Maine Public Preschool Application

Q1 Identify today's date

○ Month (1) _____

○ Year (2) _____

Q2 Name of School Administrative Unit
Please select the school administrative unit (1)

▼ Acadia Academy (1) ... York Public Schools (206)

Q3 Indicate whether the SAU preschool program is new, or expanding.

○ New (our district does not currently have a preschool program) (1)

○ Expanding (we currently have at least one preschool classroom and want to add hours/classrooms/days/locations, etc.) (2)

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Display This Question:

If Indicate whether the SAU preschool program is new, or expanding. = Expanding (we currently have at least one preschool classroom and want to add hours/classrooms/days/locations, etc.)

Q4 Identify what you are expanding (check all that apply)

☐ We are adding another preschool session, with the same teacher(s) in an existing school location (1)

☐ We are adding another classroom, therefor hiring new, additional staff in an existing school location (2)

☐ We are adding a new classroom(s) in a different school (3)

☐ We are increasing program hours per week (4)

☐ We are increasing program days per week (5)

☐ Other (please specify) (6)

_____

Display This Question:

If Indicate whether the SAU preschool program is new, or expanding. = Expanding (we currently have at least one preschool classroom and want to add hours/classrooms/days/locations, etc.)

Q5 Will this expanded classroom operate with a partner agency?

○ Yes (1)

○ No (2)

○ If yes, identify the partner agency (3)

_____

Q6 Identify, if necessary, any other changes to the program. (i.e. changes to curriculum, assessment, enrollment policies, etc. that this this expanded classroom affects)

_____

_____

_____

_____

_____

Q7 Provide the name and location of the **new** programs

○ Name of school or agency (1)

_____

○ Administrator/Principal (2) _____

○ Town (3) _____

○ County (4) _____

○ Classroom #1 Teacher (5) _____

○ Classroom #1 Educational Technician(s) (6)

_____

○ Teacher: Student ratio (7) _____

Q8 Do you have more than one new classroom to report?

○ Yes (1)

○ No (2)

Q9 Provide the name and location of the **new** programs

○ Name of school or agency (1)
_____

○ Administrator/Principal (2) _____

○ Town (3) _____

○ County (4) _____

○ Classroom #2 Teacher (5) _____

○ Classroom #2 Educational Technician(s) (6)
_____

○ Teacher: Student ratio (7) _____

Q10 Provide the name and location of the **new** programs

○ Name of school or agency (1)

_____

○ Administrator/Principal (2) _____

○ Town (3) _____

○ County (4) _____

○ Classroom #3 Teacher (5) _____

○ Classroom #3 Educational Technician(s) (6)

_____

○ Teacher: Student ratio (7) _____

Q11 Superintendent

○ Name (1) _____

○ Email (2) _____

○ Phone (3) _____

Q12 Program contact information (If someone other than the Superintendent)

○ Name (1) _____

○ Title (2) _____

○ Phone (3) _____

○ Email (4) _____

Q13 Will all classroom staff be employed by the SAU?

○ Yes (1)

○ No (2)

○ If no, please describe below (3)

_____

Q14 What type of of early childcare provider(s) are operating within your SAU? (Select all that apply)

☐ Family Child Care(s) (1)

☐ Child Care Center(s) (2)

☐ Head Start (3)

☐ Private Preschool (4)

☐ Other (please specify) (5)

_____

Q15 Indicate the date(s) and location(s) of the meeting(s) with family child care, child care center, Head Start and/or private preschool programs in your community in which district personnel discussed how the public preschool will align with community needs. (Refer to Chapter 124, Section 12.01 for specific requirements)

○ Date(s) (1) _____

○ Location(s) (2) _____

○ Identify main topics of discussion and any questions or concerns that came up. (3)

_____

Q16 Will the new program operate under a partnership with another early childhood agency? (i.e. a Head Start or private childcare provider in the community?)

○ Yes (1)

○ No (2)

End of Block: New Program Information

Start of Block: Community Partner Information

Display This Question:

If Will the new program operate under a partnership with another early childhood agency? (i.e. a Hea... = Yes

Q17 Partner Information

○ Name of agency/program (1)
_____

○ Director (2) _____

○ Address (3) _____

○ City (4) _____

○ Zip Code (5) _____

○ Email (6) _____

○ Phone number (7) _____

○ Childcare license number (8)
_____

○ Quality Rating & Improvement System (QRIS) Certificate number (9)
_____

○ Type (family childcare, child care center, Head Start, preschool) (10)
_____

Display This Question:

If Will the new program operate under a partnership with another early childhood agency? (i.e. a Hea... = Yes

Q18 Partner Information (Complete only if you have multiple partners).

○ Name of agency/program (1)
_____

○ Director (2) _____

○ Address (3) _____

○ City (4) _____

○ Zip Code (5) _____

○ Email (6) _____

○ Phone number (7) _____

○ Childcare license number (8)
_____

○ Quality Rating & Improvement System (QRIS) Certificate number (9)
_____

○ Type (family childcare, child care center, Head Start, preschool) (10)
_____

End of Block: Community Partner Information

Start of Block: Program Operation

Q19 Indicate the expected start and end dates of the preschool program (Refer to Chapter 124, Section 5.01 for specific requirements).

○ Start date (1) _____

○ End date (2) _____

Q20 Indicate the number of instructional days annually for each preschool session.

○ Number of days (1) _____

Q21 Indicate the number of days per week a preschool classroom session is open (i.e. how many days per week would any one given child attend?)

○ 5 days per week (1)

○ 4 days per week (2)

○ 3 days per week (3)

○ 2 days per week (4)

○ Other (please specify) (5) _____

Q22 Indicate if the preschool program operates on a full day or half day schedule.

○ Full day (any given child attends for 5 or more hours per day) (1)

○ Half day (any given child attends for less than 5 hours a day) (2)

○ Our schedule does not fit this mold, please describe below (3)
_____

Q23 Indicate the total number of hours per week a preschool session operates. (How many hours does any given child attend weekly? Round hours up as necessary)

○ 10-12 (1)

○ 13-15 (2)

○ 16-18 (3)

○ 19-21 (4)

○ 22-24 (5)

○ 25-27 (6)

○ 28-30 (7)

○ More than 30 (8)

Q24 Indicate the total number of children served by the program district wide

_____

End of Block: Program Operation

Start of Block: Developmental Screening and Child Development Services

Q25 Indicate the Child Development Services (CDS) regional site for the preschool program

_____

Q26 Indicate the research-based developmental screening tool(s) used. (Check all that apply)

☐ Brigance (1)

☐ DECA (2)

☐ DIAL (3)

☐ Other (please specify) (4)

_____

Q27 Indicate the screening tools used for vision, hearing & health

○ Vision (1) _____

○ Hearing (2) _____

○ Health (3) _____

Q28 Indicate the site(s) & location(s) for screening

○ Date 1 (1) _____

○ Location 1 (2) _____

○ Date 2 (3) _____

○ Location 2 (4) _____

○ Date 3 (5) _____

○ Location 3 (6) _____

Q29 Indicate who will conduct screenings. (Check all that apply)

☐ CDS (1)

☐ School District (2)

☐ Head Start (3)

☐ Public school staff or personnel (4)

☐ School nurse (5)

☐ Other (please specify) (6)

_____

Q30 Explain how screening information will be used (i.e. to determine placement, to refer for additional assessments, etc.)

_____

_____

_____

_____

_____

End of Block: Developmental Screening and Child Development Services

Start of Block: Curriculum & Assessment

Q31 Indicate the evidence-based curriculum used in the program and describe how it aligns with each developmental domain within Maine's Early Learning and Development Standards. (Refer to Chapter 124, Section 4.01 for specific requirements).

_____

_____

_____

_____

_____

Q32 Indicate the ongoing, research-based assessment used which addresses all developmental domains and is aligned with Maine's ELDS. (Refer to Chapter 124, Section 4.03B)

_____

_____

_____

_____

_____

End of Block: Curriculum & Assessment

Start of Block: Recruitment and Eligibility

Q33 Describe the SAU's enrollment policy and procedures.

_____

_____

_____

_____

_____

Q34 Provide the name of the SAU's McKinney-Vento liaison

_____

Q35 Describe the procedures and supports for all children transitioning into public preschool. (Refer to Chapter 124, Section 13.01 for specific requirements)

_____

_____

_____

_____

_____

Q36 Describe the plan to ensure well-balanced meals and/or snacks that follow USDA guidelines. (Refer to Chapter 124, Section 8.02 for specific requirements)

_____

_____

_____

_____

_____

Q37 Indicate whether the SAU will provide transportation.

○ Yes, but only one way (either arrival or departure) (1)

○ Yes, in both directions (arrival and departure) (2)

○ No, we rely solely on family transportation (3)

○ Other (please specify) (4) _____

Q38 Describe the program's inclusion practices and access to regular education instruction.

_____

_____

_____

_____

_____

Q39 Describe the program's approach to multi-tiered systems of support (MTSS) and if/how it will include preschool students.

_____

_____

_____

_____

_____

Q40 I assure that the preschool will comply with the following sections of Chapter 124 of the Maine Revised Statutes

☐ Class size max. 16 (Section 3) (1)

☐ Child: Staff ratio 8:1 (section 6) (2)

☐ Curriculum & Comprehensive Assessment (Section 4) (3)

☐ Quality of Education Personnel (Section 1) (4)

☐ Nutrition (Section 8) (5)

☐ Coordination with community programs (Section 12) (6)

☐ Transition (Section 13) (7)

☐ Transportation (Section 14) (8)

☐ Record and reports (Section 15) (9)

☐ Public Preschool Approval Process (Section 16) (10)

☐ Program Monitoring (Section 17) (11)

☐ Opportunities for physical movement, outdoor play and access to drinking water are provided to all children (12)

☐ Opportunity for rest in full day programs is provided for all children. Cots or mats are provided for each child. (13)

☐ Program development and services to any and all English learners are overseen by English as a Second Language endorsed teachers. (14)

☐ The preschool indoor and outdoor setting meets all requirements. (15)

☐ The preschool meets requirements regarding seclusion and physical restraint (Chapter 33). (16)

Q43 I assure that the preschool will comply with the following sections of Chapter 124 of the Maine Revised Statutes

☐   Class size max. 16 (Section 3) (1)

☐   Child: Staff ratio 8:1 (section 6) (2)

☐   Curriculum & Comprehensive Assessment (Section 4) (3)

☐   Quality of Education Personnel (Section 1) (4)

☐   Nutrition (Section 8) (5)

☐   Coordination with community programs (Section 12) (6)

☐   Transition (Section 13) (7)

☐   Transportation (Section 14) (8)

☐   Record and reports (Section 15) (9)

☐   Public Preschool Approval Process (Section 16) (10)

☐   Program Monitoring (Section 17) (11)

☐   Opportunities for physical movement, outdoor play and access to drinking water are provided to all children (12)

☐   Opportunity for rest in full day programs is provided for all children. Cots or mats are provided for each child. (13)

☐   Program development and services to any and all English learners are overseen by English as a Second Language endorsed teachers. (14)

☐   The preschool indoor and outdoor setting meets all requirements. (15)

☐   The preschool meets requirements regarding seclusion and physical restraint (Chapter 33). (16)

Q41 Send the following documents to the Maine Department of Education's Early Childhood Specialist at nicole.madore@maine.gov

☐   Signed MOU with Child Development Services (1)

☐   Signed MOU with any and all partnership agencies (2)

☐   Evidence of support from community providers (3)