

## Introduction and Overview

### **FY12 Universal Pre-Kindergarten (UPK) Grant Renewal Questionnaire**

The following questionnaire is required to be completed by all FY11 Universal Pre-Kindergarten (UPK) Grantees applying to renew funding in FY12. The online questionnaire must be completed by 4:00pm on Friday, May 23, 2011. To view a hard copy of the questionnaire prior to entering information online, please see the FY12 UPK Renewal grant posting on EEC's website.

This questionnaire is required to be filled out for every UPK program or provider. Lead agencies that have more than one UPK program or provider must fill it out for each of them. For people that will be filling out the questionnaire multiple times from the same computer: Please note that you must complete each survey in its entirety (with the end being when you have submitted by clicking "Done."). To ensure that data is captured for each program or provider, when entering multiple programs please clear the cookies from your internet browser after each submission (if this is not done, data for the original submission will continue to be stored and sent to EEC).

- An example of how to clear cookies from your internet browser is as follows:
  - o For internet explorer users, click the "Tools" option on the menu bar;
  - o Select "Internet Options" from the menu of options;
  - o On the "General" tab, click the "Delete" button;
  - o Ensure that "Cookies" is checked and click "Delete."

If you have any questions regarding the completion of this questionnaire, please contact Kelly Schaffer at [kelly.schaffer@state.ma.us](mailto:kelly.schaffer@state.ma.us).

## Program Contact Information

**\* 1. Please provide the following program contact information.**

Lead Agency/System/District name (if applicable):

EEC Program Number:

EEC License Number (if applicable):

Program/Provider Name:

Program/Provider Address:

Program/Provider City/Town:

Program/Provider Zip Code:

Contact Person Name:

Contact Person Phone Number:

Contact person Email Address:

Other Contact Name (if applicable):

Other Contact Title (if applicable):

Other Contact Email (if applicable):

## Program Information

### \* 2. What program type is your program?

- Center Based
- Public School
- Private School
- Independent Family Child Care Provider
- System-affiliated Family Child Care Provider

### \* 3. Is your program a Head Start Program?

Yes

No

## Program Operation and Enrollment Information

\* **4. Please provide the number of weeks per year, days per week and hours per day your program operates.**

Number of weeks per year:

Number of days per week:

Number of hours per day:

**5. If your program is a center-based, public school or private school program program, please provide the number of UPK Funded Preschool Classrooms and non-UPK Preschool Classrooms (ages 2.9 to Kindergarten eligible).**

Number of UPK Funded Preschool Classrooms:

Number of non-UPK Funded Preschool Classrooms:

## Enrollment

For each question, please provide information as of December 1, 2010 and a projected enrollment on June 1, 2011. At a later time, additional information will be collected regarding enrollment from October 15, 2011.

- \* **6. How many preschool children (ages 2.9 to Kindergarten eligible) are enrolled in the UPK classrooms/family child care home.**

Number enrolled as of December 1, 2010

Projected number enrolled on June 1, 2011

- \* **7. How many of those children enrolled in UPK classrooms or family child care home receive Financial Assistance (please count each child once, by primary funding source).**

**Financial Assistance is defined as the following:**

- a. Children accessing care through EEC contracts or vouchers;**
- b. Children funded with Head Start dollars;**
- c. Privately subsidized children from families meeting EEC income eligibility criteria (i.e., total household income at or below 85% of the state median income) with supporting documentation from program; and**
- d. For public schools, the number of preschool children qualifying for free/reduced lunch.**

Number of children receiving Financial Assistance as of December 1, 2010

Projected number of children receiving Financial Assistance as of June 1, 2011

## Assessment

\* **8. What EEC-approved assessment instrument is your program using?**

- Ages and Stages
- Teaching Strategies Creative Curriculum
- Teaching Strategies GOLD
- High Scope COR
- Work Sampling System

**What date did your program begin using this tool?** If your program has been using the selected tool for less than a year, please briefly explain the reason your program switched tools. Please indicate which tool the program switched from and when the switch occurred.

\* **9. Is your program using the online or paper version of the tool?**

- Online version
- Paper version
- Both online and paper

## Accreditation

\* 10. Is your program currently accredited by NAEYC or NAFCC?

***Please note that EEC will re-check all programs' NAEYC or NAFCC accreditation status on July 1, 2011. All programs (excluding family child care providers with a CDA or higher degree) must be accredited on this date to remain eligible for their FY12 UPK grant.***

Yes, by NAEYC

Yes, by NAFCC

No

If yes, please provide EEC with your NAEYC accreditation number or your NAFCC expiration date.

## UPK Requirements

\* **11. Does your program agree to submit assessment data to EEC twice per year, once by December 31, 2011 for Fall data collection and by June 30, 2012 for Spring data collection?**

Yes

No

\* **12. Does your program agree to provide child-level information with parental consent, for the purpose of assigning SASIDs (state assigned student identifiers)?**

**The SASID data point include the following:**

- first name,
- middle name (if applicable),
- last name,
- date of birth,
- gender, and
- location (city) of birth

Yes

No

If no, why not?

	5
	6

## UPK Requirements

\* 13. Does your program agree to participate or allow EEC to conduct an environmental rating assessment of the program by use of the Early Childhood Environmental Rating Scale (ECERS) for center-based, public schools or private schools or the Family Child Care Environmental Rating Scale (FDCRS) for family child care programs at least once during the grant year?

Yes

No

## UPK and the Quality Rating and Improvement System (QRIS)

\* 14. Does your program agree to continue to participate in the Quality Rating and Improvement System (QRIS)?

Yes

No

If no, why not?



## Representation Statement

- \* **15. Please enter your name and title to certify you agree the information provided herein is correct and complete to the best of your knowledge. By entering your name and title you agree to provide all services required as stated in the UPK Renewal RFP and stated at the beginning of this survey.**

Name:

Title:

- \* **16. By choosing submit below, I certify under the pains and penalties of perjury that the information that I have provided herein is correct and complete to the best of my knowledge. Additionally, by selecting submit, if chosen I agree to provide all services required as stated in the UPK Renewal RFP and stated at the beginning of this survey. If I discover any inaccuracies and/or omissions related to the data provided, I will contact EEC immediately to supplement this submission.**

 Submit

 Cancel