

No Internet Paper Profiles

Site Administrator Profile

(Including Family Day Home Providers and Multi-Site Admin)

Site Administrator Information

1. Legal First Name * _____
2. Maiden Name (if applicable) _____
3. Legal Last Name * _____
4. Work Email Address * _____
5. Additional Email Address _____
6. PALS Email Address _____
7. Primary Phone Number * (____) ____ - _____
(the preferred number is a cell phone, if you do not have a cell phone or do not want to share it, please enter the primary phone number at which you may be contacted)
8. Multilingual?
 - Yes
 - No
9. Highest Degree/Credential (select one)
 - Less than High School
 - High School Diploma or GED
 - Some College
 - Child Development Associates
 - Associates
 - Bachelors
 - Some Graduate
 - Masters
 - PhD
 - EdD
10. Content area of Highest Degree/Credential: _____
11. Do you have a degree in early childhood?
 - Yes
 - No
12. Years of Experience in Early Childhood: _____
13. Years of Experience at Current Site: _____
14. Position/Title (select as many as apply)
 - None of these
 - Director of Early Childhood
 - Instructional Coach
 - Director/Coordinator of Family Engagement
 - Data Manager
 - Director/Principal
 - Special Education Director
 - Director of Title/Federal Programs
 - Site Owner
 - Education Specialist
 - Director of Curriculum

- Assistant Director/Principal
- Director of Arts/Special Programs
- Data Specialist/Technician

15. Are you also teaching in a classroom at your site? *

- Yes
- No

Only if 'Yes',

- a. Role
 - Teacher / Lead Teacher / Teacher of Record
 - Assistant / Aide
- b. My Permanent Mailing Address line 1 * _____
My Permanent Mailing Address line 2 _____
- c. City * _____
- d. State * _____
- e. Zip Code * _____

16. Month and Day of Birth * ___ / ___

17. Gender (select one)

- Female
- Male
- Non-Binary

18. Ethnicity (select one)

- Hispanic or Latino
- Not Hispanic or Latino

19. Race (select all that apply)

- American Indian
- Alaska Native
- Asian
- Black or African American
- White
- Native Hawaiian/Other Pacific Islander

Licenses, Endorsements, and/or Certificates Held

20. Virginia Teaching License? (*This information can be found on your paper license issued by the Commonwealth of Virginia*)

- Yes
- No

Only if 'Yes'

- a. License Prefix * _____
- b. License Number * _____
- c. Endorsements (*Look up at <https://p1pe.doe.virginia.gov/tinfo>*)
 - i. Early Childhood Education (Yes/No)
 1. Date Earned ___/___/___
 - ii. Elementary Education (Yes/No)
 1. Date Earned ___/___/___
- d. Administration and Supervision (Yes/No)
 1. Date Earned ___/___/___
- e. Other Endorsement: _____
 - i. Date Earned ___/___/___

21. Additional Licenses (*Any other professional licenses held related to education, including out of state teaching licenses.*)

a. Additional License Name: _____

i. Additional License Number: _____

ii. Date Earned __/__/____

22. Certificates (*Additional credentials or certificates you have received. Examples include: Child Development Associate (CDA), Applied Behavioral Analysis Certificate, American Montessori Society Credential, CPR/First Aid.*)

a. Certificate Name: _____

i. Certificate Number: _____

ii. Date Earned __/__/____

Professional Development

23. Have you ever received any CLASS overview and introduction training?

Yes

No

24. Have you been trained in CLASS as an observer in the past 12 months?

Yes

No

25. Have you received instructional coaching? (*Instructional coaching is individualized support provided to a teacher with the intention of support professional growth and improved teaching quality.*)

Yes

No

26. Have you participated in a Professional Learning Community (PLC) and/or Community of Practice (CoP)? (*A PLC or CoP is a group of teaching professionals who regularly collaborate by reflecting, analyzing, and sharing practices in order to improve teaching skills.*)

Yes

No

Site Profile

Basic Site Information

1. Site Name * _____
2. Site Address line 1 * _____
Site Address line 2 _____
3. City * _____
4. State * _____
5. Zip * _____
6. Phone * (____) ____ - _____
7. Site Contact Email * _____
(The email address used specifically for the site. If the site does not have a unique email address, use the email address of the site administrator.)
8. Website _____
9. Is the Site Address the same as the Site Mailing Address? *
 - Yes
 - NoOnly if 'No',
 - a. Mailing Address line 1 * _____
Mailing Address line 2 _____
 - b. City * _____
 - c. State * _____
 - d. Zip * _____

Additional Site Information

10. Number of classrooms serving children ages birth to five years* _____
(A classroom is a group of students assigned to particular teachers and a specified location at the site. A classroom is not limited to the room children are in - two classrooms can be housed within the same physical "room" as long as they do not mix for instructional time during the day.)
11. For what calendar period does this site serve children ages birth to five years? *(This can include regular school closures for holidays and breaks)* (Select one)
 - School Year Only
 - Year Around
 - Other
12. Days of the week in session *(Days any classroom at the site is open and has children)* (Select all that apply)
 - Sunday
 - Monday
 - Tuesday
 - Wednesday
 - Thursday
 - Friday
 - Saturday
13. State or Federal Food Program?
 - Yes
 - No

Only if 'Yes' (Select all that apply)

- Breakfast
- Lunch
- Snack
- Dinner

14. Transportation available for children ages birth to five years?

- Yes
- No

15. Are there specific eligibility requirements a child must meet to enroll?

- Yes
- No

Only if 'Yes' (Select all that apply)

- a. Special Needs Requirement
- b. Geographic Catchment
- c. Income Eligibility
- d. School Readiness Risk Factors

16. Do you have children on a waitlist at your site?

- Yes
- No

17. Does your site receive any of the following public funding? (Select all that apply) *

- Virginia Preschool Initiative (VPI)
- Early Childhood Special Education (ECSE or IDEA)
- Title 1
- Head Start
- Early Head Start
- Child Care Subsidy Program (VA CCSP)
- Local Child Care Assistance (with helper text: "Local child care assistance, such as Fairfax's Child Care Assistance and Referral (CCAR) program")
- Child Care Access Means Parents in School (CCAMPIS)
- VECF Mixed Delivery Grant
- DOD Fee Assistance Program (Off-base)
- DOD On-base child care
- None of these

Site Quality and Accreditation Information

18. VA Quality Rating?

- Yes
- No

Only if 'Yes'

- a. Date Earned ___ / ___ / _____
- b. Rating Level _____

19. DSS License? *

- Yes
- No

Only if 'Yes',

- Date Issued ___ / ___ / _____
- DSS License Number * _____

20. DSS Subsidy Vendor? *

- Yes
- No

Only if 'Yes',

- DSS Subsidy Vendor Number * _____

21. NAEYC Accreditation?

- Yes
- No

Only if 'Yes'

- a. Date Earned ___ / ___ / _____

22. Other Site-Level Accreditation or Rating

- Yes
- No

Only if 'Yes'

- a. Accreditation Name _____

Date Earned ___ / ___ / _____

Rating Level (if applicable) _____

License Number _____

Site Compensation Information

23. Teachers pay range: \$ _____ (low) - \$ _____ (high) per hour

24. Assistant/Aide pay range: \$ _____ (low) - \$ _____ (high) per hour

25. Teacher Benefits and Additional Compensation (select all that apply)

- Medical
- Dental
- Signing Bonus
- Overtime
- Vision
- Retirement
- Yearly Bonus
- Retention Bonus
- Professional Development Reimbursement
- Paid Vacation Time
- Paid Sick Time
- Maternity or Family Leave
- Free or Reduced-Price Child Care
- None of these

26. Assistant/Aide Benefits (select all that apply)

- Medical
- Dental
- Signing Bonus
- Overtime
- Vision
- Retirement
- Yearly Bonus
- Retention Bonus
- Professional Development Reimbursement
- Paid Vacation Time
- Paid Sick Time

- Maternity or Family Leave
- Free or Reduced-Price Child Care
- None of these

Site Leadership

27. Which of the following roles exist at your site? (Select all that apply)

- None of these
- Director of Curriculum
- Director of Arts or Special Programs
- Director or Coordinator of Family Engagement
- Assistant Director or Principal
- Instructional Coach
- Director of Early Childhood
- Director of Title or Federal Programs
- Special Education Director
- Director or Principal
- Site Owner

Site Offerings

28. Special Spaces (Select all that apply)

- Common Area
- Dining Space
- Playground
- Library
- Art Room
- Gymnasium
- Music Room
- Therapy Room
- None of these

29. Extracurriculars (Select all that apply)

- Art
- Foreign Language
- Music
- Gym or Movement
- Religious Education
- Dance
- Library
- None of these
- Other _____

30. Care options (Select all that apply)

- Drop-in
- Extended Hours
- Overnight
- Afterschool
- None of these

Site Description

31. What would you want families to know about your site?

Classroom Profile(s)

Complete the 'Classroom Profile' section for **each** birth-five classroom at your site!

Classroom Information

1. Classroom name * _____
2. Names of Teachers/Aides assigned to this classroom *

3. Are classroom days and hours the same as the site?
For the days selected above, is the classroom open exactly the same hours as the site? If not, mark 'No', then specify the number of hours the classroom is in session for these days.

- Yes
- No

Only if 'No' select the days and hours below

- Monday
 - If yes, for how many hours a day? _____
 - Tuesday
 - If yes, for how many hours a day? _____
 - Wednesday
 - If yes, for how many hours a day? _____
 - Thursday
 - If yes, for how many hours a day? _____
 - Friday
 - If yes, for how many hours a day? _____
 - Saturday
 - If yes, for how many hours a day? _____
 - Sunday
 - If yes, for how many hours a day? _____
4. Classroom is located in a modular/trailer/mobile building?
 - Yes
 - No
 5. Number of adults always in the classroom? _____
 6. Revenue Sources? * (Select all that apply)
 - Child Care Access Means Parents in School (CCAMPIS)
 - Child Care Subsidy Program (VA CCSP)
 - DOD Fee Assistance Program (Off-base)
 - DOD On-base Child Care
 - Early Childhood Special Education (ECSE or IDEA)
 - Early Head Start
 - Head Start
 - Local Child Care Assistance
 - Military Child Subsidy
 - Other Local Funding
 - Private Pay
 - Scholarship

- Title 1
- VECF Mixed Delivery Grant
- Virginia Preschool Initiative (VPI)
- None of these

7. Do you have adults who join the classroom on a weekly basis (in addition to teachers/aides always in the classroom)?

- Yes
- No

Only if 'Yes', select which of the following

- Volunteers
 - If yes, how many? _____
- Extracurricular Teachers
 - If yes, how many? _____
- Special Education/Interventionists
 - If yes, how many? _____
- Other Adults _____
 - If yes, how many? _____

8. Languages of Instruction (select all that apply)

- American Sign Language
- Arabic
- Chinese
- English
- French
- German
- Greek
- Italian
- Japanese
- Korean
- Latin
- Portuguese
- Russian
- Spanish
- Vietnamese
- Other _____

Classroom Composition Snapshot

**Children enrolled in the classroom at the end of September.*

9. What age band does this classroom typically serve? *

(If mixed age, select the option that best reflects this classroom's targeted age group.)

- Infant (0-15 mo.) Classroom
- Toddler (16-35 mo.) Classroom
- Preschool Classroom

As of the end of September, the following outlines this classroom's composition:

10. Total Children by Age Band *

Number of children enrolled in the classroom, based on chronological age, at the end of September.

Enter '0' when there are no children in that age band.

- Infants (0-15 mo.) _____
- Toddlers (16-35 mo.) _____

- 3-Year-Olds _____
- 4-Year-Olds _____
- 5-Year-Olds _____
- 6-Year-Olds _____

11. Total Vacant Slots * _____
12. Full-time Rates by Week * _____
13. Total number of children with IEP/IFSP for identified special needs? * _____
14. Total number of children that speak a language other than English at home? _____

Curricula or Learning Framework Information

15. Curriculum or Framework used? *

As a reminder, Practice Year 1 of VQB5 will measure curriculum use as of May 31, 2022. You will have an opportunity to update this field. The approved curriculum list will be updated throughout the year. A free or low-cost curriculum option will be made available during Practice Year 1 of VQB5.

- Yes
- No

Only if 'Yes' (Select all that apply) *

- Blueprint
- Childtime Empowered Child
- The Creative Curriculum for Preschool
- The Creative Curriculum for Infants, Toddlers & Twos
- The Creative Curriculum for Family Child Care
- Fairfax County Public Schools Pre-K Curriculum
- Frog Street Pre-K
- Frog Street Infant
- Frog Street Toddler
- The Gee Whiz Curriculum for Family Child Care
- HighScope Curriculum
- InvestiGator Club
- KinderCare
- LaPetite Academy Early Innovators
- Learn Every Day
- Opening the World of Learning (OWL)
- Scholastic Big Day for Pre-K
- STREAMin3
- Three Cheers for Pre-K
- Tools of the Mind
- Virginia Beach Pre-K Curriculum

Only if 'No' *

- a. The VDOE will be offering access to approved curricula later this year. Are you interested in learning more about these free curricula?
- i. Yes
 - ii. No

16. Do you conduct regular assessments of children's growth and development?

- Yes
- No

Only if 'Yes', how frequently?

- Once a year

- Twice a year
- Three or more times a year

Only if 'Yes' (Select all that apply)

- Assessment, Evaluation, and Programming System for Infants and Children (AEPS)
- Ages and Stages Questionnaire (ASQ)
- Brigance Inventory of Early Development
- Teaching Strategies GOLD assessment (TSG)
- Phonological Awareness Literacy Screening (PALS)
- Progress Reports
- HighScope's Child Observation Record (COR)
- Locally Derived
- Virginia Kindergarten Readiness Program (VKRP)
- Other _____

Classroom List(s)

*Complete the 'Classroom Lists' section for **each** birth-five classroom at your site!*

1. Are there any children in this class receiving public funding? *

Only if 'Yes', enter student information for each publicly funded student in that class.

- a. First Name * _____
- b. Middle Name _____
- c. Last Name* _____
- d. Date of Birth* ___ / ___ / _____
- e. Gender *
 - Male
 - Female
 - Non-binary
- f. State Testing Identifier (STI) _____

- a. First Name * _____
- b. Middle Name _____
- c. Last Name* _____
- d. Date of Birth* ___ / ___ / _____
- e. Gender *
 - Male
 - Female
 - Non-binary
- f. State Testing Identifier (STI) _____

- a. First Name * _____
- b. Middle Name _____
- c. Last Name* _____
- d. Date of Birth* ___ / ___ / _____
- e. Gender *
 - Male
 - Female
 - Non-binary
- f. State Testing Identifier (STI) _____

Teacher Profile

Teacher/Aide Information

1. Legal First Name * _____
2. Legal Last Name * _____
3. Maiden Name (if applicable) _____
4. Work Email Address * _____
5. Additional Email Address _____
6. PALS Email Address _____
7. Primary Phone Number * (____) ____ - ____
(the preferred number is a cell phone, if you do not have a cell phone or do not want to share it, please enter the primary phone number at which you may be contacted)
8. Role (select one)
 - Teacher / Lead Teacher / Teacher of Record
 - Assistant / Aide
9. My Permanent Mailing Address line 1 * _____
My Permanent Mailing Address line 2 _____
10. City * _____
11. State * _____
12. Zip Code * _____
13. Month and Day of Birth * _____
14. Gender (select one)
 - Female
 - Male
 - Non-Binary
15. Ethnicity (select one)
 - Hispanic or Latino
 - Not Hispanic or Latino
16. Race (select all that apply)
 - American Indian
 - Alaska Native
 - Asian
 - Black or African American
 - White
 - Native Hawaiian/Other Pacific Islander
17. Multilingual?
 - Yes
 - No
18. Highest Degree/Credential (select one)
 - Less than High School
 - High School Diploma or GED
 - Some College
 - Child Development Associates
 - Associates
 - Bachelors
 - Some Graduate

- Masters
- PhD
- EdD

19. Content area of Highest Degree/Credential: _____
20. Do you have a degree in early childhood?
- Yes
 - No
21. Years of Experience in Early Childhood: _____
22. Years of Experience at Current Site: _____

Licenses, Endorsements, and/or Certificates Held

23. Virginia Teaching License? *(This information can be found on your paper license issued by the Commonwealth of Virginia)*

- Yes
- No

Only if 'Yes'

- e. License Prefix * _____
 - f. License Number * _____
 - g. Endorsements *(Look up at <https://p1pe.doe.virginia.gov/tinfo>)*
 - i. Early Childhood Education (Yes/No)
 - 1. Date Earned __/__/__
 - ii. Elementary Education (Yes/No)
 - 1. Date Earned __/__/__
 - h. Administration and Supervision (Yes/No)
 - 1. Date Earned __/__/__
 - i. Other Endorsement: _____
 - i. Date Earned __/__/__
24. Additional Licenses *(Any other professional licenses held related to education, including out of state teaching licenses.)*
- j. Additional License Name: _____
 - i. Additional License Number: _____
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- k. Certificate Name: _____
 - i. Certificate Number: _____
 - ii. Date Earned __/__/__

Professional Development

26. Have you ever received any CLASS overview and introduction training?
- Yes
 - No
27. Have you received instructional coaching? *(Instructional coaching is individualized support provided to a teacher with the intention of support professional growth and improved teaching quality.)*
- Yes
 - No

28. Have you participated in a Professional Learning Community (PLC) and/or Community of Practice (CoP)? *(A PLS or CoP is a group of teaching professionals who regularly collaborate by reflecting, analyzing, and sharing practices in order to improve teaching skills.)*

- Yes
- No

Please send completed profiles to:

**UVA LinkB5/PALS
c/o Becky Newell
PO Box 800785
Charlottesville, VA 22908**