



**MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION (DESE)
OFFICE OF QUALITY SCHOOLS – EARLY LEARNING**

MISSOURI PRESCHOOL PROGRAM (MPP) FINAL REPORT

SECTION I – SITE CONTACT INFORMATION

LEAD AGENCY	SCHOOL DISTRICT COUNTY/DISTRICT CODE	ePeGs GRANT NUMBER MPPFY__ - __
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LEAD EDUCATION AGENCY AUTHORIZED REPRESENTATIVE

AUTHORIZED REPRESENTATIVE	TELEPHONE NUMBER	EMAIL ADDRESS	
STREET ADDRESS	CITY	STATE MO	ZIP CODE

INDIVIDUAL RESPONSIBLE FOR COMMUNICATING WITH THE DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION (DESE) REGARDING PROGRAM ACTIVITIES

CONTACT PERSON	TITLE	ORGANIZATION/ENTITY NAME	
STREET ADDRESS	CITY	STATE MO	ZIP CODE
TELEPHONE NUMBER	FAX NUMBER	EMAIL ADDRESS	

SECTION II – SITE BUDGET INFORMATION

Budget information has been submitted through ePeGS. (The Department of Elementary & Secondary Education (DESE) reserves the right to reduce the budget based on program plan and/or funds available.)

I, the undersigned, as official representative of the Lead Agency, certify the Lead Agency to be in compliance with the assurances signed in the application(s).

SIGNATURE OF AUTHORIZED REPRESENTATIVE X_____	DATE APPROVED
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DESE COMMENTS - (FOR DESE USE ONLY)

SIGNATURE OF AUTHORIZED DESE OFFICIAL:	DATE:
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The Department of Elementary and Secondary Education does not discriminate on the basis of race, color, religion, gender, national origin, age, or disability in its programs and activities. Inquiries related to Department programs and to the location of services, activities, and facilities that are accessible by persons with disabilities may be directed to the Jefferson State Office Building, Office of the General Counsel, Coordinator – Civil Rights Compliance (Title VI/Title IX/504/ADA/Age Act), 6th Floor, 205 Jefferson Street, P.O. Box 480, Jefferson City, MO 65102-0480; telephone number 573-526-4757 or TTY 800-735-2966; email civilrights@dese.mo.gov.

SECTION V - MPP CLASSROOM INFORMATION			
MPP CLASSROOM CODE (REFER TO MPP CONSULTANT REPORT) _____ -- _____ -- _____ -- _____	CLASSROOM IS FUNDED WITH: (MARK ALL THAT APPLY) <input type="checkbox"/> MPP FUNDS <input type="checkbox"/> TITLE I FUNDS <input type="checkbox"/> HEAD START FUNDS <input type="checkbox"/> EARLY CHILDHOOD SPECIAL EDUCATION FUNDS		
REFER TO CHILD CARE LICENSE CHILD CARE LICENSE NUMBER _____ LICENSED CAPACITY _____ LICENSE IS EFFECTIVE THROUGH ____/____/____	ACCREDITING SOURCE: <input type="checkbox"/> MISSOURI ACCREDITATION <input type="checkbox"/> NATIONAL ASSOCIATION FOR THE EDUCATION OF YOUNG CHILDREN <input type="checkbox"/> PROGRAM IS ACCREDITED THROUGH ____/____/____ <input type="checkbox"/> PROGRAM IS WORKING ON INITIAL ACCREDITATION <input type="checkbox"/> PROGRAM IS WORKING ON RENEWAL ACCREDITATION		
PROGRAM NAME _____			
STREET ADDRESS _____	CITY _____	STATE MO	ZIP _____
MPP CLASSROOM DATA			
Please include only those children served through MPP funds.			
TOTAL NUMBER OF CONTRACTED MPP SLOTS IN THE MPP CLASSROOM	<input type="checkbox"/> 10 or 10AM/10PM (20) <input type="checkbox"/> 15 or 15AM/15PM (30) <input type="checkbox"/> 20 or 20AM/20PM (40)		
TOTAL NUMBER OF MPP SLOTS FILLED ON AVERAGE			
LENGTH OF PROGRAM YEAR	<input type="checkbox"/> 12 MONTHS OR <input type="checkbox"/> SCHOOL YEAR		
LENGTH OF PROGRAM DAY	<input type="checkbox"/> HALF DAY OR <input type="checkbox"/> FULL DAY		
THE PROGRAM OFFERED EXTENDED DAY SERVICES	<input type="checkbox"/> YES OR <input type="checkbox"/> NO		
THE PROGRAM OFFERED TRANSPORTATION	<input type="checkbox"/> YES OR <input type="checkbox"/> NO		
THE PROGRAM IMPLEMENTED A FEE FOR PRESCHOOL SERVICES	<input type="checkbox"/> YES OR <input type="checkbox"/> NO		
THE PROGRAM PROVIDED MEALS/SNACKS (MEALS/SNACKS DURING MPP HOURS)	<input type="checkbox"/> BREAKFAST <input type="checkbox"/> AM SNACK <input type="checkbox"/> LUNCH <input type="checkbox"/> PM SNACK		
MPP CLASSROOM CHILD COUNT			
The number of children can exceed the number of slots to accommodate turnover in students throughout the year. Include all children enrolled from the start of the program year through June 30th.			
	AGE 3 BEFORE AUGUST 1, 2015	AGE 4 BEFORE AUGUST 1, 2015	
TOTAL NUMBER OF MPP CHILDREN			
OF THE TOTAL, HOW MANY WERE ENGLISH LANGUAGE LEARNERS (ELL) CHILDREN			
OF THE TOTAL, HOW MANY WERE LOW INCOME CHILDREN			
OF THE TOTAL, HOW MANY WERE SPECIAL NEEDS CHILDREN			
OF THE TOTAL, HOW MANY WERE HOMELESS CHILDREN			
LEAD TEACHER DATA			
NAME:	DESIRED RESULTS DEVELOPMENTAL PROFILE TRAINING: <input type="checkbox"/> YES <input type="checkbox"/> NO		
SALARY: <input type="checkbox"/> FULLY FUNDED WITH MPP <input type="checkbox"/> PARTIALLY FUNDED WITH MPP <input type="checkbox"/> NOT FUNDED WITH MPP			
QUALIFICATIONS: <input type="checkbox"/> EARLY CHILDHOOD <input type="checkbox"/> EARLY CHILDHOOD SPECIAL EDUCATION <input type="checkbox"/> 4 YEAR CHILD DEVELOPMENT			
CURRICULUM TRAINING: <input type="checkbox"/> CREATIVE CURRICULUM <input type="checkbox"/> EMERGING LANGUAGE & LITERACY CURRICULUM <input type="checkbox"/> HIGH/SCOPE® <input type="checkbox"/> PROJECT CONSTRUCT			
ASSISTANT TEACHER DATA			
NAME:	DESIRED RESULTS DEVELOPMENTAL PROFILE TRAINING: <input type="checkbox"/> YES <input type="checkbox"/> NO		
SALARY: <input type="checkbox"/> FULLY FUNDED WITH MPP <input type="checkbox"/> PARTIALLY FUNDED WITH MPP <input type="checkbox"/> NOT FUNDED WITH MPP			
QUALIFICATIONS: <u>PUBLIC SCHOOLS</u> <input type="checkbox"/> CDA <input type="checkbox"/> ACC <input type="checkbox"/> 60 HRS <u>NONPUBLIC SCHOOLS</u> <input type="checkbox"/> 2 YEARS			
CURRICULUM TRAINING: <input type="checkbox"/> CREATIVE CURRICULUM <input type="checkbox"/> EMERGING LANGUAGE & LITERACY CURRICULUM <input type="checkbox"/> HIGH/SCOPE® <input type="checkbox"/> PROJECT CONSTRUCT			

SECTION VI - PARENT EDUCATION/INVOLVEMENT

1. PARENT EDUCATION AND INVOLVEMENT (MPP Families and Children only)	NUMBER OF:
FAMILIES WHO RECEIVED A PARENTS AS TEACHERS (PAT) FAMILY PERSONAL VISIT	
FAMILIES ATTENDING AT LEAST ONE PAT GROUP CONNECTION	
CHILDREN WHO HAD A HEALTH, NUTRITION AND DEVELOPMENTAL SCREENING	
2. OTHER MPP CLASSROOM PARENT EDUCATION AND INVOLVEMENT ACTIVITIES.	NUMBER OF:
PARENT/TEACHER CONFERENCES OFFERED PER FAMILY	
FAMILIES PARTICIPATING IN PARENT/TEACHER CONFERENCES	
HOME VISITS OFFERED BY THE CLASSROOM TEACHER PER FAMILY	
FAMILIES WHO RECEIVED AT LEAST ONE HOME VISIT BY THE CLASSROOM TEACHER	
PARENT CHILD ACTIVITIES OFFERED TO FAMILIES	
FAMILIES PARTICIPATING IN PARENT CHILD ACTIVITIES	
FAMILIES WHO VOLUNTEERED TIME IN THE CLASSROOM	

SECTION VII - PROGRAM EVALUATION & PLANNING**1. THE PROGRAM EVALUATED SERVICES USING THE FOLLOWING:**

- MPP LEARNING COMMUNITIES PROJECT CONSULTANT REPORTS
- MPP LEARNING COMMUNITIES PROJECT EARLY CHILDHOOD ENVIRONMENTAL RATING SCALE (ECERS) REPORTS
- PARENT QUESTIONNAIRE
- OTHER: _____

2. NUMBER OF CHILDREN ENROLLED FOR THE FALL OF 2016 (FY17 PROGRAM YEAR)

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3. NUMBER OF CHILDREN ON A WAITING LIST FOR SERVICES FOR THE FALL OF 2016 (FY17 PROGRAM YEAR)

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AS A RESULT OF THE PROGRAM EVALUATION ABOVE AND THE ENROLLMENT FOR NEXT YEAR, THE FOLLOWING CHANGES ARE NEEDED:

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SECTION VIII – ADDITIONAL INFORMATION

1. DOES A POLICY EXIST THAT ALLOWS FOR THE EXPULSION OF A CHILD? YES NO

2. IF YES, PLEASE INDICATE THE NUMBER OF CHILDREN ASSOCIATED WITH THE REASON FOR EXPULSION.
(This does not include those children entering kindergarten in the fall or those that have moved.)

____ BEHAVIORAL ISSUES ____ PAYMENT ISSUES ____ OTHER (EXPLAIN)_____