

## HURON COUNTY GREAT START EARLY CHILDHOOD SCHOLARSHIP PROVIDER APPLICATION

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 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.

All applications must be completed and returned to:

Huron Intermediate School District, Attn: Rebecca Gettel, 1299 S. Thomas Road, Bad Axe, MI 48413

via email [rebeccal@hisd.k12.mi.us](mailto:rebeccal@hisd.k12.mi.us)

or by fax at 989.269.9218

If you have any questions regarding this application please call Rebecca at 989-269-3485.

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Business Name	License Number		
Contact Name	Phone Number	Email Address	
Address	City	State Michigan	Zip
Part I – Business Information			
Has your program received a licensing violation in the past three years? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please provide details of violation and corrective action taken.			
Has your program received a negative action in the past three years? Negative actions include: Temporary suspension, Suspension, Provisional License. <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, you are NOT eligible to participate in the Great Start Early Childhood Scholarship Fund at this time.			
Is your child care program accredited? <i>Please provide documentation if applicable.</i> <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, who is your accreditation through?  <input type="checkbox"/> In process If in process, with which accrediting body are you working?  When do you anticipate achieving accreditation?			
Have you completed any quality initiative? <i>Please provide documentation if applicable.</i> <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please provide details of which quality initiative you completed.			
What days do you operate? (check all that apply) <input type="checkbox"/> Sunday <input type="checkbox"/> Monday - Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Other, list days you are open:	What time do you open?  What time do you close?	Which describes your program? <input type="checkbox"/> Full year program <input type="checkbox"/> Offer care only during school year <input type="checkbox"/> Offer care only in the summer	
Which service delivery models does your program provide? (check all that apply) <input type="checkbox"/> Full-day preschool <input type="checkbox"/> Full-day child care <input type="checkbox"/> Both <input type="checkbox"/> Part-day preschool			
		How many days a week?	What times?



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Part III – Health and Safety		
<p>Do you provide meals and snacks for the children?</p> <p><input type="checkbox"/> No, the parents provide</p> <p><input type="checkbox"/> Yes, please describe</p>		
<p>Is your building handicap accessible?</p> <p><input type="checkbox"/> No                      <input type="checkbox"/> Yes</p>	<p>Are there handicap accessible restrooms?</p> <p><input type="checkbox"/> No                      <input type="checkbox"/> Yes</p>	<p>Is the playground and equipment handicap accessible?</p> <p><input type="checkbox"/> No                      <input type="checkbox"/> Yes</p>
<p>Do you have a 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.</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes, please describe</p>		
<p>The publication, <i>Caring for Our Children, National Health and Safety Performance Standards: Guidelines for Out-of Home Child Care Programs, Second Edition</i>, 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 <a href="http://nrc.uchsc.edu/CFOC/index.html">http://nrc.uchsc.edu/CFOC/index.html</a> for more information.</p> <p>Does your program’s health care policies align with the National Child Care Health and Safety Standards?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes, please describe</p>		
Part IV – Family Partnerships		
<p>Does your program have a formal process for collecting feedback from families participating in your program?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes, please describe</p>		
<p>Do you have a written plan summarizing how you will use the feedback received from families?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes, please describe</p>		
<p>Does your program have strategies for communicating with families?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes, please describe</p>		
<p>Does your program have a formal intake process to obtain information about families’ preferences, including those related to culture?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes, please describe</p>		

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Does your program currently use a screening instrument?

- No  
 Yes, please describe

Does your program share information with parents about preschool screening?

- No  
 Yes, please describe

Does your program use an environmental rating instrument such as ITERS, ECERS, or PQA?

- No  
 Yes, please describe

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

- No  
 Yes, please describe

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

- No  
 Yes, please describe

Do you currently serve any children with identified special needs?

- No  
 Yes, please describe which special needs, and what accommodations, if any, have you made for those children to make inclusion effective?

### Part V – Teaching Materials and Strategies for Preschool Children (3-5 years old)

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

- No (skip to Section VI)  
 Yes, please attach a daily schedule

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
  - Other, please describe

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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

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

### Part VI – Tracking Learning for Preschool Children (ages 3-5 years old)

Does your program track children’s learning at least twice per year?

- No (Skip to section VII)  
 Yes

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)

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

Does your program share assessment results with families?

- No  
 Yes

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

- No  
 Yes

### Part VII - Teacher Training and Education

*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.

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

- No  
 Yes

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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? <input type="checkbox"/> No <input type="checkbox"/> Yes	
<i>For the lead teacher and staff within your preschool classroom(s), please provide:</i>	
Name	Position
Education level	Number of clock hours spent receiving training in the past 12 months
Description of trainings	
Name	Position
Education level	Number of clock hours spent receiving training in the past 12 months
Description of trainings	
Name	Position
Education level	Number of clock hours spent receiving training in the past 12 months
Description of trainings	

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: \_\_\_\_\_