| | | 0% complete |
|---|--|--|
| | Provider Name: | |
| | County of Program: | |
| | Provider Address: | |
| | Program Year: | |
| | Program Type: | |
| | Program Type. | |
| | days of posting of the Final VPK Readiness Rates. Please complete the contact information below for the person who You will be prompted to answer nine questions regarding your VPK | knowledge their designation as a low performing VPK provider within is submitting the Provider Acknowledgement. Then click [Next]. |
| : | Clicking [Next] after answering each question will save the informat lose any data entered for that step. Clicking [Save] after answering each question will save the informa Clicking [Reset] will clear all the fields of the page. | ion you entered. Note: If you click [Go Back] before clicking [Next] you witton you entered. computer keyboard to navigate from one item to another and the SPAR Submit] button. |
| | Clicking [Next] after answering each question will save the informat lose any data entered for that step. Clicking [Save] after answering each question will save the informa Clicking [Reset] will clear all the fields of the page. In addition to using the mouse, you may press the TAB key on your BAR to select a checkbox. After you have completed the Provider Acknowledgement, click the [Once you have submitted your Provider Acknowledgement, you may | ion you entered. Note: If you click [Go Back] before clicking [Next] you witton you entered. computer keyboard to navigate from one item to another and the SPAR Submit] button. |
| | Clicking [Next] after answering each question will save the informat lose any data entered for that step. Clicking [Save] after answering each question will save the informa Clicking [Reset] will clear all the fields of the page. In addition to using the mouse, you may press the TAB key on your BAR to select a checkbox. After you have completed the Provider Acknowledgement, click the [Once you have submitted your Provider Acknowledgement, you may fields marked with asterisk (*) are mandatory | ion you entered. Note: If you click [Go Back] before clicking [Next] you witton you entered. computer keyboard to navigate from one item to another and the SPAR Submit] button. |

List the total number of your VPK instructors who are qualified to teach VPK. Do not count teachers or aides who do not have a CDA or degree. Of the total, indicate the highest corresponding levels of education for each, as they pertain to their qualification to teach VPK. (For example, an instructor with a FCCPC and a Ph.D. in English with no Early Childhood would be counted as a CDA/FCCPC.) Each instructor should only correspond to one education level.

Note: For fields below which do not apply or are zero (0), please leave blank. The system will not accept zero (0) as a value.

All the fields marked with asterisk (*) are mandatory

| Previous Program Year | *Enter Total Number of Instructors: | | | |
|--|-------------------------------------|---|--|--|
| Education Level | # of Instructors* | Of the # Instructors with this degree, How many are in Early Childhood | | |
| Child Development Associate (CDA) / Florida Child Care Professional Credential (FCCPC - formerly CDAE) | | | | |
| Associate of Science Degree | | | | |
| Bachelors Degree | | | | |
| Masters Degree | | | | |
| Specialist Degree | | | | |
| Ph.D. | | | | |

| Current Program Year | Enter Total Number of Instructors: | | | |
|--|------------------------------------|---|--|--|
| Education Level | # of instructors | Of the # Instructors How many are in | | |
| Child Development Associate (CDA) / Florida Child Care Professional Credential (FCCPC - formerly CDAE) | | , | | |
| Associate of Science Degree | | | | |
| Bachelors Degree | | | | |
| Masters Degree | | | | |
| Specialist Degree | | | | |
| Ph.D. | | | | |

18% complete

Indicate the number of VPK classrooms in which the primary language of instruction is one of the following:

Note: For fields below which do not apply or are zero (0), please leave blank. The system will not accept zero (0) as a value.

All the fields marked with asterisk (*) are mandatory

| Previous Pro | gram Year | Current Program Year | |
|-------------------------|-------------------|-------------------------|------------------|
| Language of Instruction | # of Classrooms * | Language of Instruction | # of Classrooms* |
| English | | English | |
| Haitian-Creole | | Haitian-Creole | |
| Spanish | | Spanish | |
| Other | | Other | |

| Provider Acknowledgement - Step 4 of 11 | |
|---|--------------|
| | 27% complete |

Of your total number of VPK instructors, how many completed the following training?

Note: For fields below which do not apply or are zero (0), please leave blank. The system will not accept zero (0) as a value.

| Previous Program Year Total # of Instructors: | | Current Program Year Total # of Instructors: | |
|--|--|--|--|
| | | | |
| VPK Education Standards Training | | VPK Education Standards Training | |
| Five-Hour DOE Emergent Literacy Training | | Five-Hour DOE Emergent Literacy Training | |
| Integrating the Standards: Phonological Awareness | | Integrating the Standards: Phonological Awareness | |
| Emergent Literacy in the VPK Classroom | | Emergent Literacy in the VPK Classroom | |
| English Language Learners in the VPK Classroom | | English Language Learners in the VPK Classroom | |

What curriculum was implemented in your VPK program? (check all that apply)

All the fields marked with asterisk (*) are mandatory

| Previous Year* | Current Year* | Curriculum |
|----------------|---------------|--|
| | | ABEKA |
| | | Beyond Centers & Circle Time |
| | | The Complete Daily Curriculum for Early Childhood |
| | | Core Knowledge Preschool |
| | | Creative Curriculum |
| | | Creative Curriculum 4th Ed., Inc. Literacy Activities, Math Activities, & Study Starters |
| | | Curiosity Corner |
| | | DLM Early Childhood Express |
| | | Doors to Discovery |
| | | Early Literacy and Learning Model/Plus (ELLM/Plus) |
| | | High Reach: Butterflies |
| | | High Reach: Framework |
| | | High Reach: Passports |
| | | High/Scope |
| | | High/Scope, including 'Growing Readers' |
| | | Houghton Mifflin Pre-K |
| | | Innovations: The Comprehensive Preschool Curriculum |

| | The InvestiGator Club Pre-Kindergarten Learning System |
|--|--|
| | Kaplan Planning Guide to the Preschool Curriculum |
| | Let's Begin with Letter People |
| | Links to Literacy |
| | Literacy Express |
| | Montessori |
| | Opening the World of Learning (OWL) |
| | Read, Play, and Learn |
| | Ready, Set, Leap! |
| | Saxon Early Learning |
| | Scholastic Early Childhood Programs |
| | School Readiness Express |
| | We Can! |
| | Wee Learn |
| | World of Wonder |
| | Wright Skills/Growing with Mathematics |
| | Other: |
| | Other: |

Are the children in your VPK program administered child assessments?

All the fields marked with asterisk (*) are mandatory

| *Implemente | d in Previous VPK Program Year? | *Implemented in Current VPK Program Year? | |
|-------------|---------------------------------|---|--|
| © YES | ◎ NO | © YES © NO | |

If yes, which ones? (check all that apply)

| <u>Previous Year</u> | Current Year | Instrument |
|----------------------|--------------|---|
| | | Boehm Test of Basic Concepts-Revised (Boehm-R) |
| | | Boehm-3 Preschool |
| | | Bracken Basic Concept Scale - Revised (BBCS-R) |
| | | BRIGANCE® Inventory of Early Development - II |
| | | Child Observation Record (COR) (High/Scope) |
| | | Clinical Evaluation of Language Fundamentals - Preschool (CELF-P) |
| | | Comprehensive Test of Phonological Processing (CTOPP) |
| | | Creative Curriculum Developmental Continuum Assessment System |
| Ð | | Developing Skills Checklist (DSC) |
| | | Devereux Early Childhood Assessment (DECA) |
| | | Expressive One-Word Picture Vocabulary Test (EOWPVT-II) |
| | | Lindamood Auditory Conceptualization Test (LAC) |
| | | Oral Written and Language Scales (OWLS) |
| | | Peabody Picture Vocabulary Test (4th Edition) (PPVT-4) |
| | | Phonological Awareness and Literacy Screenings - PreK (PALS-PreK) |
| | | Phonological Awareness Test (PAT) |
| | | Preschool Language Scale - Fourth Edition (PLS-IV) |
| | | Receptive One-Word Picture Vocabulary Test (ROWPVT-III) |
| 日 | | Test of Early Reading Ability - 3 (TERA-3) |
| | | Test of Language Development - Primary: 3rd Edition (TOLD-P:3) |
| | | Woodcock Reading Mastery Tests-Revised (WRMT-R) |
| | | Woodcock Johnson III Tests of Cognitive Abilities and Achievements (WJ-III) |
| | | Work Sampling System |
| | | Other: |
| | | VPK Assessment |

Rule 6M-8.603

Are the children in your VPK program administered $\underline{\text{developmental screenings}}$?

All the fields marked with asterisk (*) are mandatory

| *Implemented in Previous VPK Program Year? | | *Implemented in Current VPK Program Year? | |
|--|------|---|--|
| © YES | ● NO | ● YES ● NO | |

If yes, which ones? (check all that apply)

| Previous Year | Current Year | Instrument |
|---------------|--------------|--|
| | | Ages and Stages Questionnaire |
| | | Denver Developmental Screening Test II (DDST-2) |
| | | Developmental Indicators for the Assessment of Learning (DIAL-3) |
| | | Devereux Early Childhood Assessment (DECA) |
| | | Early Screening Inventory-Revised (ESI-R) |
| | | Peabody Picture Vocabulary Test (3rd Edition) (PPVT-III) |
| | | Phonological Awareness and Literacy Screenings - PreK (PALS-PreK) |
| | | Related Denver Prescreening Developmental Questionnaire (R-DPDQ or Denver PDQ) |
| | | The Learning Accomplishment Profile-Diagnostic Edition (LAP-D) |
| | | Other: |
| | | Other: |

73% complete

Have any of your VPK classrooms had an environmental assessment administered within the last year?

Note: If no instrument is checked below, an environmental (or needs) assessment must be included in your Improvement Plan.

* Select Yes or No

| *Previous VPK Pro | ogram Year | |
|-------------------|------------|--|
| YES | ● NO | |

If yes, what instruments were used? (check all that apply)

| Previous Year | Instrument |
|---------------|---|
| | Arnett Caregiver Interaction Scale (CIS) |
| | Center for Improving the Readiness of Children for Learning and Education - Teaching Behavior Rating Scale (CIRCLE-TBRS) |
| | Center for Improving the Readiness of Children for Learning and Education (CIRCLE) Classroom Environmental Checklist 2007-08 |
| | Center for Improving the Readiness of Children for Learning and Education (CIRCLE) Preschool Early Language and Literacy Quick Check (list) |
| | Circle of Inclusion: Inclusion Observation Checklist |
| | Classroom Assessment Scoring System (CLASS) - Preschool (Perk) Version |
| | Early Childhood Environmental Rating Scale - Revised (ECERS-R) |
| | Early Language & Literacy Classroom Observation (ELLCO) |
| | Family Day Care Rating Scale (FDCRS) |
| | High/Scope Program Quality Assessment (PQA - Preschool Version) |
| | Preschool Classroom Mathematics Inventory (PCMI) |
| | Program Administration Scale (PAS) |
| | Self-Study for Accreditation |
| | Supports for Early Literacy Assessment (SELA) |
| | Other: |

Have you taken any steps to increase the percentage of students attending at least 70% of your program? (check all that apply)

| Previous Year | Current Year | Action |
|---------------|--------------|--|
| | | Discussed with each parent, the center's attendance policy and the impact of attendance on child learning |
| | | Reviewed individual child attendance records to identify patterns of non-attendance and their causes, as appropriate |
| | | Discussed with individual parents, causes for non-attendance and options for improvement |
| | | Reviewed center's written attendance policy and revised, if appropriate |
| | | Other: |
| | | Other. |

Provider Acknowledgement - Step 10 of 11

Have you taken any steps to increase family involvement in your program?

| Previous Year | Current Year | Action |
|---------------|--------------|--|
| | | Provided opportunities to meet with parents during registration process |
| | | Scheduled periodic parent meetings and/or workshops |
| | | Sent materials home to parents related to center activities, upcoming events, etc. |
| | | Provided opportunities to meet with parents individually to discuss their child's progress |
| | | Other: |
| | | Other. |

91% complete

- Please indicate that you have completed your Provider Acknowledgement by clicking on the [Submit] button.
 Note that changes to the Provider Acknowledgement may be made until the Provider Improvement Plan is submitted. Once the Provider Improvement Plan is submitted, entries in both the Provider Acknowledgement and Provider Improvement Plan become final and cannot be
- For a print friendly version, click [Export to MS Word]. To display color in your printed version, in the Print Preferences dialog box, select the "Print background colors and images" checkbox in Advanced Settings.

| | Department of Educati | ion - Florida Office of Early Learning | |
|-------------------------|-----------------------|--|--|
| | DRAFT Prov | rider Acknowledgement | |
| | | | |
| le . | | | |
| | | | |
| Provider Name: | | | |
| County of Program: | | | |
| Provider Address: | | | |
| Program Year: | | | |
| Program Type: | | | |
| act Information | | | |
| Name: | | | |
| Position: | | | |
| Phone Number: | | | |
| Phone Number Extension: | | | |

Provider Agreement

I hereby acknowledge that the center noted above has been identified as a VPK Low Performing Provider based on the Previous Program Year VPK Provider Kindergarten Readiness Rates. If I remain on probation for two consecutive years and fail to meet the minimum rate established by the State Board of Education, I intend to apply for a good cause exemption.

Program Review Questions

1. List the total number of your VPK instructors who are qualified to teach VPK. Do not count teachers or aides who do not have a CDA or degree. Of the total, indicate the highest corresponding levels of education for each, as they pertain to their qualification to teach VPK. (For example, an instructor with a FCCPC and a Ph.D. in English with no Early Childhood would be counted as a CDA/FCCPC.) Each instructor should only correspond to one education level.

| Program Year 2012-13 | Total # of Instructors: 1 | | |
|--|---------------------------|---|--|
| Education Level | # of Instructors | Of the # Instructors with this degree, How many are in Early Childhood | |
| Child Development Associate (CDA) / Florida Child Care Professional Credential (FCCPC - formerly CDAE) | 1 | | |
| Program Year 2013-14 | | Total # of Instructors: 1 | |
| Education Level | # of instructors | Of the # Instructors with this degree, How many are in Early Childhood | |
| Child Development Associate (CDA) / Florida Child Care Professional Credential (FCCPC - formerly CDAE) | 1 | | |

2. Indicate the number of VPK classrooms in which the primary language of instruction is one of the following:

| | Program Year 2012-13 | Program Year 2013-14 |
|-------------------------|----------------------|----------------------|
| Language of Instruction | # of Classrooms | # of Classrooms |
| English | 1 | 1 |

3. Of your total number of VPK instructors, how many completed the following training?

| | Program Year 2012-13 Total # of Instructors: 1 | Program Year 2013-14 Total # of Instructors: 1 |
|----------------------------------|---|---|
| Training | # of Instructors | # of instructors |
| VPK Education Standards Training | 1 | 1 |

4. What curricula was implemented in your VPK program? (check all that apply)

| Curriculum | Program Year 2012-13 | Program Year 2013-14 |
|------------|----------------------|----------------------|
| ABEKA | V | V |

| Instrument | Program Year 2012-13 | Program Year 2013-14 |
|--|---|--|
| Administered ? | Yes | Yes |
| Boehm Test of Basic Concepts-Revised (Boehm-R) | V | V |
| 6. Are the children in your VPK program administered | developmental screenings? If yes, whi | ch ones? (check all that apply) |
| Instrument | Program Year 2012-13 | Program Year 2013-14 |
| Administered ? | Yes | Yes |
| Ages and Stages Questionnaire | V | V |
| Administered ? | | Program Year 2012-13 Yes |
| Administered ? Arnett Caregiver Interaction Scale (CIS) | | |
| Arnett Caregiver Interaction Scale (CIS) | e of students attending at least 70% of | Yes 🗸 |
| | e of students attending at least 70% of Program Year 2012-13 | Yes ✓ your program? (check all that app |
| Arnett Caregiver Interaction Scale (CIS) Have you taken any steps to increase the percentage | | Yes 🗸 |
| Arnett Caregiver Interaction Scale (CIS) 3. Have you taken any steps to increase the percentage Action Discussed with each parent, the center's attendance policy and the impact of attendance on | Program Year 2012-13 | Yes ✓ your program? (check all that app |
| Arnett Caregiver Interaction Scale (CIS) 3. Have you taken any steps to increase the percentage Action Discussed with each parent, the center's attendance policy and the impact of attendance on child learning | Program Year 2012-13 | Yes ✓ your program? (check all that app |

Provider Acknowledgement - Successful Submission

100% complete

Thank you for completing the VPK Provider Acknowledgement. Your submission was successful.

Print Acknowledgement

Improvement Process Home