

➤ **Section I - Lead Agency Information**

Section 1 identifies the Lead Agency including the County District Code and Employer Identification Number. All programs, including private providers will have a County District Code. If you are not familiar with your code refer to the ePeGs.

The Authorized Representative is the person who is fiscally responsible for the program. For school district programs it is generally an administrator, Superintendent or Principal.

The Contact Person is the individual who will receive all questions from the Early Learning Section regarding this document.

Due Date: May 15,



EARLY LEARNING
MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION
PO BOX 480, JEFFERSON CITY, MO 65102-0480

MPP FINAL REPORT

SECTION I - LEAD AGENCY INFORMATION			
LEAD AGENCY	COUNTY-DISTRICT CODE	EIN NUMBER	
PLEASE COMPLETE THE MAILING ADDRESS FOR THE AUTHORIZED REPRESENTATIVE.			
AUTHORIZED REPRESENTATIVE	TELEPHONE	EMAIL	
STREET ADDRESS	CITY	STATE MO	ZIP CODE
PLEASE COMPLETE THE MAILING AND EMAIL ADDRESSES FOR THE CONTACT PERSON (PERSON RESPONSIBLE FOR PROGRAM AND RECIEVES CORRESPONDENCE).			
CONTACT NAME	TITLE	ORGANIZATION NAME	
STREET ADDRESS	CITY	STATE MO	ZIP CODE
TELEPHONE	FAX	EMAIL	

➤ **Section II - Budget Information**

This information indicates if the financial requirements have been complete in ePeGs and notifies the Early Learning Section of the program's intent for application the following year.

The signature by the Authorized Representative is the programs assurance that all requirements have been completed as stated in the MPP Administrative Manual.

SECTION II - BUDGET INFORMATION	
<input type="checkbox"/> Budget information has been submitted through ePeGs. (DESE reserves the right to reduce the budget based on program plan and/or funds available.	
Program intends to apply for MPP renewal funding for FY : <input type="checkbox"/> Yes or <input type="checkbox"/> No	
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	DATE
X _____	

This portion of the form is used by the Early Learning Section to approve the Final Report and include comments regarding the information contained in the report.

DESE Comments:	
DESE Early Learning Staff Approval:	Date

➤ **Section III - 10% Set Aside Activities**

This portion of the report is used only for programs that provided MPP funds to local child care programs within their community to support professional development activities. Only programs that have expenditures reported in ePeGs on Line 3000 Community Set Aside will complete this section. Report the number of Teachers who participated in these activities. All other programs will report Zeros.

SECTION III – 10% SET ASIDE ACTIVITIES.	
<i>(THE ACTIVITIES REPORTED IN THIS SECTION MUST HAVE BEEN REPORTED AS EXPENDITURES IN THE 3000 COMMUNITY SERVICES LINE OF THE BUDGET. THIS DOES NOT INCLUDE PROFESSIONAL DEVELOPMENT FOR THE MPP STAFF.)</i>	
ACTIVITIES FOR 10% SET ASIDE	NUMBER OF COMMUNITY TEACHERS/ASSISTANTS:
1. CREATIVE CURRICULUM TRAINING	
EMERGING LANGUAGE AND LITERACY (ELLC) TRAINING	
HIGH/SCOPE® TRAINING	
PROJECT CONSTRUCT TRAINING	
2. COLLEGE TUITION THROUGH T.E.A.C.H. EARLY CHILDHOOD® MISSOURI.	
3. IN-STATE TRAINING OR CONFERENCES	

➤ **Section V - MPP Classroom Information**

Programs with more than one MPP classroom funded under a single contract must make additional copies of page 3 for each classroom.

MPP Classroom Code is the number that is assigned to each MPP classroom. Refer to our website for a complete listing of program names and classroom codes.

Classroom Funding is used to identify the other funding sources being used to support the classroom. The Child Care License Number, Licensed Capacity and License Effective date must be reported as stated on the program's official Child Care License.

Accrediting Source identifies the Accrediting agency and if accredited, the expiration date. All new programs, awarded in FY14 will report "working on initial".

The Program Name and Address information must be reported as recorded on the official Child Care License.

MAKE ADDITIONAL COPIES AS NEEDED.

SECTION V - MPP CLASSROOM INFORMATION			
MPP CLASSROOM CODE ____ - ____ - ____ - ____ - ____ - ____		CLASSROOM IS FUNDED WITH: (Mark all that apply) <input type="checkbox"/> MPP FUNDS <input type="checkbox"/> TITLE 1 FUNDS <input type="checkbox"/> ECSE FUNDS <input type="checkbox"/> HEAD START FUNDS	
REFER TO CHILD CARE LICENSE FOR THIS INFORMATION. CHILD CARE LICENSE NUMBER _____ LICENSED CAPACITY _____ LICENSE IS EFFECTIVE THROUGH ____/____/____		ACCREDITING SOURCE <input type="checkbox"/> MOA <input type="checkbox"/> NAEYC <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 ZIP MO _____

MPP Classroom Data

Contracted Slots is the number of children stated in the Application for Bid and is associated with the funding awarded.

MPP Slots Filled on Average is the number of children served on average over the course of the program year and cannot exceed the number of contracted slots.

Length of Program Year is the number of months the program has contracted for in the Application for Bid.

Length of Program Day is reported as stated.

Extended day services indicates if the program is providing care and education services beyond the contracted number of hours. Full day programs are contracted for 6.5 hours and half day programs are contracted for 3 hours in the morning and 3 hours in the afternoon.

Transportation will indicate whether the program provides transportation for children.

The Sliding Scale Fee indicates whether the program implements a sliding scale fee that allows all families access to services regardless of income.

Provided Meals/Snacks indicates what food service is provided during MPP hours.

MPP CLASSROOM DATA <i>Please include only those children served through MPP funds.</i>	
TOTAL NUMBER OF <u>CONTRACTED MPP SLOTS</u> 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 <u>AVERAGE</u>	
LENGTH OF PROGRAM YEAR	<input type="checkbox"/> 12 MONTHS OR <input type="checkbox"/> LESS THAN 12 MONTHS
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

Total Number of MPP Children. This section of the report asks for the total number of children served in the Contracted Slots by age. How many were Age 3 Before August 1 or two years from kindergarten entry and how many were Age 4 Before August 1 or one year from kindergarten entry. It may include more children than are being contracted for due to the number of children who may exit the program throughout the course of the year.

Example: Contracted Slots is 10. At the start of the program year enrollment is full with 10 children. In January a child exits the program and their slot is filled with another child from the waiting list. Another child exits in February and that slot is filled from the waiting list. At the end of the year the 10 slots provided preschool services to a total of 12 children.

Of the total number of children, how many were ELL (English Language Learners).

Of the total number of children, how many were Low Income.

Of the total number of children, how many were Special Needs.

Of the total number of children, how many were Homeless.

MPP CLASSROOM CHILD COUNT <i>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.</i>		
	AGE 3 BEFORE AUGUST 1,	AGE 4 BEFORE AUGUST 1,
TOTAL NUMBER OF MPP CHILDREN		
OF THE TOTAL, HOW MANY WERE 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 reports the Lead Teacher name, how the salary for that position is funded, the education qualification and the curriculum source the teacher is trained in and implementing in the classroom.

LEAD TEACHER DATA		
FIRST NAME:	LAST NAME:	DRDP 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"/> EC <input type="checkbox"/> ECSE <input type="checkbox"/> 4CD		
CURRICULUM TRAINING: <input type="checkbox"/> CREATIVE CURRICULUM <input type="checkbox"/> EMERGING LANGUAGE & LITERACY <input type="checkbox"/> HIGH/SCOPE® <input type="checkbox"/> PROJECT CONSTRUCT		

Assistant Teacher Data reports the Assistant Teacher name, how the salary for that position is funded, the education qualification and the curriculum source the assistant teacher is trained in and implementing in the classroom. Classrooms contracted for 10 slots will not complete the Assistant Teacher Data section.

ASSISTANT TEACHER DATA		
FIRST NAME:	LAST NAME:	DRDP 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 <input type="checkbox"/> HIGH/SCOPE® <input type="checkbox"/> PROJECT CONSTRUCT		

➤ **Section VI - Parent Education/Involvement**

Of the total number of MPP children, how many MPP families received a PAT Family Personal Visit?

Of the total number of MPP children, how many MPP families received a PAT Group Connection?

Of the total number of MPP children, how many received a Health, Nutrition and Developmental Screening? *This is a requirement for all MPP children.*

SECTION VI - PARENT EDUCATION/INVOLVEMENT	
1. PARENT EDUCATION AND INVOLVEMENT (MPP Families and Children only)	NUMBER OF:
FAMILIES WHO RECEIVED A PAT FAMILY PERSONAL VISIT	
FAMILIES ATTENDING AT LEAST ONE PAT GROUP CONNECTION	
CHILDREN WHO HAD A HEALTH, NUTRITION AND DEVELOPMENTAL SCREENING	

How many Parent/Teacher Conferences are offered to families participating in the MPP classroom? *(A total of 2 Parent/Teacher Conferences are required to be offered.)*

How many MPP families participated in at least one Parent/Teacher Conference?

How many Home Visits, provided by the classroom teacher, are offered to MPP families?

How many MPP families received at least one Home Visit?

If your program offers Parent Child Activities (Math night, Donuts for Dad), how many were offered to MPP families?

How many MPP families participated in at least one Parent Child Activity?

How many MPP families Volunteered time in the MPP classroom?

2. OTHER MPP CLASSROOM PARENT EDUCATION AND INVOLVEMENT.	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**

In order for programs to provide quality services it is important for Program Evaluation to occur. This ensures the program is meeting the needs of families and children in their community. Indicate what method your program uses for evaluation of services. Multiple items may be checked.

It is important that MPP classrooms have full enrollment each year. Indicate the number of children enrolled for next year's classroom and the number of children who are on the waiting list for services as slots become available.

SECTION VII - PROGRAM EVALUATION & PLANNING	
1. THE PROGRAM EVALUATED SERVICES USING THE FOLLOWING:	
<input type="checkbox"/> MPP LEARNING COMMUNITIES PROJECT <input type="checkbox"/> RATE OF STAFF PARTICIPATION IN PROFESSIONAL DEVELOPMENT <input type="checkbox"/> PARENT QUESTIONNAIRE <input type="checkbox"/> RATE OF PARENT PARTICIPATION IN PARENT EDUCATION/INVOLVEMENT ACTIVITIES <input type="checkbox"/> OTHER: _____	
2. NUMBER OF CHILDREN ENROLLED FOR THE FALL OF	(FY PROGRAM YEAR)
3. NUMBER OF CHILDREN ON A WAITING LIST FOR SERVICES FOR THE FALL OF	(FY PROGRAM YEAR)
AS A RESULT OF THE PROGRAM EVALUATION ABOVE AND THE ENROLLMENT FOR NEXT YEAR, THE FOLLOWING CHANGES ARE NEEDED:	

➤ **Section VII - Additional Information**

1. All programs must have a policy handbook. Does your program have a policy that addresses the expulsion of enrolled children?
2. If so, indicate the number of children who were expelled for Behavioral Issues, Payment Issues and Other. If indicating children were expelled as "Other", explain. Do not include children who are exiting the program at the end of this year and entering kindergarten in the fall.

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) _____