VQB5 Quality Improvement Needs Assessment--Center

Site Name: **Site ID:**

Date of Needs Assessment:

Quality Consultation Name:

Site Administrator Name:

Before conducting the needs assessment, the QC should ask for a tour of the Center/FDH.

Section 1: Site Profile Information:

- Ask the Site Leader to sign into their LinkB5 account, to review all LinkB5 Site Profile Information with Site Leader to verify accuracy. This includes:
    - ☐ Site Profile
    - ☐ Site Administrator Profile(s)
    - ☐ Classroom Profiles, including classroom list input (if not already added, must be completed by November 30th)
    - ☐ Teacher Profiles
- Did your site receive support from Ready Regions, or someone else outside of your staff, in completing your site profile? (explain)
    - _____
- Review Practice Year 2 rating report (under Reports tab in LinkB5).
    - Interactions Points _____
    - Curriculum Points _____
    - Total Site Points _____
    - Do you have any questions about how your Practice Year 2 rating results were determined?
        - _____
- Is there a typical daily schedule for each classroom?
    - Yes/No
        - If yes, please submit a copy to VDOE with the self-assessment.

Section 2: Assessment of Training, Support, and Use of Tools:

- How familiar are the site administrators (all) with the CLASS tool?
    - Not at all, somewhat, moderate, very, reliable observer
- Are there the following materials on-site:
    - At least one dimension guide for each age-level served? _____
    - At least one CLASS Dictionary? _____

- o Any other CLASS materials? _____
- How many teachers are familiar with the Infant CLASS tool? (i.e., know what the tool is, are familiar with the terminology)
  - o None, Some, Most, All
- How many teachers are familiar with the Toddler CLASS tool? (i.e., know what the tool is, are familiar with the terminology)
  - o (None, Some, Most, All
- How many teachers are familiar with the Pre-K CLASS tool? (i.e., know what the tool is, are familiar with the terminology)
  - o None, Some, Most, All
- How many teachers have completed foundational training of the CLASS tool? (i.e., intro to CLASS, less than 10 hours of CLASS Training)
  - o None, Some, Most, All
  - o Provide names, titles, organizations of individuals/agencies who provided the training.
    - ▪ _____
  - o Ask site to share a sample document of completed training.
    - ▪ Sample was Shared, No Sample Available
- How many teachers have completed in-depth training of the CLASS tool? (i.e., MyTeachstone courses, more than 10 hours of CLASS Training, Observer Training)
  - o None, Some, Most, All
  - o Provide names, titles, organizations of individuals/agencies who provided the training.
    - ▪ _____
  - o Ask site to share a sample document of completed training.
    - ▪ Sample was Shared, No Sample Available
- How many teachers are reliable in CLASS?
  - o None, Some, Most, All
  - o Provide names, titles, organizations of individuals/agencies who provided the training.
    - ▪ _____
  - o Ask site to share a sample document of completed training.
    - ▪ Sample was Shared, No Sample Available

Section 3: Curriculum:

Is this site currently using an approved curriculum in one or more classrooms?

- Yes/No
  - o If yes, list curriculum being used by classrooms.
    - ▪ _____
  - o If no, is there a non-VDOE-approved curriculum being used?
    - ▪ _____

If using a curriculum, please answer the following questions:

- How many teachers are familiar with the curriculum?
  - o None, Some, Most, All

- How many teachers have completed basic training on curriculum? (i.e., through online or other informal resources)
    - None, Some, Most, All
- How many teachers have completed in-depth training on the curriculum (i.e., from the curriculum vendor?
    - None, Some, Most, All
- How many teachers use curriculum in their routine lesson planning?
    - None, Some, Most, All
- Is there a typical daily/weekly lesson plan format that is used in each classroom?
    - Yes/No
        - If yes, submit a sample lesson plan with the needs assessment.

ELDS Familiarity:

- Are the site administrators familiar with the ELDS?
    - None, Some, Most, All
    - Is there a hard copy on site?
        - Yes/No
- Have the site administrators had training in the ELDS?
    - None, Some, Most, All
    - Include documentation of completed training as attachment.
- Are the teachers familiar with the ELDS?
    - None, Some, Most, All
- Have the teachers had training in the ELDS?
    - None, Some, Most, All
    - Include documentation of completed training as attachment.
- If site leaders and/or teachers are familiar with the ELDS, how do they use them to individualize care and instruction for different age-levels?
    - _____
- If site/teachers are not familiar with ELDS – briefly review the ELDS website info with the site leader - https://www.doe.virginia.gov/teaching-learning-assessment/early-childhood-care-education/early-childhood-standards-instructional-supports

Section 4: Staff Experience and Professional Development:

Are any of your current teachers first year teachers?

- Y/N
    - If Yes, how many are first year teachers? _____

How many current teachers have taught for:

- 1-3 years _____
- 4-6 years _____
- 8-10 years _____

- 10+ years _____

Describe the training, coaching, and/or technical assistance your staff has completed in the past 12 months. Who provided that training, coaching, and/or technical assistance?

Section 5: Ready Regions Support:

How many Ready Region VQB5 Meetings have you or your staff attended in the past 12 months?

- 1-3, 4-6, 7-10, 11 or more

Who is your main Ready Region contact? _____

Who do you typically receive communications from or reach out to ask VQB5-related questions? _____

Section 6: Overall Reflection

What have you found most helpful through participating in VQB5?

_____

What has been the most challenging part of participating in VQB5?

_____

What do you think is the best thing about your program?

_____

What areas do you need the most support with?

_____

What areas do your teachers need the most help with?

_____

Director/Provider Signature _____ Date _____

VDOE Quality Consultant Signature _____ Date _____