

Early Learning Coalition of Florida's Heartland, Inc.

**Provider Application for School Readiness Services
FY 2010-2011**

EARLY LEARNING COALITION OF FLORIDA'S HEARTLAND, INC. SCHOOL READINESS PROGRAM

Instructions for School Readiness Provider Application FY 2010-2011

Renewals for School Readiness services contracting are due by May 15th, 2010.

Who must complete the application?

Each private provider or public school delivering School Readiness Services must complete this application. Completing this application does not guarantee approval to provide school readiness services.

Submitting the application

Mail or deliver the completed application to the Early Learning Coalition of Florida's Heartland, 3028 Caring Way, Suite 4, Port Charlotte, Florida 33952. The completed application packet and all required documents as noted on the checklist also can be delivered to the Sebring, Wauchula or Arcadia ELCFH offices, and will be forwarded to the Port Charlotte office for processing.

Notification of application completion

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

- Holiday Schedule for FY 2010-2011
- Copy of Provider License, Registration or exempt affiliation
- Copy of Current DCF Gold Seal Certificate if applicable

Once you have submitted all of the required information and supporting documentation, the ELCFH will notify you if your application is complete and accepted to provide school readiness services. The new School Readiness Contract will be mailed for signature upon approval. Each eligible provider must sign and submit the School Readiness Provider Contract for FY 2010-11 before receiving payment or beginning school readiness services in the new fiscal year. Fiscal Year 2010-11 begins July 1, 2010 and ends June 30, 2011. Any application that is incomplete has missing signatures or 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.

Common errors

An incomplete application will cause processing delays. To avoid delays, be sure to:

- Complete all required items.
- Type or print clearly using black or blue ink.
- Submit all required supporting documentation.
- Mail or deliver to your county's early learning coalition office.
- Keep a copy of the application for your records.

If you discover an error after mailing or delivering the application, please contact the ELCFH office in your area by telephone or email. Contact information for the ELCFH is found on www.elcfh.org.

PROVIDER/SCHOOL INFORMATION

New or updated application. - Mark a box indicating whether the application is new, updated, or annual renewal. (If you provided services to School Readiness Children last year, please mark it as "Annual Renewal".)

Type of setting. Mark a box indicating the type of setting which describes the provider or school. **To be eligible to deliver school readiness services, the program must mark one of the listed types of settings. An application is incomplete if a box is not marked.**

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 either an EIN in item 3 or a directors/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) and social security number (SSN).

PRIVACY ACT STATEMENT

Your employer identification number (EIN) or social security number (SSN) is requested in accordance with ss.119.071(5)(a)2. And 119.092, F.S., for use in the records and data systems of the Agency for Workforce Innovation (AWII) and 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 or school, for reporting those payments for federal tax purposes, and for routine identification of your provider or school.

Corporate name of provider or school - Enter the legal name of your business. The legal name of a business often includes "Corp.," "Inc.," "Co.," or similar titles.

Common name of provider or school (doing business as). Enter the provider's or school's common name if it uses a name that is different from your business legal name. A business common name is often referred to as a "fictitious name," "assumed business 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

Daytime telephone, fax, email. - Enter your business telephone number with area code, and then enter your business fax number with area code, if available. Enter the business e-mail address if available.

Name of director/operator/principal. - Enter the full name of the provider's or school's director/operator/principal.

Ages Served. - Enter the age range of children the provider is capable of serving.

Capacity. - Enter the total number of children that the provider or school is capable of serving at a given time, reflecting all children, not only children in the SR program.

DCF identification number. - If the provider or school is licensed by the Florida Department of Children and Family Services 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 an identification number beginning with an "X": Faith-based providers, enter your DCF identification number.

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, enter the name and daytime telephone number of the district staff who is coordinating the SR program for your school district.

Days of operation. - Mark all of the days 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.

Additional services. - A provider or school may offer additional services. Please denote here if Provider chooses to accept At Risk Children. (DCF licensed provider and must achieve and maintain a 4.0 or higher ERS score to be eligible) Mark boxes for all that apply.

CURRICULUM

Section 1 - Developmentally appropriate curriculum, publisher, curriculum designed by provider or school.

List the name of all developmentally appropriate curricula used for each class in the first column. List the publisher for each curriculum in the second column. If a curriculum is designed by the provider or school, please denote as such, in the name of publisher column.

Section 2 - Character Development.

If the curriculum used by the provider includes a character development plan then check yes. If not then check "No" and the ELCFH will provide information which will assist you in incorporating this important component.

Section 2 (con't)

School Readiness domains adopted by the Office of Early Learning. - The form already includes the domains. These listed domains represent performance standards adopted by the Office of Early Learning as necessary for addressing the age-appropriate progress of children in the School Readiness program. To see the list of performance standards visit:

<http://mvfloridaeducation.com/earlylearning>.

Identify curricula addressing each performance standard for the VPK domain. - Using the curricula you identified previously in the top box (Section 1) (notice the letter printed to the left of each curriculum's name), mark which curricula addresses each performance standard for the SR domain listed in Section 2 (the middle section). For example, if you list a curriculum in Section 1, which addresses emergent literacy, then mark the box Section 2 with the letter "A" next to "emergent literacy" (e.g., fig A). This item must be completed for all domains in order for the application to be complete. An incomplete application may cause processing delays.

GOLD SEAL ACCREDITATION INFORMATION

Does the provider or school hold a current Gold Seal Quality Care designation? - Mark whether the provider or school holds a current Gold Seal Quality Care designation issued by the Florida Department of Children and Family Services. If the provider or school is Gold Seal accredited, list the name of the accrediting agency and expiration date. "Gold Seal accredited, the provider or school 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.

CERTIFICATION

Signature of owner/director/operator/ principal, school district staff, date print name, daytime 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.

REQUIRED SUPPORTING DOCUMENTATION

Attach the following documentation to this application:

- Holiday Schedule for FY 2010-11
- Copy of Provider License, Registration or exempt affiliation
- Copy of Current DCF Gold Seal Certificate if applicable

Note - If you will be completing the application electronically, the tab key is the easiest way to navigate through the form.



SCHOOL READINESS CHILD CARE PROVIDER APPLICATION FY 2010-2011

APPLICANT CONTACT INFORMATION

Application:

Facility Type:

- | | | |
|--|--|---|
| <input type="checkbox"/> New Application | <input type="checkbox"/> Licensed Child Care Facility or Public School Program | <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 |

Employer ID number or SS#:	
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Facility Information

Name of Provider, Corporation or School:							
Business Name (doing business as):							
Phone:		Fax:		Email:			
Physical Address:				City:			
Mailing Address (if different):				Zip Code:			
County:							
Director:							
Ages Served:						Capacity:	
DCF License# (if applicable):							
License Legal Date:						License Exp. Date:	
Ownership Information							
Owner contact information (if different):							
City:		State:		Zip code:			
Phone:		Fax:		Email:			

Additional Information

Days of operation - Check all that apply

- | | | |
|-----------------------------------|----------------------------------|------------------------------------|
| <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"/> Sunday | | |

Daily Opening Time:	AM		PM
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Daily Closing Time:	AM		PM
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Additional Services - Check all that apply

- | | | |
|---|---|---|
| <input type="checkbox"/> Full Day | <input type="checkbox"/> Before School | <input type="checkbox"/> Infant Care (0-12 mos) |
| <input type="checkbox"/> Half Day | <input type="checkbox"/> After School | <input type="checkbox"/> Toddler (13-36 mos) |
| <input type="checkbox"/> Drop in Care | <input type="checkbox"/> Weekend Care | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Part Time Care | <input type="checkbox"/> Night Care | <input type="checkbox"/> Food Served |
| <input type="checkbox"/> VPK Provider | <input type="checkbox"/> Choose to accept At Risk Children
<small>(DCF licensed programs only/Must have 4.0 or higher on current ERS)</small> | |

Additional Comments:

CURRICULUM

	Name each developmentally appropriate curriculum used by the provider or school.	Name of Publisher
A.		
B.		
C.		
D.		
E.		
F.		

How do you include a character development plan in your curriculum? _____

School Readiness Domains adopted by Agency for Workforce Innovation and Dept. of Education - (performance standards for each domain are available at: http://myfloridaeducation.com/earlylearning)	Check which curriculum listed above addresses each performance standard for the SR domains: A B C D E F
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1. Physical Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Approaches to Learning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Social and emotional development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Language and communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Emergent literacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Cognitive development and general knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Motor development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

GOLD SEAL

Gold Seal Accreditation Information: If the provider or school is Gold Seal accredited, a copy of the official State of Florida Gold Seal Certificate issued by DCF must be submitted.

Yes, I am gold seal accredited
 No, I am NOT gold seal accredited
 No, but I'd like help to get accredited

Name of Gold Seal accrediting agency:		Expiration Date:	
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CERTIFICATION:

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:
 - o Developmentally appropriate;
 - o Have a character development plan;
 - o Are designed to prepare students for early literacy;
 - o Enhance the age-appropriate progress of students in attaining the performance standards adopted by the Agency for Workforce Innovation and the Department of Education;
 - o 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 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.
- If any of this information changes, I understand that I must submit an updated application that reflects the changes.

SIGNATURES

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

Title

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

Print Title

Date

For Office Use Only

Date Received: _____

Approved: _____ Denied: _____ Packet mailed back on: _____

Date Processed: _____

Processed By: _____

Approved: _____

Denied: _____

Comments: _____

