FY 2019-20 Infant Toddler Contracted Slots Program

Request for Applications (RFA)

General Information

Legal name of applicant agency:

_____

"Doing business as" name (if different from legal name):

_____

MPI # (9 digits): _____

Federal ID# or Tax ID #: _____

Address of applicant agency

Street address: _____

_____

City: _____ State: _____ Zip code: _____

County: _____

ELRC that holds provider agreement:

_____ 1	_____ 10	_____ 19
_____ 2	_____ 11	
_____ 3	_____ 12	
_____ 4	_____ 13	
_____ 5	_____ 14	
_____ 6	_____ 15	
_____ 7	_____ 16	
_____ 8	_____ 17	
_____ 9	_____ 18	

Applicant provider type verification

_____ Assurance 1: The program holds a regular certificate of compliance issued by the Department of Human Services.

_____ Assurance 2: The program location is in good standing with STARS and hold at minimum a STAR 3 designation.

_____ Assurance 3: The applying agency is a current PKC lead agency, partner agency, or a location that currently serves Pennsylvania Pre-K Counts students.

_____ Assurance 4: The program currently serves infants and toddlers or could serve infants and toddlers.

Summary of grant request

Funding requested (whole $ amount only) $_____

slots requested _____

Programs will apply for "slots." Slots are defined Full Day, Full Week Equivalent. Programs have the option to fill a slot with full day and half day enrollments (as defined by CCW), and with full or part week enrollments, however full day, full week enrollments should be prioritized for Infant Toddler Contracted Slots funding. A slot will be considered fully enrolled when the FTE reaches the equivalent of full day/ full week.

What is the current annual cost per child private pay infant rate? (whole numbers only)
$_____

What is the requested cost per child used to calculate the funding requested? (whole numbers only, funding request divided by # of slots requested)
$_____

Describe the justification for differences between the annual private pay rate for infant care and the requested cost per child for Infant Toddler Contracted Slots programming.

# of classrooms requested _____

Contact Information

Applicant contact information

Overall contact person for this application
Name _____
Title: _____
Organization: _____
Email: _____
Phone Number: _____

Authorized budget contact person for issues and questions about the budget
Name _____
Title: _____
Organization: _____
Email: _____
Phone Number: _____

Authorized individual to sign contract. Indicate the address where the contract should be sent.
Name _____
Title: _____
Organization: _____
Mailing Address: _____
_____
Email: _____
Phone Number: _____

Grant Structure

Location Information *(complete information for each location, if applying for multiple locations)*

MPI#: _____

Tax ID#: _____

Program Name: _____

Provider Type: _____ Center _____ Group Child Care Home

STAR Level: _____

Number of Classrooms requested: *Classrooms must be staffed at a ratio of 1:4 regardless of children's ages. Maximum group size shall be 2 teachers to 8 children*:

_____

Location Address Information

MPI#: _____

Location Name: _____

Location Address: _____

Location Contact Information: _____

Name: _____

Title: _____

Organization: _____

Email: _____

Phone Number: _____

Program Description/Work Statement:

The following work statement sections must be addressed within the Work Statement of this application. Each question must be answered completely with enough detail to understand exactly what is being proposed.

Program History
Discuss the program's history of serving infant-toddler children and any other past or current participation in infant/toddler quality initiatives.

Partnership and Collaboration

Describe collaborations with Early Intervention (both infant/toddler and preschool). Detail the programs' inclusion policies and practices. How will EI, and other behavioral and/or mental health agencies, be utilized to support inclusion, and to reduce or eliminate suspension and expulsion?

Describe collaborations with Early Head Start, including the strategy for promoting Early Head Start enrollment for children meeting 100% of FPL. If there is a formal MOU in place with Early Head Start, please attach to this application. Describe the planning process with Early Head Start as preparations were made for this application process. If a planning meeting was held, provide the date and the contact.

Program Implementation

Will the program open new infant, toddler and/or mixed-aged classrooms/space to implement this initiative?

_____ Yes
_____ No

Describe the number and configuration of all requested classrooms and indicate which classrooms/spaces would be new ones.

Describe the program's approach to assure continuity of care. How will classrooms be structured to assure children build positive and long-term relationships with their caregivers and with other children?

Describe the programs' curriculum model. Describe the ways in which the Pennsylvania Early Learning Standards will be used. Describe the program's approach to engaging infants and toddlers in learning experiences that will focus on the unique developmental needs of this age group.

Describe the program's family engagement approach. In your response, explicit connections to each area of The Pennsylvania Partnership for Learning Standards should be made.

Describe the program's approach to assuring the needs of the whole child are addressed in the program model. How will the program assess the needs of the children, and follow up on identified needs? What types of comprehensive services does the program offer? What types of comprehensive services are available through coordination with other agencies?

Explain your program's transition efforts. How will transitions be coordinated for children as they transition between classrooms? How will transitions be coordinated for the children/families who enter and exit your program to and from other early learning programs? Detail the approach/coordination with Pennsylvania Pre-K Counts that will assure children enrolled in the infant-toddler pilot will be prioritized for transition into the PA PKC program.

Staffing

Classrooms should be staffed with teachers and assistant teachers who are trained to provide high-quality learning experiences for infants and toddlers. Staff in the Infant/Toddler pilot classrooms must hold a minimum of a CDA, however applicants with staff holding and infant-toddler CDA, or qualifications higher than a CDA will receive priority points for this application.

Classrooms must be staffed at a ratio of 1:4 regardless of children's ages. Maximum group size shall be 2 teachers to 8 children.

Do you currently have staff to fill these positions and/or a plan to recruit staff?

_____ Yes
_____ No

If you responded, YES, list the staff along with their current level of qualifications of both lead and assistant teachers.

For both YES and NO responses, describe how qualified lead and assistant teachers will be recruited and retained.

Program Assurances

Applicants must provide assurance they understand and have the capacity to meet the requirements for the program by checking each statement below.

_____ The program will maintain provider eligibility throughout the entire grant period.

_____ The program will coordinate with relevant Early Learning Resource Centers for the purposes of recruitment, eligibility, transition, and other program related activities.

_____ The program will serve only those children whose families have documented eligibility for the Child Care Works program

_____ I assure that the applicant does not have a substantiated health and safety violation that contributed to the death of or serious injury to a child in care as verified by the Pennsylvania Department of Human Services.

_____ The program will enter children into PELICAN ELN for purposes of tracking child enrollments, and child attendance, and will assure full enrollment after 30 days of contract execution, and, thereafter, throughout the entire grant period.

_____ The program will fill enrollment vacancies within 20 days of the vacancy.

_____ The program will comply with the requirements pertaining to the age of children to be enrolled in the program, the student/teacher ratio, the hiring of staff who meet the qualifications specified, and all monitoring and assessment requirements.

_____ Staff directly serving the children enrolled in this program will maintain a Professional Development Registry account and will upload information in order to verify qualifications.

_____ The program will abide by the legal requirements for staff background checks that regulate its type of program.

_____ The program will adhere to the Pennsylvania Departments of Education (PDE) and Human Services (DHS) Office of Child Development and Early Learning (OCDEL) joint policy statement on inclusion.

_____ The program will adhere to the Pennsylvania Departments of Education (PDE) and Human Services (DHS) Office of Child Development and Early Learning (OCDEL) joint policy statement on suspension and expulsion.

_____ The program will assure segregation of program funds in their fiscal record keeping.

_____ The program will assure use of funds to supplement and not supplant public funds received from any other source.

_____ The program will use funds for the exclusive use of the designated program and classrooms.

_____ The program consents to the use of any data and/or statements provides herein, for the purpose of publication and reporting, and understand that the data or statements may be presented in full, in part, or paraphrased.

_____ The program will participate fully in any research related to or evaluation of this program. It is anticipated that at minimum there will be one evaluation of this pilot program.