

Parent Aware Provisional Rating Quality Documentation Packet for Centers

Please use this packet to submit documentation for the Parent Aware provisional rating process.

Business name (as it appears on your child care license):

Contact name:

First name

Last name

Address

City, State, ZIP

Return this form along with requested documentation to your resource specialist at the
Minnesota Child Care Resource & Referral Network, 380 Lafayette Rd, Ste 103
St. Paul, MN 55107

Form #: QP-012A



A. Business information

1. Please provide the following information:

1a. Child care license number: _____

Note that the Minnesota Department of Human Services, Licensing Division, will be contacted to verify licensing information.

1b. Has your program received a maltreatment determination in the past year?

- No
- Yes

If Yes, please describe the circumstances: _____

Note that programs that have received maltreatment determinations in the past year are not eligible to receive a provisional rating through Parent Aware. Maltreatment determinations issued against individual staff do not apply.

1c. Has your program received a negative action in the past six months? Negative actions include: Temporary Immediate Suspension, Suspension, Conditional License and Fines.

- No
- Yes

If Yes, please describe the circumstances: _____

Note that programs that have received a negative action in the past six months are not eligible to receive a provisional rating through Parent Aware.

2. Is your child care program accredited?

- No
- In process of becoming accredited or re-accredited
- Yes

If Yes, do not complete this form. Request a copy of the Quality Documentation Packet for accredited programs from your resource specialist.

2a. If in process, with which accrediting body are you working? _____

3. How many hours each week does your program operate? _____

Note that programs that operate less than 12 hours per week are not eligible to receive a provisional rating.

3a. Does your program operate year-round?

- No
- Yes

If No, how many weeks does your program operate annually? _____

4. What age groups of children does your program serve?

- Infants
- Toddlers
- Preschoolers

B. Family partnerships

1. Does your program have a formal process for collecting feedback from families participating in your program?

- No
- Yes

If Yes, attach documentation on how you solicit opinions, ideas and responses from families participating in your program?

2. Does your program have a written plan for how family feedback will be used?

- No
- Yes

If Yes, attach documentation you use for feedback from families to make improvements.

3. Does your program have strategies for communicating with families?

- No
- Yes

If Yes, attach documentation of up to four strategies used for communicating with families.

4. Does your program have a formal intake process?

- No
- Yes

If Yes, attach documentation that your program meets with each family upon enrollment to discuss the children's entrance into the program, share program policies and obtain information about children's/families' needs and preferences, including those related to families' culture.

5. Does your program share information with parents about preschool screening?

- No
- Yes

If Yes, please attach a written description of how you share information about preschool screening with parents. Attach any supporting documentation if available.

6. Does your program provide written plans for children transitioning between classrooms and to kindergarten?

- No
- Yes

If Yes, attach a sample of a transition plan with identifying information removed.

7. Does your program have a formal process for communicating about transitions with client families?

- No
- Yes

If Yes, please attach a description of how your program communicates with client families about transitions and attach documentation if available.

C. Curriculum and instruction

Infants and toddlers (ages 0-3)

1. Does your program use a curriculum for infants and toddlers?

- No (skip to Section C, Number 2a)
- Yes

If Yes, please answer the following questions and attach at least three samples of lesson plans for each age group that demonstrate how your program implements the curriculum, approach or daily activities aligned with the Early Childhood Indicators of Progress.

1a. Which of the following best describes your curriculum or daily activities for infants and toddlers?

- My program uses a bundle of commercially available, published curriculum.
Attach a copy of your completed Form for Submitting Curriculum for Review.
- My program uses an approach, such as Montessori or Project Approach.
Attach a copy of your completed Form for Submitting Curriculum for Review.
- My program uses a locally developed curriculum.
Attach a copy of your completed Form for Submitting Curriculum for Review.
- My program uses the following approved commercially available, published curriculum:
 - Creative Curriculum for Infants and Toddlers*
 - High Scope for Infants and Toddlers*
 - Program for Infant and Toddler Care (PITC)*
 - High Reach*

1b. Have the teaching staff in your program received at least eight hours of training on use of the curriculum or approach used in your program for infants and toddlers? (50 percent of lead teachers may receive training and provide training and coaching for the other teaching staff. In centers with nine classrooms or more, 30 percent of lead teachers must be trained.)

- No
- Yes

If Yes, attach copies of documentation that training has been completed.

Preschool-aged children (ages 3 – 5 yrs):

2. Does your program use a curriculum for preschool-aged children?

- No (skip to Section D)
- Yes

If Yes, please answer the following questions and attach at least three samples of lesson plans that demonstrate how your program implements the curriculum, approach or daily activities aligned with the Early Childhood Indicators of Progress.

2a. Which of the following best describes your curriculum or daily activities for preschool-aged children?

- My program uses a bundle of commercially available, published curriculum.
Attach a copy of your completed Form for Submitting Curriculum for Review.
- My program uses an approach, such as Montessori or Project Approach.
Attach a copy of your completed Form for Submitting Curriculum for Review.
- My program uses a locally developed curriculum.
Attach a copy of your completed Form for Submitting Curriculum for Review.
- My program uses the following approved commercially available, published curriculum:
 - Creative Curriculum for Preschoolers*
 - High/Scope for Preschoolers*
 - Opening the World of Learning*
 - Sprouts*
 - Core Knowledge*
 - High Reach*

2b. Have the teaching staff in your program received at least eight hours of training on use of the curriculum or approach used in your program for preschool-aged children? (50 percent of lead teachers may receive training and provide training and coaching for the other teaching staff. In centers with 9 classrooms or more, 30 percent of lead teachers must be trained.)

- No
- Yes

If Yes, attach copies of documentation that training has been completed.

D. Charting child progress

Infants and toddlers (ages 0-3)

1. Does your program chart children's progress at least twice per year?

- No (skip to Section D, Number 4)
- Yes

If Yes, please answer the following questions and *attach one child's record from the 0-3 age range with identifying information removed.*

1a. Which of the following best describes your approach to charting children's progress?

- My program uses the following approved commercially available, published instructional child assessment tool:
 - Creative Curriculum for Infants, Toddlers & Twos: Developmental Continuum Assessment Toolkit*
 - High/Scope Child Observation Record (COR) for Infants and Toddlers*
 - The Ounce Scale*
- My program uses an instructional child assessment tool that is not currently included on the approved list.
Attach a copy of your completed Form for Submitting Child Assessments for Review.

1b. Have the teaching staff in your program received at least eight hours of training on use of the instructional child assessment used in your program for infants and toddlers? (50 percent of lead teachers may receive training and provide training and coaching for the other teaching staff. In centers with nine classrooms or more, 30 percent of lead teachers must be trained.)

- No
- Yes

Attach copies of documentation that training has been completed.

Preschool-aged children (ages 3-5)

2. Does your program chart children's progress at least twice per year?

- No (skip to the next section)
- Yes

If Yes, please answer the following questions and attach one child's record from the 3-5 age range with identifying information removed.

2a. Which of the following best describes your approach to charting children's progress?

- My program uses the following approved commercially available, published instructional child assessment tool(s):
 - Creative Curriculum for Preschool: Developmental Continuum Assessment Tool for Ages 3 - 5*
 - High/Scope Preschool Child Observation Record (COR), Second Edition*
 - The Work Sampling Checklist, Preschool 3 and 4*

- My program uses an instructional child assessment tool that is not currently included on the approved list.
Attach a copy of your completed Form for Submitting Child Assessments for Review.

2b. Have the teaching staff in your program received at least eight hours of training on use of the instructional child assessment tool used in your program for preschool-aged children? (50 percent of lead teachers may receive training and provide training and coaching for the other teaching staff. In centers with nine classrooms or more, 30 percent of lead teachers must be trained.)

- No
- Yes

Attach copies of documentation that training has been completed.

E. Certification

By signing this form, you, the applicant, certify that the information provided is true, correct and reliable for purposes of assessing a Parent Aware provisional rating for your program. You understand that the submission of inaccurate or misleading information may be grounds for elimination of a provisional rating.

Signature: _____ Printed name: _____

Title: _____ Date: _____