



**EARLY LEARNING COALITION OF MANATEE COUNTY
PROVIDER AGREEMENT - SCHOOL READINESS SERVICES
FISCAL YEAR 2009-2010**



APPENDIX C

**FY 2009-2010
SCHOOL READINESS PROVIDERS
DECLARATION OF PROGRAM LOCATIONS COVERED WITH AGREEMENT**

Name of Program _____
 Physical Street Address _____
 City/State/Zip _____
 Site Director _____
 Mailing Address _____
 City, State, Zip _____

Name of Program _____
 Physical Street Address _____
 City/State/Zip _____
 Site Director _____
 Mailing Address _____
 City, State, Zip _____

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Please add additional site information as Page 20 A if needed.



**EARLY LEARNING COALITION OF MANATEE COUNTY
 PROVIDER AGREEMENT - SCHOOL READINESS SERVICES
 FISCAL YEAR 2009-2010
ATTACHMENT I**



**FY 2009-2010
 SCHOOL READINESS AGREEMENT
 OPERATION AND HOLIDAY SCHEDULE**

The following information includes the Provider's hours of operation and Holiday schedule for the 2009 - 2010 fiscal year:

Provider Name: _____

Hours of operation:

Monday: _____ to _____

Friday: _____ to _____

Tuesday: _____ to _____

Saturday: _____ to _____

Wednesday: _____ to _____

Sunday: _____ to _____

Thursday: _____ to _____

Holiday	Date
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	

In accordance with your Agreement, you will be reimbursed for up to a total of 12 holidays; therefore, you must inform your parents of your holidays. The parent(s) must sign documentation that they understand if childcare services are needed for any of those holidays they are solely responsible for the childcare fees for those holidays.

1. The Provider may determine a holiday schedule of up to twelve holidays per year. The Coalition holiday schedule does not have to be followed. The provider must submit the holiday schedule with the signed Agreement.
2. The Provider shall notify clients of planned holidays at least 14 days in advance.
3. The Provider shall notify the Coalition of any changes to the submitted calendar at least 14 days in advance.



**EARLY LEARNING COALITION OF MANATEE COUNTY
 PROVIDER AGREEMENT - SCHOOL READINESS SERVICES
 FISCAL YEAR 2009-2010
ATTACHMENT III A**



**FY 2009-2010
 SCHOOL READINESS AGREEMENT
 APPLICATION FOR CURRICULUM EVALUATION AND APPROVAL**

Program/Provider Name: _____

Publisher _____ Edition _____ Date of Publication _____

Research Base _____

Coalition staff will contact you to make an appointment for review of your curriculum. At the review, please be prepared to demonstrate the following:

- It is based on solid research and children’s progress in it can be measured.
- Social competence is an important part of the program.
- Curriculum values and centers on children’s play.
- Partnerships with families are an essential component.
- Teacher’s interactions, intentional teaching strategies, observations and assessments are vital components.
- All children can thrive in a developmentally appropriate classroom, including those with special needs.
- Assessment and curriculum are linked.
- The cost of initial training, materials and implementation is non-exorbitant.



Coalition Office Use Only

Contact Date and Time: _____

Appointment Date and Time: _____

Program representative(s) _____

_____ Approved _____ Disapproved

Coalition Signature

Date



**EARLY LEARNING COALITION OF MANATEE COUNTY
PROVIDER AGREEMENT - SCHOOL READINESS SERVICES
FISCAL YEAR 2009-2010**

ATTACHMENT IV

**FY 2009-2010
SCHOOL READINESS AGREEMENT
RATE SUBSTANTIATION FORM**

Provider Name: _____
 Address: _____
 City/State/ZIP: _____
 Phone: _____

Rates effective ____/____/____	Provider Daily Rates	Rate of Pay (Agency use only)	Reviewer Initials
F/T Infant	\$ _____/day	_____ Daily Rate	_____
P/T Infant	\$ _____/day	_____ Daily Rate	
F/T Toddler	\$ _____/day	_____ Daily Rate	
P/T Toddler	\$ _____/day	_____ Daily Rate	
F/T 2 yr old	\$ _____/day	_____ Daily Rate	
P/T 2 yr old	\$ _____/day	_____ Daily Rate	
F/T 3 yr old	\$ _____/day	_____ Daily Rate	
P/T 3 yr old	\$ _____/day	_____ Daily Rate	
F/t 4 yr old	\$ _____/day	_____ Daily Rate	
P/T 4 yr old	\$ _____/day	_____ Daily Rate	
F/T 5 yr old	\$ _____/day	_____ Daily Rate	
P/T 5 yr old	\$ _____/day	_____ Daily Rate	
F/T school age	\$ _____/day	_____ Daily Rate	
P/T school age	\$ _____/day	_____ Daily Rate	

Even if you do not offer part-time care to private pay parents, but will be providing part-time care for School Readiness parents, please be sure to include a rate for part-time categories.

I deem these rates correct at the time of contract execution. I understand that if private rates are raised mid-contract year, I may not be eligible for higher subsidized rates.

 Provider Signature/Title

 Date