are not counted when calculating subscale and total scale scores.

Assigned Ratings

- To calculate average subscale scores, sum the scores for each item in the subscale and divide by the number of items scored.
- The total mean scale score is the sum of all item scores for the entire scale divided by the number of items scored.

SpeciaLink's Early Childhood Inclusion Quality Scales

- Help assess inclusion quality in early childhood centres.
- Used together, they provide a picture of sustainable and evolving inclusion quality.

Inclusion Principles

- Zero Reject
- Naturally Occurring Proportions
- Same Days / Hours of Attendance Available to All Children
- Full Participation
- Maximum feasible parent participation at parent's comfort level
- Leadership, Proactive Strategies and Advocacy for High Quality Inclusive ELCC

Inclusion Practices

- Physical Environment and SN
- Equipment and Materials
- Director's Role as an Inclusion Leader
- Staff support within the centre
- Provisions for staff training
- Therapies, collaboration
- IPPs
- Parents of Children with Special Needs
- Involvement of Typical Children
- Board of Directors or similar units
- Preparation for the transition to school

Practice 1: Physical Environment and Special Needs.

Score: 1 2 3 4 5 6 7

Inadequate I	Minimal 3	Good 5	Excellent 7
1.1 ❑Y ❑N No modifications for children with special needs.	3.1 ❑Y ❑N Minor modifications (e.g., placement of furniture).	5.1 ❑Y ❑N Major permanent modifications (e.g., ramps; step-up changing table).	7.1 ❑Y ❑N Universal design principles are evident throughout.*
1.2 ❑Y ❑N Building entrance and/or classroom entrance not accessible.	3.2 ❑Y ❑N Some classroom areas are accessible.	5.2 ❑Y ❑N Many classroom areas are accessible.	7.2 ❑Y ❑N All classroom areas are accessible, as are washroom, coatroom and hallways.
1.3 ❑Y ❑N Classroom is too noisy and/or too bright or too dim.	3.3 ❑Y ❑N Some efforts made to soften noise & light.	5.3 ❑Y ❑N Many efforts made to ensure that noise & light levels are appropriate.	7.3 ❑Y ❑N Sound and light are at appropriate levels.
1.4 ❑Y ❑N Playground entrance not accessible.	3.4 ❑Y ❑N Some playground areas are accessible.	5.4 ❑Y ❑N Many playground areas are accessible.	7.4 ❑Y ❑N All playground areas are accessible.

"Some" means at least 3 interest areas are accessible; "Some efforts" means at least 3 examples are evident. "Many" means at least 5 interest areas are accessible; "Many efforts" means at least 5 examples are evident.

7. Individual Program Plans (IPPs).

(a)	(b)	(c)	(d)
• Children with special needs are present and some[1] have IPPs. • IPPs may be carried out in one-to-one pull-out sessions and/or within regular routines and activities. • IPP goals of the children with special needs are known by at least the one-to-one workers and/or the RT. • IPPs are developed by therapist or consultant/RT, or by team.	• Children with special needs are present but none have Individual Program Plans (IPPs).	• All children with special needs have IPPs. • IPP goals are embedded in regular group activities. • IPP goals are posted at interest centres so that all staff will work on them. • IPPs are developed collaboratively by consultant/RT, staff, parents. • Child progress is monitored to document acquisition toward IPP goals, and ineffective practices are modified.	• Most[2] children with special needs have IPPs. • IPPs are generally used in either small group pull-out sessions or in regular group. • IPP goals are shared with all staff at staff meetings and/or planning sessions. • IPP goals are developed by consultant/RT, with staff and/or parent input. • IPP goals and objectives are reviewed periodically.

Notes for Clarification

1 "Some" means at least 25%.

2 "Most means at least 75%.

You are observing a group of 4 and 5 year olds, two of whom have an identified disability. Both children will start kindergarten in the fall and it is now February. The Director and the Educator of this age group have met with school officials in their region to learn more information about the school system practices regarding inclusion. They have met with the parents of the children with special needs to gain permission for sharing information. The kindergarten teacher has visited the centre to meet all of the children, to observe the children with special needs, and to give suggestions to centre staff that will assist with their transition to school. As of yet, centre staff have not met with special education staff, resource teachers or classroom assistants to design and implement a transition plan and regular case conferences have not been held. Staff have been attempting to set up a meeting with the parents of the children with special needs to share information they have learned and to have the kindergarten teacher and parents meet.

Practice 11: Preparing for Transition to School.

Score: 1 2 3 4 5 6 7

Inadequate 1	Minimal 3	Good 5	Excellent 7
1.1 ❑Y ❑N Centre has not addressed this issue.	3.1 ❑Y ❑N Director and/or staff actively seek information about school system practices related to children with special needs. 3.2 ❑Y ❑N School system staff may telephone or visit centre in regards to individual children with special needs in preschool year.	5.1 ❑Y ❑N Staff implement suggestions from school system—from kindergarten teachers or special educators. 5.2 ❑Y ❑N Centre staff meet with some school staff (eg., special education staff, resource teachers, principals, teachers, classroom assistants) regarding many*children with special needs in Spring of preschool year.	7.1 ❑Y ❑N Staff actively collaborate with teachers and parents to design and implement transition strategies during preschool year. 7.2 ❑Y ❑N Centre holds regular case conferences with school staff, in Spring of preschool year, about all children with special needs. 7.3 ❑Y ❑N Centre shares information with school system, only as requested by parents, and only after discussion with parents about potential pros and cons of such disclosure.

* "Many" means at least 50%.

Video Time!

Practice 4: Staff Support.

Score: 1 2 3 4 5 6 7

Inadequate 1	Minimal 3	Good 5	Excellent 7
1.1 ❑Y ❑N There is little or no consultative assistance available to staff on inclusion. **1.2** ❑Y ❑N There is no in-centre staff, in addition to ratio, to support the children with special needs.	**3.1** ❑Y ❑N Scheduled consultative assistance is available during period when children with special needs enrolled. **3.2** ❑Y ❑N There is at least a part-time support staff, in addition to ratio, to support the children with special needs. **3.3** ❑Y ❑N Resource support staff have some training in ECE, special needs, or the individual child's issues.	**5.1** ❑Y ❑N Consultative assistance plans are developed collaboratively. **5.2** ❑Y ❑N Reduced child-to-staff ratio to include children with special needs OR one-to-one staffing, as needed. **5.3** ❑Y ❑N One permanent staff (in-house RT) , in addition to ratio, facilitates inclusion (at least part time). **5.4** ❑Y ❑N In-centre Resource Teacher has ECE diploma and post-diploma special needs certificate, or ECE diploma and at least 10 years experience with children with special needs and 10 workshops in special needs/inclusion.	**7.1** ❑Y ❑N Level of consultative assistance flexible to centre's needs. **7.2** ❑Y ❑N Reduced child-to-staff ratio to include children with extra needs, and one-to-one staffing, as needed. **7.3** ❑Y ❑N In-centre RT, in addition to ratio, facilitates inclusion (full-time position). **7.4** ❑Y ❑N In-centre RT has degree in ECE or related field and post-diploma certificate in special needs/inclusion.

Practice 9: Involvement of Typical Children.

Note frequency and intensity of play that involves children with special needs and typically developing children — especially in housekeeping area, block area, and out of doors, during free play times.

Score: 1 2 3 4 5 6 7

Inadequate 1	Minimal 3	Good 5	Excellent 7
1.1 ❑Y ❑N Typically developing children rarely interact with children with special needs. 1.1 ❑Y ❑N Staff take no active role in encouraging social inclusion. 1.2 ❑Y ❑N Competition is used frequently to motivate children to perform.	**3.1** ❑Y ❑N Typically developing children sometimes* interact with children with special needs in group social play situations. (That means that during at least 25% of the time when children with special needs are in group play situations such as the Dramatic Play area and the Block area, they are not ignored and left out of the play, **3.2** ❑Y ❑N Staff make comments or gestures to promote social inclusion. **3.3** ❑Y ❑N Cooperation is motivated occasionally, by adult requests.	**5.1** ❑Y ❑N Children with special needs are often*included in group social play. **5.2** ❑Y ❑N Staff suggest appropriate roles or dramatic situations that are inclusionary. **5.3** ❑Y ❑N Cooperation is stressed, through planned activities that require more than one child to accomplish.	**7.1** ❑Y ❑N Children with special needs are included in group social play most of the time*. **7.2** ❑Y ❑N Staff systematically use techniques of scripting, cooperative learning, valued object sharing, etc., to promote social inclusion. **7.3** ❑Y ❑N Staff receive specific training in promotion of inclusive social play. **7.4** ❑Y ❑N Cooperation is motivated frequently by adult verbal statements and by activities that need more than one child to accomplish.

* "Sometimes" means 25% of the time; "Often" means 50% of the time; "Most of the time" means over 75% of the time.

Principle 1: Zero Reject.

In fully inclusive child care centres, *all* children are welcome, regardless of type or level of disability. Many child care centres that are referred to as "inclusive" actually integrate only children with mild to moderate disabilities, or children with a single disability. Children who are not toilet-trained, who are not ambulatory, who have behavioural disorders, or who have special health care needs, are most likely to be excluded. (Read this statement to Director as you begin to discuss Principle #1 in a non-judgmental tone. Then use probe questions, as necessary, and record comments.

Some probe questions: (1) Have you, or would you be, unable to accept children with any particular level or type of disability? If "yes," what type of disability (ies) or level(s) are these? (2) Children with what disabilities and levels of disability (mild/moderate/severe/profound) have you been able to accommodate in your centre? Record as "comment."

Score: 1 2 3 4 5 6 7

Inadequate 1	Minimal 3	Good 5	Excellent 7
1.1 ❑Y ❑N Director describes previous and present inclusion of children with disabilities in terms of very subjective criteria, such as "very nice parent," "seemed easy to include," "we were forced to."	**3.1** ❑Y ❑N Director specifies some* types and levels of disability that the centre can accommodate.	**5.1** ❑Y ❑N Director specifies many* types and levels of disability that the centre can accommodate.	**7.1** ❑Y ❑N Director specifies that the centre will enroll children with all levels and types of disability—actively following the principle of zero reject,
1.2 ❑Y ❑N Lead ECE is not aware of previous or present enrollment of children with disabilities in her classroom.	**3.2** ❑Y ❑N Lead ECE is aware of previous or present enrollment of some* children with disabilities in her classroom.	**5.2** ❑Y ❑N Lead ECE is aware of many* children with disabilities, previously and presently enrolled, including some specifics about accommodations and modifications made to include them.	**7.2** ❑Y ❑N Lead ECE, another ECE, a support staff (such as secretary or cook), and a parent*** all articulate zero reject principle as their own and as the centre's.
1.3 ❑Y ❑N The centre has no written or verbal policy on inclusion.	**3.3** ❑Y ❑N The centre has an informal policy on inclusion (evidenced by Director's comments and supported by such evidence as accessible materials on diversity including pictures, books, dolls with disabilities, or by the presence of information and training opportunities on inclusion being available to staff).	**5.3** ❑Y ❑N The centre has a written policy statement that supports inclusion.	**7.3** ❑Y ❑N The centre has a written inclusion policy statement that affirms the zero reject principle, with a phrase such as "*all* children."

* "Some" means three or fewer; "Many" means four or more.

** "Types of disability" refers to diagnosis, such as autistic, intellectual, physical, visual, auditory. "Levels" refers to intensity, such as mild, moderate or severe.

*** "A parent" means the first parent (or close family member) of a child with special needs whom you see—in locker room, at arrival or departure, or identified through probe question.

SCORE SHEET
SpeciaLink Child Care Inclusion Practices Profile

Observer: _____ Observer Code: _____
Centre/School: _____ Centre Code: _____
Room: _____ Room Code: _____
Teacher(s): _____ Teacher Code: _____
Number of Staff Present: _____
Number of Children Enrolled in Class: _____
Number of Children Present: _____

Date of Observation: _____
Number of Children with Identified Disabilities: _____
Check Type(s) of Disability: ❑ Physical/Sensory ❑ Cognitive/Language
q Social/Emotional q Other
Birthdates of Children Enrolled: Youngest _____
Oldest _____
Time Observation Began: _____ : _____ q AM q PM
Time Observation Ended: _____ : _____ q AM q PM

Any Unusual Occurrence During Observation: _____

1. Physical Environment and Special Needs 1 2 3 4 5 6 7

	Y	N		Y	N		Y	N		Y	N	Notes:
1.1	`	`	3.1	`	`	5.1	`	`	7.1	`	`	
1.2	`	`	3.2	`	`	5.2	`	`	7.2	`	`	
1.3	`	`	3.3	`	`	5.3	`	`	7.3	`	`	
1.4	`	`	3.4	`	`	5.4	`	`	7.4	`	`	

2. Equipment and Materials 1 2 3 4 5 6 7

	Y	N		Y	N		Y	N		Y	N	Notes:
1.1	`	`	3.1	`	`	5.1	`	`	7.1	`	`	
1.2	`	`	3.2	`	`	5.2	`	`	7.2	`	`	
			3.3	`	`	5.3	`	`	7.3	`	`	
			3.4	`	`	5.4	`	`	7.4	`	`	

3. Director and Inclusion 1 2 3 4 5 6 7

	Y	N		Y	N		Y	N		Y	N	Notes:
1.1	`	`	3.1	`	`	5.1	`	`	7.1	`	`	
1.2	`	`	3.2	`	`	5.2	`	`	7.2	`	`	
1.3	`	`	3.3	`	`	5.3	`	`	7.3	`	`	
1.4	`	`	3.4	`	`	5.4	`	`	7.4	`	`	
1.5	`	`	3.5	`	`	5.5	`	`	7.5	`	`	

4. Staff Support 1 2 3 4 5 6 7

	Y	N		Y	N		Y	N		Y	N	Notes:
1.1	`	`	3.1	`	`	5.1	`	`	7.1	`	`	
1.2	`	`	3.2	`	`	5.2	`	`	7.2	`	`	
			3.3	`	`	5.3	`	`	7.3	`	`	
						5.4	`	`	7.4	`	`	

5. Staff Training 1 2 3 4 5 6 7

	Y	N		Y	N		Y	N		Y	N	Notes:
1.1	`	`	3.1	`	`	5.1	`	`	7.1	`	`	
1.2	`	`	3.2	`	`	5.2	`	`	7.2	`	`	
1.3	`	`	3.3	`	`	5.3	`	`	7.3	`	`	
									7.4	`	`	
									7.5	`	`	

6. Therapies: PT; OT; S&L; Behavioural 1 2 3 4 5 6 7

	Y	N		Y	N		Y	N		Y	N	Notes:
1.1	`	`	3.1	`	`	5.1	`	`	7.1	`	`	
1.2	`	`	3.2	`	`	5.2	`	`	7.2	`	`	
			3.3	`	`	5.3	`	`	7.3	`	`	
			3.4	`	`	5.4	`	`	7.4	`	`	
			3.5	`	`	5.5	`	`	7.5	`	`	

7. Individual Program Plans (IPPs) 1 2 3 4 5 6 7

	Y	N		Y	N		Y	N		Y	N	Notes:
1.1	`	`	3.1	`	`	5.1	`	`	7.1	`	`	
			3.2	`	`	5.2	`	`	7.2	`	`	
			3.3	`	`	5.3	`	`	7.3	`	`	
			3.4	`	`	5.4	`	`	7.4	`	`	
						5.5	`	`	7.5	`	`	

8. Parents of Children with Special Needs 1 2 3 4 5 6 7

	Y	N		Y	N		Y	N		Y	N	Notes:
1.1	`	`	3.1	`	`	5.1	`	`	7.1	`	`	
1.2	`	`	3.2	`	`	5.2	`	`	7.2	`	`	
1.3	`	`	3.3	`	`	5.3	`	`	7.3	`	`	
1.4	`	`	3.4	`	`	5.4	`	`	7.4	`	`	

9. Involvement of Typical Children 1 2 3 4 5 6 7

Y	N	Y	N	Y	N	Y	N	Notes:
1.1 `	`	3.1 `	`	5.1 `	`	7.1 `	`	
1.2 `	`	3.2 `	`	5.2 `	`	7.2 `	`	
1.3 `	`	3.3 `	`	5.3 `	`	7.3 `	`	
						7.4 `	`	

10. Board of Directors and Similar Units 1 2 3 4 5 6 7

Y	N	Y	N	Y	N	Y	N	Notes:
1.1 `	`	3.1 `	`	5.1 `	`	7.1 `	`	
1.2 `	`	3.2 `	`	5.2 `	`	7.2 `	`	
1.3 `	`	3.3 `	`	5.3 `	`	7.3 `	`	

11. Preparing for Transition to School 1 2 3 4 5 6 7

Y	N	Y	N	Y	N	Y	N	Notes:
1.1 `	`	3.1 `	`	5.1 `	`	7.1 `	`	
		3.2 `	`	5.2 `	`	7.2 `	`	
						7.3 `	`	

Total and Average Scores

	Total Score	# of Items Scored	Average Score
Physical Environment and Special Needs	_____		
Equipment and Materials	_____		
Director and Inclusion	_____		
Staff Support	_____		
Staff Training	_____		
Therapies	_____		
Individual Program Plans	_____		
Parents of Children with Special Needs	_____		
Involvement of Typical Children	_____		
Board of Directors and Similar Units	_____		
Preparing for Transition to School	_____		
TOTAL	_____	_____	_____

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SpeciaLink Child Care Inclusion Principles Scale

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Teacher(s): _____ Teacher Code: _____
Number of Staff Present: _____
Number of Children Enrolled in Class: _____
Number of Children Present: _____

Date of Observation: _____
Number of Children with Identified Disabilities: _____
Check Type(s) of Disability: ❑ Physical/Sensory ❑ Cognitive/Language
q Social/Emotional q Other
Birthdates of Children Enrolled: Youngest _____
Oldest _____
Time Observation Began: _____ : _____ q AM q PM
Time Observation Ended: _____ : _____ q AM q PM

Any Unusual Occurrence During Observation: _____

1. Zero Reject — 1 2 3 4 5 6 7

	Y	N		Y	N		Y	N		Y	N	Notes:
1.1	`	`	3.1	`	`	5.1	`	`	7.1	`	`	
1.2	`	`	3.2	`	`	5.2	`	`	7.2	`	`	
1.3	`	`	3.3	`	`	5.3	`	`	7.3	`	`	

2. Natural Proportions — 1 2 3 4 5 6 7

	Y	N		Y	N		Y	N		Y	N	Notes:
1.1	`	`	3.1	`	`	5.1	`	`	7.1	`	`	
1.2	`	`	3.2	`	`	5.2	`	`	7.2	`	`	
1.3	`	`	3.3	`	`	5.3	`	`	7.3	`	`	
1.4	`	`							7.4	`	`	
1.5	`	`										

3. Same Hours of Attendance Available to All Children — 1 2 3 4 5 6 7

	Y	N		Y	N	N/A		Y	N		Y	N	Notes:
1.1	`	`	3.1	`	`		5.1	`	`	7.1	`	`	
1.2	`	`	3.2	`	`	`	5.2	`	`	7.2	`	`	
1.3	`	`	3.3	`	`		5.3	`	`	7.3	`	`	
1.4	`	`	3.4	`	`	`	5.4	`	`	7.4	`	`	
1.5	`	`	3.5	`	`		5.5	`	`	7.5	`	`	

4. Full Participation — 1 2 3 4 5 6 7

	Y	N		Y	N	N/A		Y	N	N/A		Y	N	Notes:
1.1	`	`	3.1	`	`		5.1	`	`		7.1	`	`	
1.2	`	`	3.2	`	`	`	5.2	`	`	`	7.2	`	`	
1.3	`	`	3.3	`	`		5.3	`	`		7.3	`	`	
1.4	`	`	3.4	`	`		5.4	`	`		7.4	`	`	

5. Maximum Feasible Parent Participation — 1 2 3 4 5 6 7

	Y	N		Y	N		Y	N		Y	N	Notes:
1.1	`	`	3.1	`	`	5.1	`	`	7.1	`	`	
1.2	`	`	3.2	`	`	5.2	`	`	7.2	`	`	
1.3	`	`	3.3	`	`	5.3	`	`	7.3	`	`	
1.4	`	`	3.4	`	`	5.4	`	`	7.4	`	`	

6. Pro-Active Strategies and Advocacy for High Quality, Inclusive Child Care — 1 2 3 4 5 6 7

	Y	N		Y	N		Y	N		Y	N	Notes:
1.1	`	`	3.1	`	`	5.1	`	`	7.1	`	`	
1.2	`	`	3.2	`	`	5.2	`	`	7.2	`	`	
1.3	`	`	3.3	`	`	5.3	`	`	7.3	`	`	
									7.4	`	`	

Total and Average Scores

	Total Score	# of Items Scored	Average Score
Zero Reject	_____		
Natural Proportions	_____		
Same Hours of Attendance to All Children	_____		
Full Participation	_____		
Maximum Feasible Parent Participation	_____		
Pro-Active Strategies and Advocacy for High Quality, Inclusive Child Care	_____		
TOTAL	_____	_____	_____