Environments

Implementation Guide Checklist

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Early Childhood Positive Behavior Supports for Family Child Care (EC-PBIS FCC) is based on the pyramid model of best practices for encouraging social emotional competence in young children. In programs that have implemented pyramid model practices children have significantly increased social skills and decreased challenging behavior.

This checklist encourages reflection on pyramid model practices used in your program. Once you have completed the checklist you are encouraged to call your consultant to set up a time to discuss how to use this information and what supports are available to you.

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| 1. **Designs the Physical Environment** | | |
| 1. Are there at least 3 clearly defined areas with different purposes (e.g. book area, block area, dramatic play area…) | | |
| * Rarely | * Sometimes | * Frequently |
| 1. Is it clear where children should walk to avoid interrupting other’s play? | | |
| * Rarely | * Sometimes | * Frequently |
| 1. If you do group activities do you have a space where all children can comfortably fit without squishing each other? | | |
| * Rarely | * Sometimes | * Frequently |
| 1. Do you verbally or visually indicate to children the number of friends allowed in each interest area? | | |
| * Rarely | * Sometimes | * Frequently |
| 1. Provider discusses expectations for interest areas/materials with children (Do the children know what is expected of them in each interest area and what they should do with play materials?) | | |
| * Rarely | * Sometimes | * Frequently |
| 1. Are quiet areas as far away as possible from loud areas? Are messy activities as close to the sink as possible? | | |
| * Rarely | * Sometimes | * Frequently |

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| --- | --- | --- |
| 1. Provider uses low-open shelving so the children can choose and put away materials on their own. (Do children have to ask for help to reach some materials?) | | |
| * Rarely | * Sometimes | * Frequently |
| 1. Can you see all the children in the room or are there shelves that children can hide behind where you can’t see what is happening? | | |
| * Rarely | * Sometimes | * Frequently |
| 1. Is there natural light in the rooms children use? Can you control the amount of light with curtains, blinds, ect? | | |
| * Rarely | * Sometimes | * Frequently |
| 1. Could colors be overwhelming to infants or children that are highly sensitive? | | |
| * Rarely | * Sometimes | * Frequently |
| 1. Do you have different textures in your environment? (soft pillow, woven rugs, ect…) | | |
| * Rarely | * Sometimes | * Frequently |
| 1. Are like items grouped together? Blocks all in the same area, puzzles all in the same area, ect… | | |
| * Rarely | * Sometimes | * Frequently |
| 1. Are play materials visible from a child’s eye level? | | |
| * Rarely | * Sometimes | * Frequently |
| 1. Are shelves and containers labeled with pictures and words? | | |
| * Rarely | * Sometimes | * Frequently |
| 1. Are there enough materials for multiple children to be engaged in play (3 units of play per child)? | | |
| * Rarely | * Sometimes | * Frequently |
| 1. Are materials periodically rotated to keep children’s interest? | | |
| * Rarely | * Sometimes | * Frequently |
| 1. Do you have areas where children can go if they need some quiet or are feeling overwhelmed? | | |
| * Rarely | * Sometimes | * Frequently |
| 1. Does each child have a space to store their personal belongings? | | |
| * Rarely | * Sometimes | * Frequently |
| 1. **Develops Schedules and Routines** | | |
| 1. I follow a daily schedule for the group but vary it when necessary to meet the needs of individual children? | | |
| * Rarely | * Sometimes | * Frequently |
| 1. Do you have a visual schedule posted that describes daily activities? | | |
| * Rarely | * Sometimes | * Frequently |
| 1. Do you review your schedule (verbally and/or visually) with the children and refer to it throughout the day? | | |
| * Rarely | * Sometimes | * Frequently |
| 1. Do you teach children about the schedule? (How do you do this when a new child enrolls in your program?) | | |
| * Rarely | * Sometimes | * Frequently |
| 1. Do you provide explanations to the children when changes in the schedule are necessary? | | |
| * Rarely | * Sometimes | * Frequently |
| 1. Do you use visual cues for children who need extra support following the daily schedule? | | |
| * Rarely | * Sometimes | * Frequently |
| 1. **Transitions** | | |
| 1. Do you structure transitions to eliminate wait time and ensure children are actively engaged in the transitions? | | |
| * Rarely | * Sometimes | * Frequently |
| 1. Do you have materials ready for activities before children arrive for the start of the activity? | | |
| * Rarely | * Sometimes | * Frequently |
| 1. Do you explicitly teach children what your expectations are for each transition and what the steps are? | | |
| * Rarely | * Sometimes | * Frequently |
| 1. Do you give warnings to all children when a transition is coming so they can prepare for it? | | |
| * Rarely | * Sometimes | * Frequently |
| 1. Do you give individual warnings and/or additional support for those who need it? | | |
| * Rarely | * Sometimes | * Frequently |
| 1. Do you provide positive descriptive feedback to children as they are making transitions to encourage continued effort and to acknowledge their successful transition? | | |
| * Rarely | * Sometimes | * Frequently |

Next Steps:

* Make a list of the top 2 or 3 items you would like to work on
* Call your consultant