

# Reflective Self-Study Verification Form: Child Care Centers



**Program name and ID#** \_\_\_\_\_

Use this form to verify the completion of the self-study for every classroom.

To earn credit for the self-study portion of the Temporary Assessment Process, each of the following steps must be completed:

**Step 1:** Introductory information shared with staff on \_\_\_\_\_ (enter date)

**Step 2:** List each classroom name and age-group in the left column

**Step 3:** For each classroom, check box in every column to indicate that the activity was completed.

*If there are additional classrooms, please use an additional form.*

Classroom name and age-group	Completed: <b>Thinking More About Personal Care Routines</b> <small>(This is Health and Safety for SACERS-U)</small>	Completed: <b>Thinking More About Language and Interactions</b>	Completed: <b>Thinking More About Program Structure</b>	Completed: <b>Reflective conversation with teacher</b>	Completed: <b>Prepare documents to give to NCRLAP</b>
Example: <i>Bumble Bees, 2 yr olds</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Administrator signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Your signature indicates to NCRLAP and DCDEE that the self-study process was fully completed according to the instructions.*