

STATE BOARD OF EDUCATION

Action Item

February 25, 2015

SUBJECT: Approval of Amendment to Rule 6M-8.603, Voluntary Prekindergarten (VPK) Provider Placed on Probation and Required to Apply for a Good Cause Exemption

PROPOSED BOARD ACTION

For Approval

AUTHORITY FOR STATE BOARD ACTION

Section 1001.213(2), Florida Statutes

EXECUTIVE SUMMARY

The Office of Early Learning administers federal and state child care funds and partners with 30 local early learning coalitions to deliver comprehensive early learning services statewide. The office oversees three programs—the School Readiness Program, the Voluntary Prekindergarten (VPK) Education Program, and Child Care Resource and Referral services. OEL is required to submit its proposed rules to the State Board of Education for approval.

This proposed rule outlines the purpose of Good Cause Exemption and outlines which VPK providers are eligible to apply to continue offering VPK services. There are 4 criteria, with associated documentation, that are required as a part of the VPK provider's application. The rule outlines the review process as well.

Supporting Documentation Included: Proposed Rule 6M-8.603, Voluntary Prekindergarten (VPK) Provider Placed on Probation and Required to Apply for a Good Cause Exemption and Form VPK-GCE-02 (November 2014)

Facilitator: Rodney MacKinnon, Interim Executive Director, Office of Early Learning

6M-8.603 Voluntary Prekindergarten (VPK) Provider Placed on Probation and Required to Apply for a Good Cause Exemption.

Pursuant to Section 1002.69, F.S., the ~~Office of Early Learning State Board of Education~~, upon request of a private prekindergarten provider or public school that remains on probation for two (2) consecutive years or more and subsequently fails to meet the minimum rate adopted under Section 1002.69(6)(a), F.S., and for good cause shown may grant to the provider or school an exemption from being determined ineligible to deliver the Voluntary Prekindergarten Education Program and receive state funds for the program.

~~(1) Provider on Probation. The following process must be followed in order for a provider to be eligible to receive a good cause exemption.~~

~~(a) A provider on probation is defined as a VPK provider or public school whose readiness rate is at or below the minimum level established by the Office of Early Learning and incorporated in Rule 6M-8.601, F.A.C.~~

~~(b) A provider on probation remains on probation until it meets the minimum rate adopted by the Office as satisfactory under section 1002.69(6), F.S., and is subject to all requirements of probationary status.~~

~~(2) Good Cause Exemption Application Requirements. A provider must meet the following criteria to apply for a good cause exemption:~~

~~(a) The provider must acknowledge on Provider Acknowledgement, Form OEL-VPK 05A (Feb. 2015), being placed on probation and that the provider will, if it remains on probation for two (2) consecutive years or more and subsequently fail to meet the minimum rate, be required provide a notice that they intend to apply for a good cause exemption. The provider must complete the acknowledgement within twenty-one (21) days of posting of the final VPK readiness rates by the Office of Early Learning on the VPK readiness rate website, <http://vpk.fldoe.org>. Form OEL-VPK 05A (Feb. 2015) is incorporated by reference. A copy of the form may be obtained as provided in Rule 6M-8.900, F.A.C. or at <FAR link>, immediately following the first occurrence of failing to meet the readiness rate adopted by the State Board of Education. A provider that has been placed on probation upon issuance of the final readiness rates by the Department will remain on probation until such time that the provider has been issued a VPK readiness rate that meets the minimum rate set by the State Board of Education in Rule 6A-1.099821, F.A.C.~~

~~(b) The provider must adhere to all requirements of probation associated with having not met the readiness rate.~~

~~(c) The provider must assess each child enrolled in their program in accordance with paragraph (3)(2)(a) of this rule.~~

~~(3)(2) Criteria for Granting Good Cause Exemptions. Each of the following criteria must be met to be granted a good cause exemption:~~

~~(a) Learning Gains. The private prekindergarten provider or public school must demonstrate learning gains meeting on a standardized assessment approved by the Department. The ratio of students making learning gains to the total number of students assessed must be proportional to the ratio of students ready for kindergarten reflected in the readiness rate. The documentation of learning gains shall meet the following criteria:~~

~~1. Providers must utilize the pre- and post- an assessment, VPK Assessment, approved by the State Board of Education in Rule 6A-1.09433, F.A.C. (March 2015) at <FAR link> Department and administered consistent with the requirements of Rule 6M-8.620, F.A.C. Rule 6A-1.09433, F.A.C. is incorporated by reference and a copy of the rule may be obtained as provided in Rule 6M-8.900, F.A.C. or at: <FAR link>. A provider seeking a good cause exemption shall have the early learning coalition or a Department-approved second party administer the state-approved prekindergarten enrollment screening to each child in the prekindergarten provider's program within the first thirty (30) instructional days of each school year program or the first ten (10) instructional days of a summer program and the provider shall administer the standardized post-assessment approved by the Department to measure the student's learning gains for the year or summer, as appropriate. All costs associated with the assessments shall be borne by the VPK program provider.~~

~~2. Testing procedures for the assessment shall be performed according to the publisher's guidelines and assessment results shall be tabulated according to the publisher's guidelines. The provider shall take appropriate measures to ensure the integrity of the testing process. Individual student test results must be submitted to the Department in an electronic format such as provided by the Department. All data must be submitted to the Department within thirty (30) days after the administration of each assessment.~~

~~2.3. At a minimum, Data must be provided for all the three most recent years following the first year of a provider being having been placed on probation. Data submitted for VPK programs after the program year of 2011-~~

12 must be from the VPK Assessment referenced above. Data submitted for VPK program years 2011-12 and prior may be from another assessment utilized by the provider during those program years. Assessment results for all program completers who were assessed shall be included. An explanation shall be included for any program completers who were not assessed.

3.4. The results of the assessment shall demonstrate substantial and appropriate learning gains by program completers. Learning gains are substantial and appropriate if the ratio of students making learning gains to the total number of students assessed is seventy (70) percent or greater.

(b) Health and Safety Requirements. Pursuant to Section 1002.69(7)(d), F.S., a good cause exemption may not be granted to any private prekindergarten provider that has any Class I violations or two or more Class II violations within the two (2) years preceding the provider's or school's application for the exemption. For purposes of this rule, Class I violations and Class II violations have the same meaning as provided in Rule 65C-22.010(1)F.A.C.(August 2013). Rule 6A-1.09433, F.A.C. is incorporated by reference and a copy of the rule may be obtained as provided in Rule 6M-8.900, F.A.C. or at: <FAR link>. Section ~~402.281(3), F.S.~~ The good cause exemption application must include copies of all Department of Children and Families Childcare Inspection Checklists for all inspections performed by the Department of Children and Families under authority of Sections ~~402.301-402.319, F.S., during the two-year time period prior to application for good cause exemption.~~

(c) Individual Circumstances. Extraordinary or unique circumstances under which the provider should be allowed to continue to deliver the Voluntary Prekindergarten Education Program after remaining on probation for two (2) consecutive years and failing to meet the minimum readiness rate adopted by the Office State Board of Education as satisfactory under Section 1002.69, F.S.

(d) Adherence to ~~the an approved provider~~ Improvement Plan, ~~under Section 1002.67(3)(e), F.S., following all steps under Section 1002.67(4)(c), F.S., towards improvement specified in the plan including the use of an a Office-approved Department-approved curriculum or the a staff development plan approved by the Office. Department.~~

(4)(3) Application. A provider seeking a good cause exemption shall complete the Office's Department's VPK Good Cause Exemption Application Form VPK-GCE-02, November 2014 found at: <placeholder for FAR reference materials link> May 2012, (<http://www.flrules.com/Gateway/reference.asp?No-Ref-01190>) which is incorporated by reference herein. The sole method of submitting this form will be through the Office's Department's web site at: <https://vpk.fldoe.org>. The submission of an application for a good cause exemption must adhere to the following:

(a) The provider may submit additional documentation in support of its application. The Office Department may request additional documentation for verification of eligibility.

(b) A provider who fails to meet the minimum readiness rate after having been placed on probation for two (2) consecutive years may submit a good cause exemption application ~~at any time~~ after the release of the final annual preliminary VPK Readiness Rate. Supporting documentation submitted with the application must include a review of adherence to the provider improvement plan, fidelity of implementation of the required curriculum or staff development plan as explained in (3)(d) above ~~pursuant to Section 1002.67(3)(c)2, F.S., and feedback from the previous year Department's site visits.~~ The good cause exemption application and all supporting documentation must be received by the Office Department no later than fourteen (14) days after the deadline for filing the timely filed provider acknowledgment of failing to achieve the minimum readiness rate submitted pursuant to Rule 6M-8.601, F.A.C. Rule 6A-1.099821, F.A.C.

(c) The Office Department may grant an extension of time for submitting the good cause exemption application or supporting documentation for good cause shown. Good cause includes unavoidable circumstances such as illness or natural disaster, or excusable neglect.

~~(5)(4) Office Department~~ Review and Recommendation.

(a) Eligibility. The Office Department shall review each application for a good cause exemption to verify that the provider is eligible to apply. The Office Department shall deny any application that is submitted by a provider who does not meet the criteria described in paragraph ~~(2)(1)(b) or (2)(1)(c)~~ of this rule, without further review.

(b) The Office Department will review each application for a good cause exemption filed by an eligible provider, ~~and shall make a recommendation to the State Board of Education as to whether or not to grant the good cause exemption to the provider.~~ The Office Department may include outside consultants in the review process. The Office may request additional information from providers to supplement provider applications to address deficiencies identified by the Office with respect to demonstrated learning gains, health and safety requirements,

extraordinary or unique circumstances or adherence to the provider's improvement plan and may consider additional relevant documentation gathered or received by the Office Department from any source. The Office Department shall allow the provider an opportunity to rebut any evidence considered that was not submitted by the provider.

(c) The Office Department will consider each application individually and shall include in its review recommendation and report:

1. Whether the provider met the criteria described in subsection ~~(2)~~(4) of this rule;
2. Whether the provider was previously granted a good cause exemption;
3. The readiness rates of other providers in comparable circumstances, if such information is available and relevant;
4. Whether the circumstances warrant granting the request for a good cause exemption; and
5. Whether any conditions should be imposed upon the grant of a good cause exemption. ~~Each conclusion or recommendation shall be accompanied by an explanation in the report.~~

(d)1. The Office Department shall issue a preliminary recommendation ~~and report~~ and provide a copy of it to the provider.

2. The provider may submit a written response to the Office's Department's preliminary recommendation and report within fourteen (14) days of receipt.

3. The Office Department shall consider any timely response and revise the recommendation ~~and report~~, if appropriate.

~~(6)(5) Final State Board of Education Determination.~~

(a) The Office Department will make its final ~~recommendation to the State Board of Education by forwarding a final recommendation and report to the State Board of Education~~ determination regarding each application submitted and notify the applicant and the coalition or school district. ~~A copy of the final recommendation and report will be provided to the applicant.~~

(b) Any provider granted a good cause exemption shall continue to implement its improvement plan and continue the corrective actions required under Section 1002.67(4)(c)2., F.S. Any exemption granted is valid for one (1) year and may be renewed through the same application process.

~~(b) The Department will provide to the State Board of Education copies of the following documents:~~

1. ~~The provider's good cause application, with supporting documents;~~
2. ~~Additional documentation considered by the Department in making its recommendation;~~
3. ~~The Department's preliminary recommendation and report;~~
4. ~~The provider's response to the preliminary recommendation and report, if one was submitted; and~~
5. ~~The Department's final recommendation and report.~~

~~(c) The State Board of Education may consider a provider's application based on the written submissions alone or may, in its discretion, allow oral argument before the Board.~~

~~(d) The State Board of Education shall grant or deny each application. The State Board of Education may conditionally grant an application if, but for the proposed condition(s), the application would be denied.~~

~~(e) The Department shall notify Florida's Office of Early Learning of all good cause exemptions granted by the State Board of Education. Any provider granted a good cause exemption shall continue to implement its improvement plan and continue the corrective actions required under Section 1002.67(3)(e)2., F.S. Any exemption granted by the State Board of Education is valid for one (1) year and may be renewed through the same application process.~~

~~(f) The Department will provide onsite review of adherence to the curriculum as approved in the provider improvement plan pursuant to Section 1002.67(3)(e), F.S., implementation of the VPK standards and research based instructional practices, and ensure that ongoing student progress monitoring is administered by all providers granted a good cause exemption.~~

Rulemaking Authority 1001.213(2), 1002.79, 1002.69(7) FS. Law Implemented 1002.67(4), 1002.69(7) FS. History—New 3-24-11, Amended 5-10-12, Formerly 6A-1.09982, Amended _____.

Provider Acknowledgement - Step 1 of 11

0% complete

Provider Name:
County of Program:
Provider Address:
Program Year:
Program Type:

- VPK providers who fall below the minimum readiness rate shall acknowledge their designation as a low performing VPK provider within 21 days of posting of the Final VPK Readiness Rates.
- Please complete the contact information below for the person who is submitting the Provider Acknowledgement. Then click [Next].
- You will be prompted to answer nine questions regarding your VPK program. This information will help you to create an Improvement Plan. Clicking [Next] after answering each question will save the information you entered. Note: If you click [Go Back] before clicking [Next] you will lose any data entered for that step.
- Clicking [Save] after answering each question will save the information you entered.
- Clicking [Reset] will clear all the fields of the page.
- In addition to using the mouse, you may press the TAB key on your computer keyboard to navigate from one item to another and the SPACE BAR to select a checkbox.
- After you have completed the Provider Acknowledgement, click the [Submit] button.
- Once you have submitted your Provider Acknowledgement, you may begin creating your Improvement Plan.

All the fields marked with asterisk (*) are mandatory

* Name (of person submitting the Provider Acknowledgement):
* Position:
* Contact Email Address:

-
- 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.
-

Provider Acknowledgement - Step 2 of 11

5% complete

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: <input type="text"/>	
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)	<input type="text"/>		
Associate of Science Degree	<input type="text"/>	<input type="text"/>	
Bachelors Degree	<input type="text"/>	<input type="text"/>	
Masters Degree	<input type="text"/>	<input type="text"/>	
Specialist Degree	<input type="text"/>	<input type="text"/>	
Ph.D	<input type="text"/>	<input type="text"/>	

Current Program Year		Enter Total Number of Instructors: <input type="text"/>	
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)	<input type="text"/>		
Associate of Science Degree	<input type="text"/>	<input type="text"/>	
Bachelors Degree	<input type="text"/>	<input type="text"/>	
Masters Degree	<input type="text"/>	<input type="text"/>	
Specialist Degree	<input type="text"/>	<input type="text"/>	
Ph.D	<input type="text"/>	<input type="text"/>	

Provider Acknowledgement - Step 3 of 11

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 Program Year		Current Program Year	
Language of Instruction	# of Classrooms *	Language of Instruction	# of Classrooms *
English	<input type="text"/>	English	<input type="text"/>
Haitian-Creole	<input type="text"/>	Haitian-Creole	<input type="text"/>
Spanish	<input type="text"/>	Spanish	<input type="text"/>
Other	<input type="text"/>	Other	<input type="text"/>

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		Current Program Year	
Total # of Instructors: <input type="text" value="1"/>		Total # of Instructors: <input type="text" value="1"/>	
Training	# of Instructors	Training	# of Instructors
VPK Education Standards Training	<input type="text"/>	VPK Education Standards Training	<input type="text"/>
Five-Hour DOE Emergent Literacy Training	<input type="text"/>	Five-Hour DOE Emergent Literacy Training	<input type="text"/>
Integrating the Standards: Phonological Awareness	<input type="text"/>	Integrating the Standards: Phonological Awareness	<input type="text"/>
Emergent Literacy in the VPK Classroom	<input type="text"/>	Emergent Literacy in the VPK Classroom	<input type="text"/>
English Language Learners in the VPK Classroom	<input type="text"/>	English Language Learners in the VPK Classroom	<input type="text"/>

Provider Acknowledgement - Step 5 of 11

22% complete

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

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

Provider Acknowledgement - Step 6 of 11

55% complete

Are the children in your VPK program administered **child assessments**?

All the fields marked with asterisk (*) are mandatory

Implemented in Previous VPK Program Year?	Implemented in Current VPK Program Year?
<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO

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

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

Rule 6M-8.603

Form OEL-VPK 05A (Feb. 2015)

Provider Acknowledgement - Step 7 of 11

84% complete

Are the children in your VPK program administered developmental screenings?

All the fields marked with asterisk (*) are mandatory

*Implemented in Previous VPK Program Year?		*Implemented in Current VPK Program Year?	
<input type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> YES	<input type="radio"/> NO

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

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

Provider Acknowledgement - Step 8 of 11

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 Program Year

YES

NO

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

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

Provider Acknowledgement - Step 9 of 11

62% complete

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
<input type="checkbox"/>	<input type="checkbox"/>	Discussed with each parent, the center's attendance policy and the impact of attendance on child learning
<input type="checkbox"/>	<input type="checkbox"/>	Reviewed individual child attendance records to identify patterns of non-attendance and their causes, as appropriate
<input type="checkbox"/>	<input type="checkbox"/>	Discussed with individual parents, causes for non-attendance and options for improvement
<input type="checkbox"/>	<input type="checkbox"/>	Reviewed center's written attendance policy and revised, if appropriate
<input type="checkbox"/>		Other: <input type="text"/>
	<input type="checkbox"/>	Other: <input type="text"/>

Provider Acknowledgement - Step 10 of 11

91% complete

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

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

Provider Acknowledgement - Step 11 of 11

81% 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 changed.
- 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.

Go back

Print

Export to MS Word

Submit

Department of Education - Florida Office of Early Learning

DRAFT Provider Acknowledgement

Profile

Provider Name:
County of Program:
Provider Address:
Program Year:
Program Type:

Contact Information

Name:
Position:
Phone Number:
Phone Number Extension:
Email Address:

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	✓	✓

5 Are the children in your VPK program administered **child assessments**? If yes, which ones? (check all that apply)

Instrument	Program Year 2012-13	Program Year 2013-14
Administered?	Yes	Yes
Boehm Test of Basic Concepts-Revised (Boehm-R)	✓	✓

6 Are the children in your VPK program administered **developmental screenings**? If yes, which ones? (check all that apply)

Instrument	Program Year 2012-13	Program Year 2013-14
Administered?	Yes	Yes
Ages and Stages Questionnaire	✓	✓

7 Have any of your VPK classrooms had an **environmental assessment** administered within the last year? If yes, what instruments were used? (check all that apply)

Instrument	Program Year 2012-13
Administered?	Yes
Amet Caregiver Interaction Scales (CIS)	✓

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

Action	Program Year 2012-13	Program Year 2013-14
Discussed with each parent, the center's attendance policy and the impact of attendance on child learning	✓	✓

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

Action	Program Year 2012-13	Program Year 2013-14
Provided opportunities to meet with parents during registration process	✓	✓

Provider Acknowledgement - Successful Submission



100% complete

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

[Print Acknowledgement](#)

[Improvement Process Home](#)



FLORIDA DEPARTMENT OF EDUCATION

VPK PROVIDER KINDERGARTEN READINESS RATE GOOD CAUSE EXEMPTION FORM

Please provide the following information regarding your application for review through the VPK Good Cause Exemption Application Process. Please type responses into the boxes below.

All the fields marked with asterisk (*) are mandatory

VPK Provider Information:

Program Type: Summer School-Year

* Provider Type: Public School Private Center Private School Family Care

* Name of Owner/Director/Principal:

* Title (Position):

* Name of Provider/School:

* County of Provider:

* Mailing Address:

Program Year:

* Work Phone Number (xxx-xxx-xxxx): Extension:

Cell Phone Number (xxx-xxx-xxxx):

* E-mail Address:

Type of Good Exemption Form: New Application Renewal Application

Please check only one of the following and provide any required supporting documentation

Licensed private provider:

Child care facility Family day care home Large family child care home Private school

Non-licensed private provider:

Faith-based child care (claims exemption under s. 402.316, F.S.)

Faith-based private school (claims exemption under s. 402.3025, F.S., or s. 402.316, F.S.)

Nonreligious private school (claims exemption under s. 402.3025, F.S.)

Public School:

Public school (licensed or uses contractors)

Public school (exempt from licensure under s. 402.3025, F.S.)

Public/Charter school (exempt from licensure under s. 402.3025, F.S.)

Accreditation Information (for non-licensed providers):

Name of Accrediting Agency:

Accrediting agency is a member of:

Commission on International and Trans-Regional Accreditation

Florida Association of Academic Nonpublic Schools

National Council for Private School Accreditation

None of the above (Using Gold Seal: specify Florida Approved Gold Seal Accreditation Program)

VPK Good Cause Exemption Application (Form VPK-GCE-02, November 2014)

Curriculum/Staff Development Information:

Curriculum Name:	<input type="text" value="Creative Curriculum (2013 approved list)"/>
* Purchase Date: (MM/DD/YYYY)	<input type="text"/>
* Implementation Date: (MM/DD/YYYY)	<input type="text"/>
Did you Participate in Staff Development Plan	<input type="radio"/> Yes <input checked="" type="radio"/> No
Development Plan Implementation Date (MM/DD/YYYY)	<input type="text"/>

Individual Circumstances:

Cite any extraordinary or unique circumstances under which the provider should be allowed to continue to deliver the Voluntary Prekindergarten Education Program.

Narrative:

Compliance with Improvement Plan:

The Improvement Plan submitted under authority of s. 1002.67, F.S., is being faithfully adhered to and implemented as agreed.
<input type="radio"/> Yes <input checked="" type="radio"/> No
If No Explain:
<input type="text"/>

Assessment:

Did you administer the VPK assessment:	<input type="radio"/> Yes <input checked="" type="radio"/> No
If No What Assessment was Administered:	<input type="text"/>

Certification Statement

By submitting this form, I certify that the information I have furnished is true and correct to the best of my knowledge and belief.

Print a copy of this online form by clicking the [Submit for Approval Form] button below, attach the supporting documents [Assessment data or other information related to the Application], and send to Office of Early Learning by:

- **FAX:**
1-850-245-5105

OR

- **Mail:**
Florida Department of Education
Office of Early Learning
ATTN: VPK Provider Good Cause Exemption
250 Marriott Drive
Tallahassee, FL 32399

Please note that Section 837.06, Florida Statutes, provides that [w]hoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his or her official duty shall be guilty of a misdemeanor of the second degree, punishable as provided in s. 775.082 or s. 755.083.

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