

# Provider Profile & Program Quality Improvement Plan (PQIP)

## Provider/Program Information

Provider/Program Name		Umbrella Agency/System		Program Number	
Street Address/Physical Location			City/Town		
Mailing Address (if different)			City/Town		
Phone		Fax			
Email		Website			
Prof. Development Contact #1	Title	Email	Telephone #		
Prof. Development Contact #2	Title	Email	Telephone #		
Licensed Capacity: _____		Current Enrollment: _____		# Voucher or Contracted: _____	
Select Program Type (check all that apply):					
<input type="checkbox"/> Group Child Care (Inf/Tod)	<input type="checkbox"/> Group Child Care (PS/PreK)	<input type="checkbox"/> School Year Program	<input type="checkbox"/> Year Round Program		
<input type="checkbox"/> Family Child Care System	<input type="checkbox"/> Family Child Care Independent	<input type="checkbox"/> School Age (OST)	<input type="checkbox"/> Early Intervention		
<input type="checkbox"/> Public School Preschool	<input type="checkbox"/> Head Start	<input type="checkbox"/> Residential & Placement			
<input type="checkbox"/> Non-profit	<input type="checkbox"/> For Profit	<input type="checkbox"/> Other, specify: _____			
Ages Served:					
<input type="checkbox"/> Infants	<input type="checkbox"/> Toddlers	<input type="checkbox"/> Preschoolers	<input type="checkbox"/> Kindergarteners	<input type="checkbox"/> School Age	

## Program/Center Details:

Classroom/Group	Age Group	# of Children	# of Staff	Staff Names: First Name & Last Initial, Position (e.g. Asst, T, LT)

## Other Staff (not working primarily or directly with children):

Title/Position	# of Staff	Staff Names: First Name & Last Initial

**What assistance with professional development does your center/program provide? (check all that apply):**

- Tuition assistance     Time off     In-house paid trainings     Stipends     % Paid Reimbursement  
 College Course Reimbursement     Flexibility of schedule     Other (Please Explain): \_\_\_\_\_

**Do you have a Memorandum of Understanding (MOU) with staff outlining PD expectations and benefits?**  Yes  No

**Program Improvement Goals/Priorities of Your Program:**

Number your top three priorities for this year and check specifics that apply. Use Worksheets for planning.

\_\_\_\_ **Accreditation (Worksheet A) Specify type of accreditation and step you intend to complete this year.**

- NAEYC**     Enrollment/Self Study     Application     Candidacy     Meeting Standards     Reaccreditation  
 **NAFCC**     Self-Study Enrollment     Application     Observation     Decision     Renewal  
 **COA**     Application     Intake     Self-Study     Site Visit     Pre-Commission Review  
 Accreditation Commission     Final Accreditation Report     Renewal

\_\_\_\_ **QRIS Enrollment or Advancement (Worksheet B) Specify level you intend to apply for this year.**

- Level 1: Awareness     Level 2: Emerging Practice     Level 3: Focused Development     Level 4: Full Integration

\_\_\_\_ **Staff Development (Worksheet C) Check areas for focused attention this year.**

- EEC Credentials     Core Competencies     QRIS Training     Higher Education     Teamwork/Leadership

\_\_\_\_ **Other, describe** \_\_\_\_\_

**Professional Development Goals of Your Staff:**

Please mark any educational or professional development goal(s) your staff are working towards this year. Indicate the approximate number of staff who are working toward these goals (if known):

- Adult Education, ESOL, GED and/or Preparation for College (developmental courses):**  
Number of staff and types of courses: \_\_\_\_\_
- Earn EEC Credential (e.g., Lead Teacher, Director I):**  
Number of staff and EEC credentials: \_\_\_\_\_
- Earn or work towards an academic credential or certificate (approximate number of staff);**  
\_\_\_\_ CDA Credential for family childcare    \_\_\_\_ CDA Credential for classroom teacher  
\_\_\_\_ Infant-Toddler Certificate    \_\_\_\_ School-age / OST certificate    \_\_\_\_ Administration Certificate  
\_\_\_\_ Special Education Certificate    \_\_\_\_ Other, please specify: \_\_\_\_\_
- Earn or work towards a college or graduate degree in ECE or a related field (approximate number of staff)**  
\_\_\_\_ Associate's degree    \_\_\_\_ Master's degree    \_\_\_\_ Bachelor's degree    \_\_\_\_ Other, specify: \_\_\_\_\_
- Increase knowledge and skills in a specific Core Competency Area (approximate number of staff);**  
\_\_\_\_ Area 1: Understanding the Growth and Development of Children and Youth  
\_\_\_\_ Area 2: Guiding and Interacting with Children and Youth  
\_\_\_\_ Area 3: Partnering with Families and Communities  
\_\_\_\_ Area 4: Health, Safety, and Nutrition  
\_\_\_\_ Area 5: Learning Environments and Curriculum  
\_\_\_\_ Area 6: Observation, Assessment, and Documentation  
\_\_\_\_ Area 7: Program, Planning and Development  
\_\_\_\_ Area 8: Professionalism and Leadership
- Increase knowledge and skills in specific QRIS Training Areas (approximate number of staff);**  
\_\_\_\_ Curriculum    \_\_\_\_ Supporting Positive Relationships  
\_\_\_\_ MA Guidelines for Preschool Learning    \_\_\_\_ Infant/Toddler Learning Guidelines  
\_\_\_\_ Screening Tools / Observation    \_\_\_\_ Core Competencies  
\_\_\_\_ Assessment Tools/Documenting Progress    \_\_\_\_ Oral Language and Literacy Development  
\_\_\_\_ Diverse Languages/Cultures, 2nd Language    \_\_\_\_ Special diet/health issues  
\_\_\_\_ Accessing additional services    \_\_\_\_ Strengthening Families
- Increase knowledge and skills for running your Child Care program (approximate number of staff);**  
\_\_\_\_ Business or financial skills    \_\_\_\_ Computer Skills  
\_\_\_\_ Other \_\_\_\_\_

**Staff Education and Information**

Indicate the current level of experiencing and education of your staff by completing the chart below. Please all staff including those in administrative roles.

**EMPLOYMENT HISTORY**

**EDUCATION / TRAINING**

First name and last initial	PQ Reg. number	Current Position	Total years exp. in ECE	Years employed in current program	High Sch Diploma / or GED Yes / No	CDA - Include exp. date	Some College Specify # of ECE credits	AA/AS Specify degree	BA /BS Specify degree	MA/MS Specify degree	EEC credential Specify	ESE (DOE) certificate Specify	Comments