**SAFE ENVIRONMENT OBSERVATION FORM**

**Date:** \_\_\_\_\_\_\_\_\_ **Site:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Program:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Classroom**#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Infant Room Toddler Room Preschool Room (circle one)

**Monitor’s Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Time in:** \_\_\_\_\_\_\_ **Time Out:** \_\_\_\_\_\_\_

**Location of observation:**

\_\_\_\_\_\_\_ Classroom \_\_\_\_\_\_\_ Bus \_\_\_\_\_\_\_Mealtime

\_\_\_\_\_\_\_ Bathroom \_\_\_\_\_\_\_ Playground \_\_\_\_\_\_\_Gym

\_\_\_\_\_\_\_ In the transition to another location (walking down the hallway, gym, bus, etc.)

**Staff present during observation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

* What was the tone of the environment during this observation?

 ***GREEN:***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *Teamwork* | *Teacher to Teacher talk* | *Positive Attitude* | *Teacher & Child Interaction* | *Welcoming* |

***RED:***

|  |  |  |  |
| --- | --- | --- | --- |
| *Little to no communication* | *Tense Environment* | *Unwelcoming feeling* | *Unengaged children* |

***Describe:***

* Were staff providingnurturing and responsive care-giving to children?

***GREEN:***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| *Match affect* | *Patient* | *Gentle voice* | *Responsive* | *At child’s level* | *Close proximity with children*  |

***RED:***

|  |  |  |  |
| --- | --- | --- | --- |
| *Rushing children* | *Ignoring children* | *Restricting choices* | *Not being flexible to needs/interest* |

**Describe:**

* Were the children’s social and emotional needs being met?

***GREEN:***

|  |  |  |  |
| --- | --- | --- | --- |
| *One to one support* | *Active listening* | *Adjust to needs & interest of children* | *Positive interactions* |

***RED:***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *Unresponsive to children’s needs* | *Ignore children*  | *Negative tone/ body language* | *Controlling* | *Timid Children* |

**Describe:**

* Were staff using positivechild guidance methods?

***GREEN:***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *Positive redirection* | *Offers choices* | *Supports with problem solving to occur* | *Positive Reinforcement* | *Supports children in managing their feelings* |

***RED:***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *Excessive physical redirection* | *Harsh tone* | *Isolating a child* | *Extended ignoring of a child* | *Purposely frustrates or aggravates a child* |

 ***Describe:***

* Were staff modeling appropriate language with the children?

***GREEN:***

|  |  |  |  |
| --- | --- | --- | --- |
| *Addresses child by their name* | *Calm & warm voices* | *Models polite words* | *Home Language is supported* |

***RED:***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *Yelling* | *Threatening or demeaning language used* | *Sarcasm* | *Using jargon language* | *Not addressing child by their name* |

 **Describe:**

* Were safety, health, and sanitation practices occurring in the classroom?

 ***GREEN:***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *Proper Handwashing* | *Toothbrushing* | *Sanitizing diaper Area & tables & toys* | *Proper usage of Gloves* | *Bedding is laundered* |

 ***RED:***

|  |  |  |  |
| --- | --- | --- | --- |
| *Lack of handwashing* | *No changing of gloves between children and food service*  | *Lack of cleaning and sanitizing* | *Diaper & Toileting procedures are not being followed* |

 ***Describe:***

* Furniture, materials, and toys in the classroom are:

 ***GREEN:***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *Chairs & tables are the correct size for the age served* | *Furniture Toys are in good condition*  | *Toys and materials are accessible to the children*  | *There are enough materials & toys for the children in the classroom* | *Furniture and materials are secured to the wall and will not tip over*  |

 ***RED:***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *Toys are a potential choking hazard* | *Broken toys or furniture in the classroom* | *Clutter in the classroom*  | *Items are placed on top of shelves – potentially falling on top of children*  | *Materials or toys in the room are not accessible to the children*  |

***Describe:***

* The Environment in the classroom is:

***GREEN:***

|  |  |  |  |
| --- | --- | --- | --- |
| *Welcoming and culturally inviting to the children and families* | *Space provides for children to move freely and explore* | *Areas in the classroom are easily identified* | *Cots or cribs are available for children to rest when needed* |

***RED:***

|  |  |  |  |
| --- | --- | --- | --- |
| *No greeting of children or other adults who enter the classroom* | *Classroom toys or play areas are restricted for children to use or play in* | *Classroom arrangement does not promote children’s engagement or exploration* | *The environment lacks in sending the message “you belong here”**“you are safe here”* |

***Describe:***

* What strengths were identified during the observation?

**GREEN:**

|  |  |  |  |
| --- | --- | --- | --- |
| *Positive praising with Children & Adults* | *Staff at children’s level physically and developmentally* | *Teacher to Teacher talk* | *Active Supervision procedures practiced* |
| *USDA practices and standards practiced* | *Flexibility from the staff* | *Happy & positive teachers* | *Happy, engaging, and confident children*  |

**Describe:**

* Were there any areas of concern noted during this observation?

 ***RED:***

|  |  |  |  |
| --- | --- | --- | --- |
| *Humiliating a child*  | *Using obscene language*  | *Cruel or frightening interactions with a child* | *Not following Active Supervision procedures* |
| *Physically harming a child*  | *Staff member sleeping*  | *Forcing a child or restricting a child*  | *Staff disputing in front of children* |

 ***Describe:***

* Is there follow-up or actions that need to occur from this observation? Explain.

 Monitors Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Original form to the Center Manager or Transportation Manager, copy to Data Manager, the team observed, Early Learning Program Manager, School Readiness Content Specialist, and EPIC Executive Director**