

Great Start Early Childhood Scholarship Provider Application



Please fill out this form completely. Each time you answer “yes” to a question, you will need to provide samples showing us how the practice is implemented in your program.

Date: _____

Business name (as it appears on your child care license):

_____ License # _____

Contact name, address and email:

A Note to Applicants:

Questions asked in this application are not designed to eliminate providers from being potential sites for the scholarship recipients. They are actually designed to open the door for providers and help the scholarship committee determine what supports scholarship sites would find most beneficial. Please answer honestly and openly so that we can learn more about what options are available to families in our community.

We expect that everyone will find there are changes they can make to improve their services. Sites chosen as options for the scholarship recipients may become models for future scholarship programs and having answers from all applicants helps with the selection process. Thank you.

Early Childhood Scholarship Committee

All applications must be completed and returned to Amy Brauer via email abrauer@sjcisd.org , Fax at 269.467.4309 Attn: Amy Brauer, or U.S. Mail Amy Brauer, Great Start Collaborative, 62445 Shimmel Rd. Centreville, MI 49032 **postmarked by July 26, 2013.**

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A. Business Information

1. Please provide the following licensing information:

- a. Child care license number: _____
 - b. Has your program received a licensing violation in the past three years?
 - No
 - Yes If yes, please provide details of violation and corrective action taken.
-
-

- c. Has your program received a negative action in the past three years? Negative actions include: Temporary suspension, Suspension, Provisional License.
 - No
 - Yes Note that programs that have received a negative action in the past three years are not eligible to participate in the Great Start Early Childhood Scholarship Fund at this time.

2. Is your child care program accredited?

- No
- In process of becoming accredited or re-accredited. If in process, with which accrediting body are you working? _____ When do you anticipate achieving accreditation? (Please provide documentation.)

3. Have you completed any quality initiative?

- No
- Yes If yes, which quality initiative? _____ Please attach documentation.

4. What days and hours does your program operate? _____
Does it operate year-round? _____ Or school year? _____

5. Which service delivery models does your program provide?

- Part-day preschool If part-day, how many days per week does an individual (3 yr old) child attend? _____
- Full day preschool
- Full day child care
- Both

6. Preschool Enrollment Capacity:

of 3 year olds (total) _____ # of 3 year old slots available for scholarships _____
Ratio of staff: children in 3 year old classroom _____

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7. Preschool days/hours: _____
Rate per half-day Preschool: \$_____ (Please attach Rate documentation given to parents)

8. Complete a program philosophy statement:

Philosophy Statement Form

Use this form to submit your program’s philosophy statement. Write your program’s philosophy statement in the space below, or attach it to this form.

The purpose of a philosophy statement is to provide information about:

- The ways in which your program is unique
- The learning activities and play spaces in your program

Limit, 150 words

(Your program name) _____ helps children learn and develop by:

If you use a specific curriculum or approach, complete this sentence:

We use the _____ (circle one: curriculum/approach) to plan for and support children’s early learning in our program.

Please list special services you provide for your families (examples: transportation, parent education opportunities, family functions, home visits)

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9. Complete the health and safety checklist:

Health and Safety Checklist

Health and safety policies

1. Do you provide meals/snack for children? Please describe: _____

2. Is your building handicap accessible? No Yes
Are there handicap accessible restrooms? No Yes
Is the playground and equipment handicap accessible? No Yes

3. Child care centers may voluntarily adopt health and safety practices that exceed licensing requirements. Check all that apply.

- Your policy or procedure for checking children in and out of your program includes checking IDs of anyone you do not recognize who is picking up children and verifies that with written authorization you have on file of those who may pick up particular children.
- Your program's health care policies align with the National Child Care Health and Safety Standards.

The publication, *Caring for Our Children, National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care Programs, Second Edition*, is a compilation of standards for child care health and safety endorsed and published by the American Academy of Pediatrics, the American Health association, and the U.S. Department of Health and Human Services, Maternal and Child Health Bureau.

Visit <http://nrc.uchsc.edu/CFOC/index.html> for more information.

B. Family partnerships

1. Does your program have a formal process for collecting feedback from families participating in your program?
- No
 Yes
2. Do you have a written plan summarizing how you will use the feedback received from families?
- No
 Yes
3. Does your program have strategies for communicating with families?
- No
 Yes

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4. Does your program have a formal intake process to obtain information about families' preferences, including those related to culture?

- No
- Yes

5. Does your program currently use a screening instrument?

- No
- Yes If so, what do you use? _____

6. Does your program share information with parents about preschool screening?

- No
- Yes

7. Does your programs use an environmental rating instrument such as ITERS, ECERS, or PQA?

- No
- Yes If so, what do you use? _____

8. Does your program provide written plans for children transitioning between classrooms and to other Preschool programs?

- No
- Yes

9. Does your program have a formal process for communicating with client families about transitions to other classroom or other Preschool programs?

- No
- Yes

10. Do you currently serve any children with identified special needs?

- No
- Yes

If yes, which special needs, and what accommodations, if any, have you made for those children to make inclusion effective?

C. Teaching materials and strategies

For Preschool-age children (ages 3-5 years):

1. Does your program use a curriculum or daily activities for preschool-age children?

- No (skip to Section D)
- Yes Please attach a Daily Schedule

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2. Which of the following best describes your curriculum or daily activities for preschool-age children?

- My program uses daily activities aligned with the Early Childhood Standards of Quality for Prekindergarten
- My program uses an approach, such as the Project Approach.
- My program uses the Montessori approach, and all lead teachers have earned Montessori teaching certificates.
- My program uses a locally developed curriculum
- My program uses the following commercially available, published curriculum
 - Creative Curriculum for Preschoolers
 - High Scope for Preschoolers
 - North American Montessori Center (NAMC) 3-6

3. Have the program director or the education coordinator (if your program has one,) and your lead preschool teachers received at least eight hours of training on use of the curriculum or approach used in your program for preschool-aged children? (50 percent of lead teachers may receive training and provide training and coaching for the other teaching staff.)

- No
- Yes

4. Would you be willing to allow Great Start Early Childhood Scholarship Fund committee members to make on-site visits, with or without advance notice, for the purpose of assuring quality of programming?

- No
- Yes

D. Tracking learning

Preschool-aged children (ages 3-5)

1. Does your program track children's learning at least twice per year?

- No (skip to next section)
- Yes

2. Which of the following best describes your approach to tracking children's learning?

- My program uses the following approved commercially available, published instructional child assessment tool(s):
 - Creative Curriculum for Preschool: Developmental Continuum Assessment Tool for Ages 3-5 or Teaching Strategies GOLD Assessment System
 - High Scope Preschool Child Observation Record (COR), Second Edition
 - Other (please describe)

3. Have the program director or the education coordinator (if your program has one,) and your lead preschool teachers received at least eight hours of training on use of the instructional child assessment tool used for preschool-aged children? (50 percent of lead teachers may receive training and provide training and coaching for the other teaching staff.)

- No
- Yes

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4. Does your program share assessment results with families?

- No
- Yes

5. Does your program use the results from these assessments to design goals for individual children and to guide instruction?

- No
- Yes

E. Teacher training and education

Education coordinator

1. Does your program have an education coordinator (the Director may be the education coordinator)?

- No
- Yes

Definition of "education coordinator":

In many centers the director serves as the education coordinator. However, this could also be another staff person or a lead teacher who also has duties related to helping the program implement the curriculum consistently across classrooms and any other practices related to helping children become ready for school. This is often the staff person who approves the child care's education program.

2. If your program has an education coordinator, does the person in this position hold a Bachelor's degree in early childhood education or related field?

- No
- Yes

3. Teacher training and education

For the lead teacher and staff within your preschool classroom(s), please provide:

(You may attach other pages as necessary)

| |
|---|
| Name: |
| Position: |
| Education level: |
| Number of clock hours training in the past 12 months: |
| Description of trainings attended: |

(Space for additional Staff on next page)

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| |
|---|
| Name: |
| Position: |
| Education level: |
| Number of clock hours training in the past 12 months: |
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F. Certification

By signing this form, you the applicant, certify that the information provided is true, correct and reliable. You understand that the submission of inaccurate or misleading information may be grounds for exclusion from the Great Start Early Childhood Scholarship Fund program.

Signature: _____

Printed name: _____

Title: _____

Date: _____