



MISSOURI PRESCHOOL PROGRAM (MPP) FINAL REPORT

INSTRUCTIONS

DUE NO LATER THAN 1:00 P.M. ON MAY 15, 2018. MAIL THE COMPLETED FORM TO EARLY LEARNING, MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION, PO BOX 480, JEFFERSON CITY, MO 65102-0480 OR EMAIL TO ANGIE.KOETTING@DESE.MO.GOV.

QUESTIONS: CONTACT EARLY LEARNING AT 573-751-2095.

SECTION I – SITE CONTACT INFORMATION

| | | |
|-------------|----------------------|------------------|
| LEAD AGENCY | COUNTY-DISTRICT CODE | MPP AWARD NUMBER |
|-------------|----------------------|------------------|

LEAD AGENCY AUTHORIZED REPRESENTATIVE

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

INDIVIDUAL RESPONSIBLE FOR COMMUNICATING WITH DESE REGARDING PROGRAM ACTIVITIES

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

SECTION II – SITE BUDGET INFORMATION

BUDGET INFORMATION HAS BEEN SUBMITTED THROUGH EPEGS. 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 LEAD AGENCY AUTHORIZED REPRESENTATIVE X | DATE |
|---------------------------------------------------------|------|

DESE COMMENTS - (FOR DESE USE ONLY)

| | |
|---------------------------------------|---------------|
| SIGNATURE OF AUTHORIZED DESE OFFICIAL | DATE APPROVED |
|---------------------------------------|---------------|

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 III – SITE INFORMATION

| | | | |
|-----------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------|--------------------|
| PROGRAM NAME _____ | | | |
| STREET ADDRESS _____ | | CITY _____ | STATE MO |
| CHILD CARE LICENSE | | ACCREDITING SOURCE | |
| CHILD CARE LICENSE NUMBER _____ (9 DIGIT NUMBER) | | <input type="checkbox"/> MISSOURI ACCREDITATION <input type="checkbox"/> NATIONAL ASSOCIATION FOR THE EDUCATION OF YOUNG CHILDREN | |
| LICENSED CAPACITY _____ | | ACCREDITING STATUS | |
| EFFECTIVE THROUGH ____/____/____ | | <input type="checkbox"/> INITIAL ACCREDITATION <input type="checkbox"/> ACCREDITED THROUGH ____/____/____ | |

MPP SITE DATA (INCLUDE ONLY THOSE CHILDREN SERVED THROUGH MPP FUNDS.)

| | |
|-------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| TOTAL NUMBER OF CONTRACTED MPP SLOTS (HALF DAY PROGRAMS SERVING 20 AM/20 PM WILL REPORT 20 SLOTS) | _____ FULL DAY OR _____ HALF DAY |
| LENGTH OF PROGRAM YEAR | <input type="checkbox"/> 12 MONTHS OR <input type="checkbox"/> SCHOOL YEAR |
| CURRICULUM MODEL | <input type="checkbox"/> CREATIVE CURRICULUM <input type="checkbox"/> EMERGING LANGUAGE & LITERACY CURRICULUM <input type="checkbox"/> HIGH/SCOPE® <input type="checkbox"/> PROJECT CONSTRUCT |
| EXTENDED DAY SERVICES OFFERED | <input type="checkbox"/> YES OR <input type="checkbox"/> NO |
| TRANSPORTATION OFFERED | <input type="checkbox"/> YES OR <input type="checkbox"/> NO |
| FEE OR SCHOLARSHIP SYSTEM FOR PRESCHOOL SERVICES WAS IMPLEMENTED | <input type="checkbox"/> YES OR <input type="checkbox"/> NO |

SECTION IV – CLASSROOM INFORMATION (INCLUDE ALL CHILDREN ENROLLED FROM THE START OF THE PROGRAM YEAR THROUGH JUNE 30, 2018.)

| | | |
|----------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|
| CLASSROOM CODE ____ - ____ - ____ - ____ - ____ | AGE 3 BEFORE AUGUST 1, 2017 | AGE 4 BEFORE AUGUST 1, 2017 |
| TOTAL NUMBER OF MPP CHILDREN | | |
| NUMBER OF ENGLISH LEARNERS CHILDREN | | |
| NUMBER OF HOMELESS CHILDREN | | |
| NUMBER OF LOW INCOME CHILDREN | | |
| NUMBER OF SPECIAL NEEDS CHILDREN | | |
| LEAD TEACHER NAME | | |
| QUALIFICATIONS | <input type="checkbox"/> EARLY CHILDHOOD <input type="checkbox"/> EARLY CHILDHOOD SPECIAL EDUCATION <input type="checkbox"/> 4 YEAR CHILD DEVELOPMENT | |
| COMPLETED TRAINING IN THE SELECTED CURRICULUM MODEL | <input type="checkbox"/> YES OR <input type="checkbox"/> NO | |
| COMPLETED DESIRED RESULTS DEVELOPMENTAL PROFILE TRAINING | <input type="checkbox"/> YES OR <input type="checkbox"/> NO | |
| ASSISTANT TEACHER NAME | | |
| QUALIFICATIONS | <input type="checkbox"/> CDA <input type="checkbox"/> ACC <input type="checkbox"/> 60 HRS INCLUDING 3 HOURS OF EARLY CHILDHOOD | |
| COMPLETED TRAINING IN THE SELECTED CURRICULUM MODEL | <input type="checkbox"/> YES OR <input type="checkbox"/> NO | |
| COMPLETED DESIRED RESULTS DEVELOPMENTAL PROFILE TRAINING | <input type="checkbox"/> YES OR <input type="checkbox"/> NO | |

| SECTION IV – CLASSROOM INFORMATION (CONTINUED) | (REPORT ADDITIONAL CLASSROOMS AS NEEDED) | |
|----------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|
| CLASSROOM CODE ____ - ____ - ____ - ____ - ____ | AGE 3 BEFORE AUGUST 1, 2017 | AGE 4 BEFORE AUGUST 1, 2017 |
| TOTAL NUMBER OF MPP CHILDREN | | |
| NUMBER OF ENGLISH LEARNERS CHILDREN | | |
| NUMBER OF HOMELESS CHILDREN | | |
| NUMBER OF LOW INCOME CHILDREN | | |
| NUMBER OF SPECIAL NEEDS CHILDREN | | |
| LEAD TEACHER NAME | | |
| QUALIFICATIONS | <input type="checkbox"/> EARLY CHILDHOOD <input type="checkbox"/> EARLY CHILDHOOD SPECIAL EDUCATION <input type="checkbox"/> 4 YEAR CHILD DEVELOPMENT | |
| COMPLETED TRAINING IN THE SELECTED CURRICULUM MODEL | <input type="checkbox"/> YES OR <input type="checkbox"/> NO | |
| COMPLETED DESIRED RESULTS DEVELOPMENTAL PROFILE TRAINING | <input type="checkbox"/> YES OR <input type="checkbox"/> NO | |
| ASSISTANT TEACHER NAME | | |
| QUALIFICATIONS | <input type="checkbox"/> CDA <input type="checkbox"/> ACC <input type="checkbox"/> 60 HRS INCLUDING 3 HOURS OF EARLY CHILDHOOD | |
| COMPLETED TRAINING IN THE SELECTED CURRICULUM MODEL | <input type="checkbox"/> YES OR <input type="checkbox"/> NO | |
| COMPLETED DESIRED RESULTS DEVELOPMENTAL PROFILE TRAINING | <input type="checkbox"/> YES OR <input type="checkbox"/> NO | |
| CLASSROOM CODE ____ - ____ - ____ - ____ - ____ | AGE 3 BEFORE AUGUST 1, 2017 | AGE 4 BEFORE AUGUST 1, 2017 |
| TOTAL NUMBER OF MPP CHILDREN | | |
| NUMBER OF ENGLISH LEARNERS CHILDREN | | |
| NUMBER OF HOMELESS CHILDREN | | |
| NUMBER OF LOW INCOME CHILDREN | | |
| NUMBER OF SPECIAL NEEDS CHILDREN | | |
| LEAD TEACHER NAME | | |
| QUALIFICATIONS | <input type="checkbox"/> EARLY CHILDHOOD <input type="checkbox"/> EARLY CHILDHOOD SPECIAL EDUCATION <input type="checkbox"/> 4 YEAR CHILD DEVELOPMENT | |
| COMPLETED TRAINING IN THE SELECTED CURRICULUM MODEL | <input type="checkbox"/> YES OR <input type="checkbox"/> NO | |
| COMPLETED DESIRED RESULTS DEVELOPMENTAL PROFILE TRAINING | <input type="checkbox"/> YES OR <input type="checkbox"/> NO | |
| ASSISTANT TEACHER NAME | | |
| QUALIFICATIONS | <input type="checkbox"/> CDA <input type="checkbox"/> ACC <input type="checkbox"/> 60 HRS INCLUDING 3 HOURS OF EARLY CHILDHOOD | |
| COMPLETED TRAINING IN THE SELECTED CURRICULUM MODEL | <input type="checkbox"/> YES OR <input type="checkbox"/> NO | |
| COMPLETED DESIRED RESULTS DEVELOPMENTAL PROFILE TRAINING | <input type="checkbox"/> YES OR <input type="checkbox"/> NO | |

SECTION V - PARENT EDUCATION/INVOLVEMENT

PARENT EDUCATION AND INVOLVEMENT

| | |
|---------------------------------------------------------------------------------------------------------|--|
| NUMBER OF MPP FAMILIES WHO RECEIVED AT LEAST ONE PARENTS AS TEACHERS (PAT) FAMILY PERSONAL VISIT | |
| NUMBER OF MPP FAMILIES ATTENDING AT LEAST ONE PAT GROUP CONNECTION | |
| NUMBER OF MPP CHILDREN WHO HAD A HEALTH, NUTRITION AND DEVELOPMENTAL SCREENING | |

ADDITIONAL CLASSROOM PARENT EDUCATION AND INVOLVEMENT ACTIVITIES

| | |
|--------------------------------------------------------------------------------------|-------------------------------------------------------------|
| MPP FAMILIES WERE OFFERED, AS REQUIRED, A MINIMUM OF TWO PARENT/TEACHER CONFERENCES | <input type="checkbox"/> YES OR <input type="checkbox"/> NO |
| NUMBER OF MPP FAMILIES THAT PARTICIPATED IN AT LEAST ONE PARENT/TEACHER CONFERENCE | |
| MPP FAMILIES WERE OFFERED HOME VISITS BY THE CLASSROOM TEACHER | <input type="checkbox"/> YES OR <input type="checkbox"/> NO |
| NUMBER OF MPP FAMILIES WHO RECEIVED AT LEAST ONE HOME VISIT BY THE CLASSROOM TEACHER | |

SECTION VI - PROGRAM EVALUATION & PLANNING

THE PROGRAM EVALUATED SERVICES USING THE FOLLOWING

- MPP LEARNING COMMUNITIES PROJECT CONSULTANT REPORTS
- MPP LEARNING COMMUNITIES PROJECT EARLY CHILDHOOD ENVIRONMENTAL RATING SCALE-3 (ECERS-3) REPORTS
- PARENT QUESTIONNAIRE
- OTHER: _____

AS A RESULT OF THE PROGRAM EVALUATION(S) ABOVE THE FOLLOWING CHANGES ARE NEEDED.

SECTION VII – ADDITIONAL INFORMATION

| | |
|-------------------------------------------------------------------|-------------------------------------------------------------|
| DOES A POLICY EXIST THAT ALLOWS FOR THE EXPULSION OF A CHILD? | <input type="checkbox"/> YES OR <input type="checkbox"/> NO |
| IF YES , NUMBER OF CHILDREN EXPELLED FOR BEHAVIORAL ISSUES | |
| NUMBER OF CHILDREN EXPELLED FOR PAYMENT ISSUES | |
| NUMBER OF CHILDREN EXPELLED FOR OTHER ISSUES (EXPLAIN) | |

BRIEFLY DESCRIBE TWO OR THREE SUCCESSES THAT OCCURRED WITHIN THE MPP PROGRAM AS A DIRECT RESULT OF THE MPP FUNDING. (ATTACH ADDITIONAL PAGES AS NEEDED.)

BRIEFLY DESCRIBE TWO OR THREE SUCCESSES THAT OCCURRED WITHIN THE COMMUNITY AS A DIRECT RESULT OF THE MPP FUNDING. (ATTACH ADDITIONAL PAGES AS NEEDED.)