

**ATTACHMENT 2**

**NEW YORK STATE PREKINDERGARTEN  
ACTION PLAN FOR IMPROVEMENT OF PROGRAM QUALITY  
2014-2016**

**Cover Page**

**Agency Code**

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**Project Number**

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District:		Contact Person:	
Address:		Title:	
		Telephone:	
		Fax:	
City:	Zip Code:	E-Mail:	
I hereby certify that the information contained in this submission is, to the best of my knowledge, complete and accurate. I further certify that I understand that the attached Action Plan for Improvement of Program Quality must be implemented as a condition of receiving funds for the Priority Full-day Prekindergarten and Expanded Half-day Prekindergarten Grant Program for High Need Students.			
Authorized Signature ( <b>in blue ink</b> )		Title: Chief School/Administrative Officer	
Typed Name:		Date:	

Complete the chart below based on the information obtained by completing the NYS Prekindergarten Program Quality Self-Assessment. For each standard identified as needing improvement, complete the corresponding Action Plan for Improvement of Program Quality worksheet demonstrating how each standard will be adopted and implemented within two years of first receiving the grant.

<b>AREAS OF STRENGTH</b> <b>(Cite specific standard numbers.)</b>	<b>AREAS NEEDING IMPROVEMENT</b> <b>(Cite specific standard numbers.)</b>

**Area: Classroom Environment (CE)**

<b>Standard Number</b>	<b>Goals and Objectives</b>	<b>Action Steps</b>	<b>Responsible Person(s)</b>	<b>Timeframe for Completion</b>

**Area: Teaching Staff Qualifications (TSQ)**

<b>Standard Number</b>	<b>Goals and Objectives</b>	<b>Action Steps</b>	<b>Responsible Person(s)</b>	<b>Timeframe for Completion</b>

**Area: Curriculum Planning and Implementation (CPI)**

<b>Standard Number</b>	<b>Goals and Objectives</b>	<b>Action Steps</b>	<b>Responsible Person(s)</b>	<b>Timeframe for Completion</b>

**Area: Child Screening and Assessment (CSA)**

<b>Standard Number</b>	<b>Goals and Objectives</b>	<b>Action Steps</b>	<b>Responsible Person(s)</b>	<b>Timeframe for Completion</b>

**Area: Professional Development (PD)**

<b>Standard Number</b>	<b>Goals and Objectives</b>	<b>Action Steps</b>	<b>Responsible Person(s)</b>	<b>Timeframe for Completion</b>

**Area: Family Engagement (FE)**

<b>Standard Number</b>	<b>Goals and Objectives</b>	<b>Action Steps</b>	<b>Responsible Person(s)</b>	<b>Timeframe for Completion</b>

**Area: Transitions to Kindergarten (T)**

<b>Standard Number</b>	<b>Goals and Objectives</b>	<b>Action Steps</b>	<b>Responsible Person(s)</b>	<b>Timeframe for Completion</b>