

SCHOOL READINESS PROVIDER APPLICATION FY 2011-2012

Who must complete the application?

Each private provider or public school (homes, informal care, school age) delivering School Readiness (SR) services and receiving compensation must complete this application. All applications will be reviewed, and applicants notified if they are approved to provide SR services. Completing this application does not guarantee approval to provide school readiness services

Submitting the application:

Mail or deliver the application to The Early Learning Coalition. The completed application packet and all required documents noted on the checklist also can be delivered to 5735 Rio Vista Drive, Clearwater, FL 33760.

Notification of application completion:

In addition to this application, each provider or school must also submit:

- Copy of Provider License, Registration or exempt affiliation
- Copy of current DCF Gold Seal Certificate if applicable
- Evidence of child care liability insurance
- W-9 (unless submitted previously)

Once you have submitted all of the required information and supporting documentation, the Coalition will review and notify you if your application is not complete. Completing this survey/application does not guarantee approval. Each eligible provider must sign and submit the School Readiness Provider Agreement for Fiscal Year (FY) 2011-2012 before receiving payment or beginning school readiness services in the new fiscal year. The fiscal year 2011-2012 begins on July 1, 2011 and ends on June 30, 2012. Any application that is incomplete has missing signatures, information, or missing documentation will be returned to the provider in total, with a letter stating what is missing. The application will be treated as NEW upon re-submission. An incomplete application will cause processing delays. To review these common errors, be sure to complete all required items.

- Type or print clearly using black or blue ink.
- Do not use white-out.
- Submit all required supporting documentation.
- Mail or deliver to the Early Learning Coalition of Pinellas.
- Keep a copy of the application for your records.

If you discover an error after mailing or delivering the application, please contact the coalition office in your area by telephone or email. Check your coalition's website at www.elcpinellas.net for contact information.

**Note: You do not need to complete Sections 5, 6, 7, 13, 16, 17, and 18.
These questions were answered for the Fiscal Year 2011-2012 as part of the
annual CCR&R Provider Survey that is being completed now through
Coordinated Child Care.**

As the Coalition continues to streamline paperwork and create efficiencies the Provider Application and the Child Care Resource and Referral Survey have been combined. In the future you will only need to submit the application and your provider profile will automatically be updated.

CCRR is a program that assists parents in locating care for their children. It is a free marketing tool for your business. If you make changes to your program you should contact the Coalition to update your information.

INSTRUCTIONS FOR COMPLETION OF APPLICATION

PROVIDER/SCHOOL INFORMATION

New or updated application - Mark a box indicating whether the application is new, updated, or annual renewal.

Facility Type - Mark a box indicating the type of setting which describes the provider or school.

1. DEMOGRAPHICS

Corporate Name of Provider, Home or School - Enter the legal name of your business. The legal name of a business often includes “Corp.,” “Inc.,” “Co.,” or similar titles. Or if you are not incorporated this is your name and social security number

Common Name of Provider or School (*doing business as*) - Enter provider’s common name if it uses a name that is different from your business legal name. A business name is often referred to as a “fictitious name,” “trade name,” or “d/b/a” for doing business as.

Address of Program Site (*number and street*) - Enter the physical street address of the program site where the SR program is delivered. Include the city, county, and five-digit postal ZIP Code (ZIP+4 if available). Also enter the mailing address if different than the physical address.

Daytime telephone, fax, email - Enter your business telephone number with an area code.. Enter email address. You must maintain a working email account and you must check your email frequently for information from the Coalition.

Employer Identification Number - Enter the employer identification number (EIN) of the business (e.g., provider, owner, school district) that will receive payments for the SR program. This nine-digit number is assigned to a business by the Internal Revenue Service. If you do not have an EIN (e.g., family day care home), enter the director’s/operator’s social security number (SSN). An application that does not include an EIN or a director’s/operator’s SSN is incomplete and may delay processing of the application. For new

providers, the Early Learning Coalition will also request a Department of Treasury, Internal Revenue Service Form W-9 (Request for Taxpayer Identification Number and Certification) to collect your employer identification number (EIN) or social security number (SSN).

PRIVACY ACT STATEMENT

Your employer identification number or social security number is requested in accordance with § 119.07(5)(a)(2) and 119-092, F.S. for use in the records and data systems of the Early Learning Coalitions. Submission of your EIN or SSN on this form is mandatory. Your EIN or SSN will be used for processing payments to you as a SR provider, for reporting those payments for tax purposes, and for routine identification.

DCF Identification Number - If the provider or school is licensed by the Florida Department of Children and Family Services (DCF) or, in some counties, by a local licensing agency, enter your DCF license number. Faith-based providers that claim exemption from licensure are required to register with DCF and are assigned a number beginning with an “X”. Faith-based providers, enter your DCF identification number.

Name of Director/Operator/Principal - Enter the full name of the provider’s or school’s director/operator/principal.

Owner Information - If you are a private provider that is owned by another business, enter a contact name for the owner, the legal name of the owner’s business, and a daytime telephone number for the owner contact. If you are a public school or large corporate entity, enter the name and daytime telephone number of the staff who is coordinating the SR program.

2. REFERRAL

3. ACCREDITATION

Does the provider hold a current Gold Seal Quality Care designation? - Mark whether the provider holds a current Gold Seal Quality Care designation issued by the Florida Department of Children and Family Services (DCF). If the provider is Gold Seal accredited, list the name of the accrediting agency and expiration date. The provider must submit a copy of the official State of Florida Gold Seal certificate issued by the Department of Children and Family Services with this application.

4. AFFILIATION- Are you incorporated or sole proprietor of your business

5. VACANCY/ENROLLMENT/CAPACITY

Capacity and Ages Served - Enter the total number of children that you are capable of serving at a given time, reflecting all children, not only children in the SR program.

6. ENVIRONMENT - Check boxes for each program setting that applies to your program

7. MEALS - Check boxes for snacks and meals you provide.

8. RATES - List your daily rates for private pay parents and the rates for School Readiness parents

9. LIABILITY INSURANCE - You are required to have child care liability insurance in the amounts of \$500,000 per occurrence and \$1,000,000 aggregate. The Coalition must be listed as "Additional Insured". Certificate of Insurance must be attached to this application.

10. SCHEDULE

Days of Operation - Enter the daily hours that the provider or school is open, not only the days when SR instruction is scheduled.

Hours of Operation - Enter the daily hours that the provider or school opens and closes.

11. HOLIDAY SCHEDULE

As a contracted provider you are entitled to 10 holidays a year and 2 professional Development days. Complete Attachment E.

12. ENHANCED SCHEDULE

13. ENHANCED SERVICES - A provider or school may offer additional services. Mark boxes for all that apply.

14. ADDITIONAL FEES Complete if you charge fees in addition to the daily care rate.

15. STAFFING Include all staff that work with the children.

16. SUBSTITUTE POLICY - Providers must have designated substitutes who are available to ensure proper staff coverage; child to staff ratios. Attach your policy.

17. TRANSPORTATION - Do you provide transportation services?

18. VEHICLE INSURANCE

19. CURRICULUM

Developmentally Appropriate Curriculum, publisher, curriculum designed by provider or school. You are required to offer a curriculum that align with the Florida performance standards. The curriculum may be self developed or purchased Please visit for a description of performance standards

<http://myfloridaeducation.com/earlylearning>

Attachments A and B must be completed if you utilize a curriculum you developed yourself.

20. CHARACTER DEVELOPMENT CURRICULUM

If the curriculum used by the provider includes a character development plan then check "Yes." If not then check "No", complete Attachment C.

21. PRE/POST ASSESSMENT

List or describe the pre and post assessment tool you use or progress monitoring.

22. CERTIFICATION

Signature of Owner/Director/Operator/Principal, School District Staff, date, print name, day time telephone. The applicant is required to read the certification statement and sign, date, and print his or her name on this application. For private providers, the applicant must be the owner, director, or operator. For public schools the applicant must be the principal or designated school district staff.

SCHOOL READINESS PROVIDER APPLICATION

Application		Facility Type			
<input type="checkbox"/>	New Application	<input type="checkbox"/>	Licensed Child Care Facility	<input type="checkbox"/>	Religious Exempt Child Care Facility
<input type="checkbox"/>	Updated Application	<input type="checkbox"/>	Large Family Child Care Home	<input type="checkbox"/>	Licensed Family Child Care Home
<input type="checkbox"/>	Annual Renewal	<input type="checkbox"/>	Registered Family Child Care Home	<input type="checkbox"/>	Informal Provider
		<input type="checkbox"/>	Private School	<input type="checkbox"/>	Public or Charter School

1. DEMOGRAPHICS

Name of Person filling out form: <hr/> Date form was completed: <hr/>	Do you wish to have your program referred to families seeking child care listings from the Child Care Resource & Referral Office: <input type="checkbox"/> YES <input type="checkbox"/> NO	<p><u>Please return form to us by: May 16, 2011</u></p> <p><i>Early Learning Coalition of Pinellas County, Inc.</i> <i>5735 Rio Vista Drive</i> <i>Clearwater, FL 33760</i> <i>(727) 548-1439</i> <i>www.elcpinellas.net</i></p>		
Corporate Name of Provider, Home or School (legal name)				
Common Name of Provider or School (doing business as)				
Physical Address:				
City:		State		Zip Code:
Mailing Address:				
<input type="checkbox"/> same as above				
Telephone Number:		Alternate/Emergency Telephone Number:		
E-mail:		Fed. ID No./ SSN:		
Fax#:		Director Name:		
Registration/License				
Ownership Information (if different from above):				
Owner Contact Information:				
Address:				
City:		State		Zip Code:
Telephone:		Fax:		Email:

2. REFERRAL - Do you want your house number and street to appear on referral lists to families?

YES NO

3. ACCREDITATION - Are you accredited by any organization? (Check all that apply)

Gold Seal Accreditation	Religious Exempt Accreditation
<input type="checkbox"/> Accreditation Professional Preschool Learning Environment (APPLE)	<input type="checkbox"/> Association Christian Schools International (ACSI)
<input type="checkbox"/> Assoc. Christian Schools International (ACSI)	<input type="checkbox"/> Association Christian Teachers & Schools (National)
<input type="checkbox"/> Assoc. Christian Teachers & Schools (ACTS)	<input type="checkbox"/> Association Christian Teachers & Schools
<input type="checkbox"/> Council on Accreditation (COA)	<input type="checkbox"/> Christian Schools of Florida
<input type="checkbox"/> Montessori School Accreditation Commission (MSAC)	<input type="checkbox"/> Church Avenue Academy
<input type="checkbox"/> National Accreditation Commission (NAC)	<input type="checkbox"/> Church of God Association of Christian Schools
<input type="checkbox"/> Natl. Assoc. for the Education of Young Children (NAEYC)	<input type="checkbox"/> Early Childhood Christian Education Association
<input type="checkbox"/> National Association for Family Child Care (NAFCC)	<input type="checkbox"/> Florida Assoc. of Christian Schools & Colleges, Inc.
<input type="checkbox"/> National Council for Private School Accreditation (NCPA)	<input type="checkbox"/> Florida Catholic Conference
<input type="checkbox"/> National Early Childhood Program Accreditation (NECPA)	<input type="checkbox"/> Florida Kindergarten Council
<input type="checkbox"/> National School-age Care Alliance (NSACA)	<input type="checkbox"/> Florida Coalition of Christian Private Schools Association
<input type="checkbox"/> Southern Association of Colleges & Schools (SACS)	<input type="checkbox"/> Florida League of Christian Schools
<input type="checkbox"/> United Methodist Assoc. of Preschools (UMAP)	<input type="checkbox"/> Green Apple Association of Christian Schools
<input type="checkbox"/> National Accreditation Council for Early Childhood Professional Personnel and Programs	<input type="checkbox"/> Light of the World Christian School
	<input type="checkbox"/> Miracle Faith Center
	<input type="checkbox"/> Narrow Door Pentecostal
	<input type="checkbox"/> National Association for Christian Education
	<input type="checkbox"/> Natl. Assoc. for the Education of Young Children
	<input type="checkbox"/> National Lutheran School Accreditation (FL-GA district)
	<input type="checkbox"/> New Beginnings Christian Center Accreditation (NBCCA)
	<input type="checkbox"/> Nicene Schools International
	<input type="checkbox"/> Papa Goose Network of Christian Nursery's
	<input type="checkbox"/> Sonshine Association of Christian Schools

4. AFFILIATION - Not For Profit

YES

NO

5. VACANCY/ENROLLMENT/CAPACITY:

What is your total licensed capacity? (*number of children you are licensed to care for*) _____
 What is your actual capacity? (*most number of children you choose to care for*) _____

In the chart below please indicate:

The number of vacancies available at the present time in each age group

The actual number of children enrolled (combining both full & part time children enrolled) in each age group

The maximum number of children you offer services to by age group

The number of children enrolled in VPK by age group (either 4 or 5 years old)

Enter results by age group	Infant	1 year old	2 year old	3 year old	4 year old (not in VPK)	5 year old (not in VPK)	Elementary School Age (B/A Only)*	Middle School Age (B/A Only)*
Number of Vacancies at the present time								
Actual number of children enrolled								
Maximum number of children you will accept								
Number of children enrolled in VPK (not included in above total)								

* If a Private School do not include the private school students in the counts

6. ENVIRONMENT - Describe your program's setting. (Check all that apply)

<input type="checkbox"/>	Accommodates Allergies	<input type="checkbox"/>	German	<input type="checkbox"/>	Negotiated Rate	<input type="checkbox"/>	Sliding Fee Scale
<input type="checkbox"/>	Bilingual	<input type="checkbox"/>	Greek	<input type="checkbox"/>	Smoke Free Facility	<input type="checkbox"/>	Spa on site
<input type="checkbox"/>	Chinese	<input type="checkbox"/>	Green Certified Building	<input type="checkbox"/>	No TV	<input type="checkbox"/>	School Readiness Agreement
<input type="checkbox"/>	Cat	<input type="checkbox"/>	Habla Espanol	<input type="checkbox"/>	Provider participates in Operation Military Child Care	<input type="checkbox"/>	Teen Parent Program
<input type="checkbox"/>	Corporate	<input type="checkbox"/>	Hebrew	<input type="checkbox"/>	Outdoor Play	<input type="checkbox"/>	United Way
<input type="checkbox"/>	Creole	<input type="checkbox"/>	Italian	<input type="checkbox"/>	Parent Co-op	<input type="checkbox"/>	Vietnamese
<input type="checkbox"/>	Diapers provided	<input type="checkbox"/>	Limited English	<input type="checkbox"/>	Pets	<input type="checkbox"/>	Video Monitoring
<input type="checkbox"/>	Dog	<input type="checkbox"/>	Large FCCH	<input type="checkbox"/>	Pool on Site	<input type="checkbox"/>	Wheelchair Accessible
<input type="checkbox"/>	English	<input type="checkbox"/>	Limited Spanish	<input type="checkbox"/>	Portuguese	<input type="checkbox"/>	Web Cam on site
<input type="checkbox"/>	Employer Contract	<input type="checkbox"/>	Licensed School Age SR Agreement	<input type="checkbox"/>	Private School	<input type="checkbox"/>	Other (list below)

<input type="checkbox"/>	Exempt School Age SR Agreement	<input type="checkbox"/>	Provides Meals	<input type="checkbox"/>	Russian		
<input type="checkbox"/>	French	<input type="checkbox"/>	Medicaid Provider	<input type="checkbox"/>	Fluent Spanish		
<input type="checkbox"/>	Fenced Yard	<input type="checkbox"/>	Military	<input type="checkbox"/>	Scholarships Available		
<input type="checkbox"/>	Filipino	<input type="checkbox"/>	Multi Child Discount	<input type="checkbox"/>	Sign Language		
<input type="checkbox"/>	Faith-based	<input type="checkbox"/>	No English	<input type="checkbox"/>	Sick Child Care		

7. MEALS - What meals does your program provide? (Check all that apply)

<input type="checkbox"/>	Afternoon Snack	<input type="checkbox"/>	Lunch	<input type="checkbox"/>	Special Diet Requests
<input type="checkbox"/>	Breakfast	<input type="checkbox"/>	Morning Snack	<input type="checkbox"/>	USDA Food Program
<input type="checkbox"/>	Bring Own Lunch/snacks	<input type="checkbox"/>	Parent Supplies Formula	<input type="checkbox"/>	Other
<input type="checkbox"/>	Dinner	<input type="checkbox"/>	Provides Formula		

8. RATES - In Attachment D enter the advertised rates (private pay rates) your program charges. Do not include voucher/subsidy rates, sliding scale rates, employee discounts or any other discounted rates.

9. LIABILITY INSURANCE - Attach copy of your Certificate of Child Care Liability Insurance with the Coalition listed as "Additional Insured".

10. SCHEDULE - What days of the week does your program operate? (Check all that apply)

Sunday <input type="checkbox"/>	Monday <input type="checkbox"/>	Tuesday <input type="checkbox"/>	Wednesday <input type="checkbox"/>	Thursday <input type="checkbox"/>	Friday <input type="checkbox"/>	Saturday <input type="checkbox"/>
What are your hours of operation?	Open Time:	<u>circle one</u> AM PM	Close Time:	<u>circle one</u> AM PM		
What are the ages you serve?	From (minimum age): _____ To (maximum age): _____ <i>Sample: 2 months to 6 years</i>					

11. HOLIDAY SCHEDULE - Please complete Holiday Schedule Attachment E

12. ENHANCED SCHEDULE - Does your program provide the following schedule? (Check all that apply)

<input type="checkbox"/>	24-Hour Care	<input type="checkbox"/>	Full Time	<input type="checkbox"/>	Rotating
<input type="checkbox"/>	After School	<input type="checkbox"/>	Full Year	<input type="checkbox"/>	Summer Only
<input type="checkbox"/>	Both Full & Part-Time	<input type="checkbox"/>	VPK Wrap Care	<input type="checkbox"/>	Follow local School System Weather Days
<input type="checkbox"/>	Before School	<input type="checkbox"/>	Morning	<input type="checkbox"/>	School Year
<input type="checkbox"/>	Drop In Care	<input type="checkbox"/>	Open if Safe Weather	<input type="checkbox"/>	Vacation/Holiday
<input type="checkbox"/>	Emergency/Temp. Care	<input type="checkbox"/>	Overnight	<input type="checkbox"/>	Weekend Care
<input type="checkbox"/>	Evening Care	<input type="checkbox"/>	Part Time	<input type="checkbox"/>	Respite Care

13. ENHANCED SERVICES - What other services does your program offer?

(Check all that apply)

<input type="checkbox"/>	Computers	<input type="checkbox"/>	Health/Social Services	<input type="checkbox"/>	Outdoor Sports	<input type="checkbox"/>	Training/experience with children with developmental delays
<input type="checkbox"/>	Art/Crafts	<input type="checkbox"/>	Homework/Tutor	<input type="checkbox"/>	Small Group Size	<input type="checkbox"/>	Training/experience with making environmental accommodations for children with special needs
<input type="checkbox"/>	Family Involvement	<input type="checkbox"/>	Kindergarten Class	<input type="checkbox"/>	Swim Lessons	<input type="checkbox"/>	Therapeutic Services
<input type="checkbox"/>	Field Trips	<input type="checkbox"/>	Music Lessons	<input type="checkbox"/>	Training/experience with children with autism spectrum disorder	<input type="checkbox"/>	P.I.E.C.E. (Program for Inclusive Care and Education) Participation
<input type="checkbox"/>	Gymnastics/Dance Lessons	<input type="checkbox"/>	On-site Screenings <ul style="list-style-type: none"> • Vision • Hearing • Developmental 	<input type="checkbox"/>	Training/experience with children with behavioral challenges	<input type="checkbox"/>	Quality Counts
<input type="checkbox"/>	Other (list here)						

14. ADDITIONAL FEES - Please list all additional fees that your program charges.

Description	Amount	How often is this fee charged? (See Codes Below)	Is this fee per child or family? (C/F)
Activity	\$		
Annual	\$		
Application	\$		
Dance lessons	\$		
Extra Curricular Activities	\$		
Field Trips	\$		
Gymnastics lessons	\$		
Holiday	\$		
Insurance	\$		
Late pick-up	\$		
Late payment	\$		
Meals/Snacks	\$		
Music lessons	\$		
Overtime/Early Drop-off	\$		
Returned check	\$		

Registration	\$		
Summer Camp	\$		
Supplies/Materials	\$		
Swimming lessons	\$		
Transportation	\$		
Other:	\$		

Frequency Codes: Both Ways; One Way, One Time, Minutes; Every 5 minutes; Every 10 minutes; Every 15 minutes, Half Hour; Hourly; Daily, Weekly, Monthly; Yearly

15. STAFFING - Total number of staff that work directly with children in care. _____

15a. Enter below the number of staff that work directly with children in care that have any of the following qualifications/degrees/courses/credentials/training:

#__	FCCH completed 2 nd Helping course	#__	Provider/staff has Early Literacy training
#__	Provider/staff has AA/AS Degree non-child related	#__	Provider/staff had first aid training within past 2 years
#__	Provider/staff has AA/AS Degree in early childhood	#__	Provider/staff has High School Education/GED
#__	Director Credential Advanced	#__	Provider/staff has MA Degree non-child related
#__	Director Credential Foundational	#__	Provider/staff has MA Degree in early childhood
#__	Provider/staff has BA/BS Degree non-child related	#__	Facility has medical staff onsite
#__	Provider/staff has BA/BS Degree in early childhood	#__	NAFCC FCCH Observer Trained
#__	Provider/staff has CDA credential	#__	Provider/staff does not have High School/GED
#__	Provider/staff has CDA equivalency	#__	Special Needs Training (describe)
#__	Provider/staff had CPR training within past 2 years	#__	Provider/staff has VPK Director Credential
#__	Provider/staff has Doctorate		

16. SUBSTITUTION POLICY - What is your program's substitution policy*?

(Check all that apply)

<input type="checkbox"/>	Friend	<input type="checkbox"/>	Substitute Pool
<input type="checkbox"/>	Spouse	<input type="checkbox"/>	Relative
<input type="checkbox"/>	Other Substitute <i>(list here)</i> :		

***Contracted School Readiness providers please attach copy of substitute policy.**

17. TRANSPORTATION - Does your program provide transportation? (Check all that apply)

<input type="checkbox"/>	From school to site (list school names)	<input type="checkbox"/>	From site to home
<input type="checkbox"/>	To school from site (list school names)	<input type="checkbox"/>	To site from home
<input type="checkbox"/>	Near public transportation	<input type="checkbox"/>	In walking distance to school (list school names below):
<input type="checkbox"/>	By school bus or van		

18. VEHICLE INSURANCE - Do you have Vehicle Insurance YES NO

Name of Insurance Carrier: _____

19. CURRICULUM - Which of the following curriculum does your program use?

(Check all that apply)

If you do not use a purchased curriculum please complete Attachments A and B Curricula Self Assessment Studies

<input type="checkbox"/>	Beyond Centers and Circle Time	<input type="checkbox"/>	Houghton Mifflin Pre-K	<input type="checkbox"/>	Ready, Set, Leap!
<input type="checkbox"/>	Beyond Cribs and Rattles	<input type="checkbox"/>	Investigator Club Pre-Kindergarten Learning System	<input type="checkbox"/>	Saxon Early Learning
<input type="checkbox"/>	Creative Curriculum 4th Edition	<input type="checkbox"/>	Kaplan Planning Guide to the Preschool Curriculum	<input type="checkbox"/>	Scholastic Early Childhood Program
<input type="checkbox"/>	Curiosity Corner	<input type="checkbox"/>	Let's Begin with Letter People	<input type="checkbox"/>	The Creative Curriculum for Infants, Toddlers & Twos, 2nd edition
<input type="checkbox"/>	DLM Early Childhood Program	<input type="checkbox"/>	Links to Literacy	<input type="checkbox"/>	We Can!
<input type="checkbox"/>	Doors to Discovery	<input type="checkbox"/>	Literacy Express	<input type="checkbox"/>	Wee Learn
<input type="checkbox"/>	Early Literacy and Learning Model/Plus	<input type="checkbox"/>	Montessori	<input type="checkbox"/>	Wright Skills/Growing with Mathematics
<input type="checkbox"/>	High Scope	<input type="checkbox"/>	Opening the World of Learning	<input type="checkbox"/>	Other
<input type="checkbox"/>	High Scope Infant Toddler	<input type="checkbox"/>	Read Together, Talk Together	<input type="checkbox"/>	

20. CHARACTER DEVELOPMENT CURRICULUM - Which of the following curriculum does your program use? (Check all that apply)

Commitment to Character	<input type="checkbox"/>	<i>If you do not use purchased curriculum please complete Attachment C - Character Development Program Self Assessment Study</i>
Other please list	<input type="checkbox"/>	

21. PRE/POST ASSESSMENT - What pre/post assessment tool do you use?

22. CERTIFICATION FOR SCHOOL READINESS CONTRACTED PROVIDERS

I certify that:

- I may not discriminate against a parent or child, including the refusal to admit a child for enrollment on the grounds of race, color, or national origin.
- I understand that in order to receive school readiness funding, I must either be licensed, registered, or legally exempt from licensure pursuant to Chapter 402.302-319, Florida Statutes.
- I understand that, in accordance with federal and state law (45CFR98 and Chapter 411, Florida Statutes) the curricula used by my program must be:
 - Developmentally appropriate;
 - Have a character development plan;
 - Are designed to prepare students for early literacy;
 - Enhance the age-appropriate progress of students in attaining the performance standards adopted by the Agency for Workforce Innovation and the Department of Education;
 - Prepare students to be ready for school.
- I understand that I must maintain a healthy and safe environment for children.
- I understand that I must allow access to the parent/guardian of a child I have in care.
- I understand that I will be required to read, sign and comply with the School Readiness Provider Contract.
- I understand that I will be monitored for compliance by coalition designated staff.
- I have examined this application and, to the best of my knowledge and belief, the information provided is true and correct. Including Attachment A through F
- If any of this information changes, I understand that I must submit said changes to the Coalition.

Signature of owner / director / operator / principal / school district staff and Title

Print name of owner / director / operator / principal / school district staff

Date

For Office Use Only

Date Received _____ Date Processed _____ Date Approved _____

Date Denied _____ Processed by _____ Date Packet Mailed Back _____

Comments: _____

Attachment A

**Infant, Toddler, Two's Curriculum
Self-Assessment Study
2011/2012**

Please complete the following self assessment by checking the boxes in each section that you feel describe your present curriculum. Each section corresponds to a domain in the performance standards which have been approved by the state. Questions specifically relate to parts of a developmentally appropriate program. Consider your responses to each indicator/box carefully as this self-assessment can offer suggestions for improvements to your curriculum.

Quality Indicators	
Physical Health	<p>Does your curriculum include teaching strategies that:</p> <ul style="list-style-type: none"> <input type="checkbox"/> allow staff to observe characteristics of appropriate health and development (0-36 mo.) <input type="checkbox"/> allow staff to observe characteristics of nutritional health (0-36 mo.) <input type="checkbox"/> allow staff to observe visual abilities that facilitate healthy growth and development (0-36 mo.) <input type="checkbox"/> allow staff to observe auditory abilities that facilitate healthy growth and development (0-36 mo.) <input type="checkbox"/> allow staff to observe characteristics of oral health (0-36 mo.) <input type="checkbox"/> allow staff to observe that basic physical needs are met (0-36 mo.) <input type="checkbox"/> encourage adult-child interaction (0-36 mo.) <input type="checkbox"/> provide basic health and safety routines (0-36 mo.) <p>How does your curriculum address this domain? Please describe:</p> <hr/> <hr/> <hr/> <hr/>
Approaches to Learning	<p>Does your curriculum include teaching strategies that:</p> <ul style="list-style-type: none"> <input type="checkbox"/> encourage an awareness and interest in the environment (0-8 mo.) <input type="checkbox"/> encourage children to show interest in and excitement with familiar objects, people and events (0-8 mo.) <input type="checkbox"/> encourage children to pay attention briefly and try to reproduce interesting effects/events (0-8mo.) <input type="checkbox"/> encourage children to attend briefly and persist in repetitive tasks (8-18 mo.) <input type="checkbox"/> encourage children to attend for longer periods of time and persist at preferred activities (18-24 mo.) <input type="checkbox"/> encourage children to approach and explore new experiences in familiar settings (8-36 mo) <input type="checkbox"/> encourage eagerness and curiosity as a learner (8-36 mo.) <input type="checkbox"/> allow children to spend more time engaging in child-initiated activities and seek or accept help encountering a problem (24-36 mo.) <input type="checkbox"/> encourage children to explore the environment with flexibility and purpose (24-36 mo.)

	<p>How does your curriculum address this domain? Please describe:</p> <hr/> <hr/> <hr/>
Social and Emotional	<p>Does your curriculum include teaching strategies that:</p> <ul style="list-style-type: none"> <input type="checkbox"/> help children form and maintain secure relationships with others (0-36 mo.) <input type="checkbox"/> help children respond to the environment (0-36 mo.) <input type="checkbox"/> help children develop emotional regulation (0-36 mo.) <input type="checkbox"/> help children develop behavioral regulation (0-36 mo.) <input type="checkbox"/> help children develop social problem-solving (0-36 mo.) <input type="checkbox"/> help children form and maintain mutual relationships with others (0-36 mo.) <input type="checkbox"/> help children become aware of themselves as unique individuals while still connected to others (0-36 mo.) <input type="checkbox"/> help children demonstrate a sense of competence and confidence in their growing abilities (0-36 mo.) <p>How does your curriculum address this domain? Please describe:</p> <hr/> <hr/> <hr/>
Language and Communication	<p>Does your curriculum include teaching strategies that:</p> <ul style="list-style-type: none"> <input type="checkbox"/> encourage children to respond to frequently heard sounds and words (0-8 mo.) <input type="checkbox"/> help children show enjoyment of the sounds and rhythms of language (0-8 mo.) <input type="checkbox"/> help children develop eye-hand coordination and more intentional hand control (0-8 mo.) <input type="checkbox"/> allow children to watch activities of others and imitate sounds, facial expressions and actions (0-8 mo.) <input type="checkbox"/> help children develop the ability to use a variety of sounds and movements to communicate (0-8 mo.) <input type="checkbox"/> allow children to use tools to make scribbles (8-18 mo.) <input type="checkbox"/> allow children to repeat actions that symbolize meaningful ideas (8-18 mo.) <input type="checkbox"/> help children develop an increased understanding of gestures and words (8-18 mo.) <input type="checkbox"/> help children build and use vocabulary through direct experiences and involvement with pictures and books. (8-18 mo.) <input type="checkbox"/> help children use consistent sounds, gestures and some words to communicate (8-18 mo.) <input type="checkbox"/> encourage children use a growing number of words and put words together (18-24 mo.) <input type="checkbox"/> encourage children to make purposeful marks on paper (18-24 mo.)

Language and Communication	<ul style="list-style-type: none"> <input type="checkbox"/> encourage children to use beginning representation through play that imitates familiar routines (18-24 mo.) <input type="checkbox"/> encourage children to attend to and try to take part in conversations (18-24 mo.) <input type="checkbox"/> help children learn that pictures represent real objects, events and ideas (stories) (18-24 mo.) <input type="checkbox"/> encourage children’s motivation to read (18-36 mo.) <input type="checkbox"/> help children gain meaning through listening (18-36 mo.) <input type="checkbox"/> help children speak clearly enough to be understood by most listeners. (24-36 mo.) <input type="checkbox"/> encourage children to take part in conversations (24-36 mo.) <input type="checkbox"/> develop a growing interest in print and books (24-36 mo.) <input type="checkbox"/> encourage children to use scribbles and unconventional shapes to convey messages (24-36 mo.) <input type="checkbox"/> encourage children to use more complicated imitative play as symbolic thought processes and mental concepts or pictures are developed (24-36 mo.) <p>How does your curriculum address this domain? Please describe:</p> <hr/> <hr/> <hr/> <hr/>
Cognitive Development & General Knowledge	<p>Does your curriculum include teaching strategies that:</p> <ul style="list-style-type: none"> <input type="checkbox"/> help children respond in simple ways to people and objects (0-8 mo.) <input type="checkbox"/> encourage children to begin to make things happen (0-8 mo.) <input type="checkbox"/> allow children to establish primary relationships (0-8 mo.) <input type="checkbox"/> encourage children to initiate more events (8-18 mo.) <input type="checkbox"/> encourage children to establish more complex relationships (8-18 mo.) <input type="checkbox"/> help children respond in varies ways to people and objects (8-18 mo.) <input type="checkbox"/> help children develop more complex responses to people and objects (18-24 mo.) <input type="checkbox"/> encourage children to expand relationships (18-24 mo.) <input type="checkbox"/> encourage children to initiate more complex interactions (18-24 mo.) <input type="checkbox"/> help children demonstrate discriminating responses to people and objects (24-36 mo.) <input type="checkbox"/> encourage children to engage in multiple productive relationships (24-36 mo.) <input type="checkbox"/> encourage children to initiate rich and varied events (24-36 mo.) <p>How does your curriculum address this domain? Please describe:</p> <hr/> <hr/> <hr/> <hr/>

Motor Development	<p>Does your curriculum include teaching strategies that:</p> <ul style="list-style-type: none"> <input type="checkbox"/> provide opportunities for gross motor activities to help develop balance, control and coordination (0-36 mo.) <input type="checkbox"/> provide opportunities for fine motor activities to help develop signs of strength, control and eye-hand coordination (0-36 mo.) <input type="checkbox"/> provide opportunities for participation in self-care (0-36 mo.) <p>How does your curriculum address this domain? Please describe:</p> <hr/> <hr/> <hr/> <hr/>
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After completing the self assessment, please maintain a copy at your site.

Attachment B

**Preschool Curriculum
Self-Assessment Study
2011/2012**

Please complete the following self assessment by checking the boxes in each section that you feel describe your present curriculum. Each section corresponds to a domain in the performance standards which have been approved by the state. Questions specifically relate to parts of a developmentally appropriate program. Consider your responses to each indicator/box carefully as this self-assessment can offer suggestions for improvements to your curriculum.

Quality Indicators	
Physical Health	<p>Does your curriculum include teaching strategies that:</p> <ul style="list-style-type: none"> <input type="checkbox"/> allow staff to observe characteristics of good physical health that will facilitate learning <input type="checkbox"/> allow staff to help children develop an awareness of personal health and fitness <input type="checkbox"/> allow staff to observe the visual and auditory skills of the children that will facilitate learning <input type="checkbox"/> allow staff to observe oral hygiene routines <input type="checkbox"/> help children be aware of the role of a health provider through dramatic play or literature <input type="checkbox"/> allow staff to observe children to see that their basic physical needs are met <input type="checkbox"/> help children follow basic health and safety rules <input type="checkbox"/> allow children to perform some self-care tasks independently <p>How does your curriculum address this domain? Please describe:</p> <hr/> <hr/> <hr/> <hr/>
Approaches to Learning	<p>Does your curriculum include teaching strategies that:</p> <ul style="list-style-type: none"> <input type="checkbox"/> encourage eagerness and curiosity <input type="checkbox"/> encourage children to demonstrate persistence when attempting tasks <input type="checkbox"/> encourage creativity and inventiveness <input type="checkbox"/> encourage planning and reflection by the children <p>How does your curriculum address this domain? Please describe:</p> <hr/> <hr/> <hr/> <hr/>

Social and Emotional	<p>Does your curriculum include teaching strategies that:</p> <ul style="list-style-type: none"> <input type="checkbox"/> help children develop self-confidence <input type="checkbox"/> help children develop independence and self-direction <input type="checkbox"/> help children develop self-control by following simple rules and routines <input type="checkbox"/> help children develop the ability to manage transitions <input type="checkbox"/> encourage children to use materials carefully <input type="checkbox"/> encourage positive interaction with others <input type="checkbox"/> encourage children to form friendships with peers <input type="checkbox"/> assist children in participating in group activities <input type="checkbox"/> help children respond appropriately to and form positive relationships with familiar adults <input type="checkbox"/> help children learn the skills of social problem solving <input type="checkbox"/> help children develop a positive self-concept <input type="checkbox"/> help children develop self-control <input type="checkbox"/> encourage positive interaction with others <input type="checkbox"/> help children develop the skills of social problem solving <p>How does your curriculum address this domain? Please describe:</p> <hr/> <hr/> <hr/> <hr/>
Language and Communication	<p>Does your curriculum include teaching strategies that:</p> <ul style="list-style-type: none"> <input type="checkbox"/> help children develop listening skills <input type="checkbox"/> help children develop the ability to use increasingly complex phrases and sentences <input type="checkbox"/> help children show an understanding of words and their meanings <input type="checkbox"/> help children develop an expanded vocabulary to describe objects, actions and events <input type="checkbox"/> help children use age-appropriate grammar in conversations <input type="checkbox"/> help children connect phrases and sentences to build ideas <input type="checkbox"/> help children use language to express needs and feelings, share experiences, predict outcomes and resolve problems <input type="checkbox"/> encourage children to initiate, ask questions and respond to adults and peers <input type="checkbox"/> encourage children to use appropriate language and style for context <p>How does your curriculum address this domain? Please describe:</p> <hr/> <hr/> <hr/> <hr/>

Emergent Literacy	<p>Does your curriculum include teaching strategies that:</p> <ul style="list-style-type: none"> <input type="checkbox"/> help children show a motivation for reading <input type="checkbox"/> help children show age-appropriate phonological awareness <input type="checkbox"/> help children develop alphabetic knowledge <input type="checkbox"/> help children show an understanding of text read aloud <input type="checkbox"/> help children show motivation to engage in written expression <input type="checkbox"/> encourage children to use letter-like shapes, symbols and letters to convey meaning <input type="checkbox"/> develop age-appropriate ability to write letters <input type="checkbox"/> develop knowledge of structure of written composition <input type="checkbox"/> help children develop emergent reading skills, including phonological awareness, alphabetic knowledge and comprehension <input type="checkbox"/> help children develop emergent writing skills <p>How does your curriculum address this domain? Please describe:</p> <hr/> <hr/> <hr/> <hr/>
Cognitive Development & General Knowledge Mathematical Thinking	<p>Does your curriculum include teaching strategies that:</p> <ul style="list-style-type: none"> <input type="checkbox"/> help children to solve mathematical problems <input type="checkbox"/> help children develop the ability to sort objects into subgroups <input type="checkbox"/> help children recognize simple problems and duplicate them <input type="checkbox"/> allow children to gather and use information to ask and answer questions <input type="checkbox"/> help children develop beginning understandings of number and quantity <input type="checkbox"/> help children begin to recognize and describe the attributes of shapes <input type="checkbox"/> help children develop an understanding and use of positional words <input type="checkbox"/> develop seriation and comparison skills <input type="checkbox"/> allow children to develop measuring skills <p>How does your curriculum address this domain? Please describe:</p> <hr/> <hr/> <hr/> <hr/>
Cognitive Development & General Knowledge Scientific Thinking	<p>Does your curriculum include teaching strategies that:</p> <ul style="list-style-type: none"> <input type="checkbox"/> encourage children to observe and explore materials and natural phenomena <input type="checkbox"/> encourage children to use tools and equipment for their investigations <input type="checkbox"/> offer opportunities for children to make comparisons among objects <p>How does your curriculum address this domain? Please describe:</p> <hr/> <hr/> <hr/> <hr/>

<p style="text-align: center;">Cognitive Development & General Knowledge Social Studies</p>	<p>Does your curriculum include teaching strategies that:</p> <ul style="list-style-type: none"> <input type="checkbox"/> help children identify similarities and differences in personal and family characteristics <input type="checkbox"/> help children understand family needs, roles and relationships <input type="checkbox"/> help children understand the roles of community workers <input type="checkbox"/> help children understand how technology affects their lives <input type="checkbox"/> help children understand the importance of rules <input type="checkbox"/> help children realize what it means to be a leader <input type="checkbox"/> help children develop an awareness of their environment and where things belong <p>How does your curriculum address this domain? Please describe:</p> <hr/> <hr/> <hr/> <hr/>
<p style="text-align: center;">Cognitive Development & General Knowledge The Arts</p>	<p>Does your curriculum include teaching strategies that:</p> <ul style="list-style-type: none"> <input type="checkbox"/> provide opportunities for children to use a variety of art materials <input type="checkbox"/> allow children to participate in group music experiences <input type="checkbox"/> allow children to participate in creative movement, dance and drama <input type="checkbox"/> offer opportunities for children to respond to artistic creations or events <p>How does your curriculum address this domain? Please describe:</p> <hr/> <hr/> <hr/> <hr/>
<p style="text-align: center;">Motor Development</p>	<p>Does your curriculum include teaching strategies that:</p> <ul style="list-style-type: none"> <input type="checkbox"/> provide opportunities for gross motor activities to help develop balance and coordination <input type="checkbox"/> provide opportunities to use strength and fine motor control to perform simple tasks <input type="checkbox"/> provide opportunities to develop eye-hand coordination <input type="checkbox"/> allow children to show beginning control of writing, drawing and art tools <p>How does your curriculum address this domain? Please describe:</p> <hr/> <hr/> <hr/> <hr/>

Cognitive Development & General Knowledge	<p>Does your curriculum include teaching strategies that:</p> <ul style="list-style-type: none"> <input type="checkbox"/> help children develop skills for solving mathematical problems <input type="checkbox"/> help children develop the ability to observe patterns, relationships and functions <input type="checkbox"/> help children develop beginning understandings of number and quantity <input type="checkbox"/> help children begin to understand geometric concepts and spatial relationships <input type="checkbox"/> develop seriation, comparison and measuring skills <input type="checkbox"/> encourage children to develop inquiry skills, such as asking questions, using their senses making comparisons <input type="checkbox"/> help children identify similarities and differences in personal and family characteristics <input type="checkbox"/> help children understand family needs, roles and relationships in their family and in the community <input type="checkbox"/> help children begin to develop an understanding of citizenship and their government <input type="checkbox"/> help children develop an awareness of their environment and where things belong <input type="checkbox"/> provide opportunities for children to use a variety of art materials for expression and representation <input type="checkbox"/> offer opportunities for children to respond to artistic creations or events <p>How does your curriculum address this domain? Please describe:</p> <hr/> <hr/> <hr/> <hr/>
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After completing the self assessment please keep a copy at your site.

Attachment C

**Character Development Program
Self-Assessment Study
2011/2012**

Please complete the following self assessment by checking the boxes that are included in your present curriculum. Each statement specifically relates to a component of a developmentally appropriate character education program. Consider your responses to each indicator carefully as this tool can offer suggestions for improvements to your curriculum.

Quality Indicators	
Character Development	<p>Does your curriculum include teaching strategies that:</p> <ul style="list-style-type: none"> <input type="checkbox"/> defines “character” comprehensively to include thinking, feeling and behavior <input type="checkbox"/> focuses child attention on the basic language that expresses core concepts such as “honesty” and “courage” and links the words to explicit behaviors <input type="checkbox"/> uses a comprehensive, intentional, proactive, and effective approach to character development <input type="checkbox"/> provides children with opportunities for moral action, a process for implementing civic values when making decisions <input type="checkbox"/> strives to foster children’s self motivation <input type="checkbox"/> engages the early education staff as a learning and moral community that shares responsibility for character education and attempts to adhere to the same core values that guide the education of students <input type="checkbox"/> engages families and community members as partners in the character-building effort <input type="checkbox"/> foster positive peer recognition and encourage all members of the school community to exemplify and reward behavior consistent with the core values and ethical decision making <p>How does your program address these indicators? Please describe:</p> <hr/> <hr/> <hr/> <hr/>

After completing the self assessment please keep a copy at your site.

ATTACHMENT D

SURVEY OF SERVICES AND RATES AND FEES

Name of Site _____ S.S.# or Fed. I.D. # _____

- I. Please provide the information requested in the table below regarding the actual DAILY* rates charged to the general public and the Early Learning Coalition of Pinellas County, Inc. SR families for your childcare services. The rates must be listed as Daily* Rate. Please make sure there is only one response in each box. If you are not licensed for an age group or you do not provide services for a certain category, please mark "N/A" for "not applicable." All families have to pay a "parent fee" which is based on their gross income and size, as determined by the State Sliding Fee Scale.

USE BLUE OR BLACK INK ONLY ~ DO NOT USE WHITE OUT

These rates are proposed for July 1, 2011 to June 30, 2012

Reimbursement Cannot Exceed the Coalition Approved Maximum Rates

<i>Level of Care</i>	<i>General Public Full Day Rate</i>	<i>School Readiness Families Full Day Rate <u>Non-Gold Seal Rate</u></i>	<i>General Public Part Day Rate (less than 6 hrs/day)</i>	<i>School Readiness Families Part Day Rate (less than 6 hrs/day) <u>Non-Gold Seal Rate</u></i>
	Daily*	Daily*	Daily*	Daily*
Infants (Newborn through 11 months)	\$	\$	\$	\$
Toddlers (12 – 23 mos.)	\$	\$	\$	\$
Two Year Old (24 - 35 mos.)	\$	\$	\$	\$
Three Year Old (36 - 47 mos.)	\$	\$	\$	\$
Four Year Old (48 - 59 mos.)	\$	\$	\$	\$
Five Year Old (not yet in Kindergarten)	\$	\$	\$	\$
School Age (Kindergarten through age 12)	\$	\$	\$	\$

***For purposes of this form the DAILY rate is your weekly rate divided by 5.**

II. Additional Fees: (Please indicate if you waive any of these fees for School Readiness families)

	General Public Fee	School Readiness Fee	Fee Waived
Registration	\$	\$	<input type="checkbox"/> Yes
Transportation	\$	\$	<input type="checkbox"/> Yes
Late Pick Up	\$	\$	<input type="checkbox"/> Yes
Late Payment Fee	\$	\$	<input type="checkbox"/> Yes
Supplies (specify):	\$	\$	<input type="checkbox"/> Yes
Other (specify):	\$	\$	<input type="checkbox"/> Yes
Other (specify):	\$	\$	<input type="checkbox"/> Yes
Other (specify):	\$	\$	<input type="checkbox"/> Yes

III. Gold Seal Sites Only: Please check the one box that indicates which of the following rate schedules you are willing to accept.

- Proposed Full-Day Rate Only
- Proposed Full-Day Rate + 20% Gold Seal Differential (up to the Coalition Max Rate)

- A. I understand that our center/home must give full disclosure of all rates and fees to parents/guardians and that our center/home has developed a parent-provider rate/fee agreement that will be signed by provider and parent/guardian. All parents/guardians will be given a signed copy and a copy will be maintained in child's file at the center/home and may be monitored.
- B. I understand that I must give parents/guardians a minimum of 30 days notice should rates or fees change.
- C. I understand that I must make these documents as well as any revision, available upon request.
- D. To maintain consistency within the database, I understand that the Child Care Resource and Referral Department will be given a copy of this survey, and this data may be shared with potential customers.

THE FOLLOWING MUST BE MADE AVAILABLE TO COALITION STAFF UPON REQUEST:

- **A copy of your printed literature that you use to notify parents and community of the rates and fees for your child care/school readiness services.**
- **A copy of your parent/provider agreement.**
- **A copy of the 30-day notification letter given to parents, at the time of any rate changes.**

ATTACHMENT E

YEAR 2011/2012

School Readiness Provider Holiday Schedule

School Readiness Providers may choose to observe up to ten (10) paid holidays. The holidays listed below are commonly identified, but not mandated.

- INDEPENDENCE DAY OBSERVANCE** – _____
- LABOR DAY** – _____
- VETERANS DAY** – _____
- THANKSGIVING DAY** – _____
- DAY AFTER THANKSGIVING** – _____
- CHRISTMAS EVE** – _____
- CHRISTMAS DAY OBSERVANCE** - _____
- NEW YEAR'S DAY OBSERVANCE** - _____
- MARTIN LUTHER KING DAY** – _____
- MEMORIAL DAY** - _____
- OTHER** _____ **DATE** _____ **DAY of WEEK** _____
- OTHER** _____ **DATE** _____ **DAY of WEEK** _____

Additionally, School Readiness Providers may choose two (2) additional paid staff development/ in-service training days.

Staff Development Activity	Date	Day of Week

Once the dates are entered into the data system, they cannot be changed.

Attachment F

BANKING INFORMATION

It is required that early childhood providers who contract with Early Learning Coalition utilize direct deposit through the early childhood provider banking institute to be paid for providing School Readiness services. Please provide your banking information below.

NOTE: Attach a voided check.

Bank Name	Name on Account
Bank Address	Account Number
	Routing Number
Bank Phone Number	Name of Authorized Signer
	Name of 2 nd Authorized Signer (if applicable)

Thank you for your cooperation in gathering this important information. You may contact this office at any time to update your information. We are available to answer any questions you might have by calling 727-548-1439.

Comments/Questions: