

## Early Learning Coalition of Escambia County School Readiness Provider Contract Application for Fiscal Year 2018-19 (July 1, 2018 – June 30, 2019)

**Provider Type: (Registered Family Child Care Homes)**

We appreciate your interest in contracting with the Early Learning Coalition of Escambia County to provide this important educational service for our children. Caring for children and providing them with the foundational skills for learning is very important. We require you to do more than just meet the basic health and safety needs of our children, but to also endeavor to provide these children at high risk of school failure with an opportunity to learn and develop so that they are prepared to enter kindergarten ready to learn and succeed.

**Who must complete this application?** All private providers or public schools who desire to contract with the Coalition to provide School Readiness services must complete this application. Completing this application does not guarantee approval to be awarded a contract or provide School Readiness services.

### General Instructions

1. As a prerequisite all current and prospective Providers must be registered in the Florida's Early Learning Provider Services Portal. This application package will only be accepted from Providers who have a completed an approved profile. To access the portal and initiate your registration you must:
  - a. Go to the Provider Portal at [providerservices.floridaeearlylearning.com](http://providerservices.floridaeearlylearning.com).
  - b. If you are a new Provider, to the right it states, "Not Yet registered?" Click the word "[here](#)" to register a new Provider account. Complete registration and submit.
  - c. Once you received your confirmation email, you will need to create your profile in the Provider Portal.
  - d. When completing your calendar in the Provider Portal, please indicate all the days you plan to be closed. Providers are authorized to have up to 12 paid holidays. Seven of these days are holidays the Coalition has set as paid holidays for all Providers. You may elect to add up to five more days of your choice from the days you have decided you will be closed, these can be, but do not have to be, the same as the other five days the Coalition will be closed each year.
2. For this application package, complete all required forms in this package and submit all required supporting documentation.
3. **The pages labeled Exhibits 1, 2, 3 & 4 are excerpts from the SR contract and will be reinserted into the contract package at contract signing. There are two copies because we need one for each copy of the contract, yours and ours.**
4. Use the checklist that is Exhibit 2 to keep track the list of supporting documents. In addition to the documents required in Exhibit 2 please provide what is listed below.
5. Type or print clearly using **black or blue ink**.
6. Do not use **white-out**.
7. Keep a copy of the application for your records (**no copies will be made at time of submission**).
8. The Provider Contracts Administrator will review your application and provide you with the status of your application at time of submission.
9. Any application that is incomplete (missing signatures, information or missing documentation) will be returned to the provider in total.

### INSTRUCTIONS FOR COMPLETION OF APPLICATION

1. **New, Updated or Annual Renewal Application:** Mark a box indicating whether the application is new, updated, or an annual renewal. (If you were SR contracted for FY 2018-2019, please mark "**Annual Renewal**".)

2. **Facility Type:** Mark a box indicating the type of setting which describes the provider or school. To be eligible to deliver school readiness services, the provider must mark one of the listed types of settings. An application is incomplete if a box is not marked.
3. **Provider's Demographics:** Complete all that apply. Use "**N/A**" if a box is not applicable.
- a. **Corporate Name of Provider or School** - Enter the legal name of your business as it appears on your IRS letter or social security card. The legal name of a business often includes "Corp.," "Inc.," "Co.," or similar titles.
  - b. **Business Name of Provider or School (Doing Business As)** - Enter provider's common name if it uses a name that is different from your business legal name. A business name is often referred to as a "fictitious name," "trade name," or "DBA" for doing business as.
  - c. **Physical Address of Program Site (number and street)** - Enter the physical street address of the program site where SR services are delivered. Include the city, county, and five-digit postal ZIP Code.
  - d. **Mailing Address:** If your mailing address is different than the physical address, enter that address here.
  - e. **Facility Landline, Alternate and Fax Numbers:** Enter your business landline, alternate and fax numbers with area codes.
  - f. **E-Mails.** You must maintain a working e-mail account and you must check your email frequently for information from the Early Learning Coalition of Escambia County.
  - g. **Employer Identification Number** – *Your employer identification number or social security number is requested in accordance with § 119.07(5)(a)(2) and 119.092, F.S. for use in the records and data systems of the Office of Early Learning and The Early Learning Coalition of Escambia County.*
    - a. **Privacy Act Statement**  
*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 School Readiness provider, reporting those payments for tax purposes, and for routine identification of you as a provider.*
  - h. 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 an EIN in item 3 or a director's/operator's SSN is incomplete and may delay processing of the application. For providers utilizing an EIN, a copy of an IRS record of the EIN must be attached with the application. This record must include the following three items: Official IRS logo, EIN, and legal name.
  - i. For providers utilizing a Social Security number, a copy of the Social Security card must be attached with the application.
  - j. **Florida Department of Children & Families (DCF) Identification Numbers:** If the facility or school is licensed, religious exempt or registered by the Florida Department of Children & Families or (in some counties) by a local licensing agency, enter the DCF number in this section.
    - a. Providers that claim exemption from licensure are required to register with DCF and are assigned an exemption number.

- k. **Legal 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 phone number. If you are a public school or large corporate entity, enter the name and daytime phone number of the staff name & title who is coordinating the School Readiness program.
- l. **Name of Director/Operator/Principal** - Enter the full name of the provider's or school's director/operator/principal with a daytime phone number.
- m. **Facility Days of Operation:** Mark the days of the week your facility is in operation.
- n. **Facility Times of Operation:** List the times your facility is in operation.
4. **Facility Ownership Information:** Please answer all questions pertaining to the lease/ownership of your facility. If you lease your facility, you will need to provide a copy of your lease agreement.
5. **Gold Seal Designation:** Mark whether the provider holds a current Gold Seal Quality Care designation issued by the Florida Department of Children and Family Services (DCF). If the provider is Gold Seal accredited, list the name of the accrediting agency and expiration date. The provider 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.
6. **Accreditation:** Mark whether the provider holds a current accreditation by another organization and list the expiration date. Submit a copy of the accrediting agency certificate.
7. **Curriculum and Character Development Program**  
In accordance with Section 1002.88(2)(1)(f) and 1002.88 (1)(g), FS, school readiness providers are required to use an approved curriculum and implement a character development program to develop basic values.
8. **Provider Certification:** The applicant is required to read the certification statement sign and print name, list title and date of 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.

**Note:**

**General Liability/Transportation Insurance:**

*In accordance with s. 1002.88(1)(l), F.S., PROVIDER agrees to maintain general liability insurance and provide the coalition with written evidence of general liability insurance coverage, including coverage for transportation of children if school readiness program children are transported by PROVIDER. PROVIDER must obtain and retain an insurance policy that provides a minimum of \$100,000 of coverage per occurrence and a minimum of \$300,000 general aggregate coverage. PROVIDER must add the coalition as a named certificate holder and as an additional insured. PROVIDER must provide COALITION with a minimum of ten (10) calendar days' advance written notice of cancellation of or changes to coverage. The general liability insurance required by this paragraph must remain in full force and effect for the entire period of this Contract.*

**Note:** Transportation insurance must show covered vehicles.

**Workers' Compensation and Unemployment Compensation**

*Workers' Compensation and Unemployment Compensation. In accordance with s. 1002.88(1)(n), F.S. PROVIDER agrees to obtain and maintain any required workers' compensation insurance under Chapter 440, F.S., and any required reemployment assistance or unemployment compensation coverage under Chapter 443, F.S. PROVIDER agrees to provide the COALITION with evidence of worker's compensation insurance coverage.*

# School Readiness Child Care Provider Application

Fiscal Year 2018-2019

## 1. Application:

New \_\_\_\_\_ Annual Renewal \_\_\_\_\_ Updated \_\_\_\_\_ If update, Effective Date: \_\_\_\_\_

## 2. Facility Type: (Check all that apply)

- ☐ Licensed Child Care Facility      ☐ Public School      ☐ Licensed Large Family Child Care  
☐ Registered Family Child Care Home      ☐ Informal Provider      ☐ Licensed Family Child Care Home  
☐ Religious Exempt Child Care Facility      ☐ Charter School      ☐ Private School      ☐ Faith Based

## 3. Provider's Demographics:

A. Name of Provider-Corporation or School:		
B. Business Name (Doing Business As - DBA)		
C. Physical Address: Code:		City: Zip
D. Mailing Address (if different from Physical Address):		<input type="checkbox"/> Same as Physical Address
City: Zip Code:		
E. Facility Telephone Number: (Landline):	Alternate Number:	Fax Number:
F. E-Mail:		
G. Employer's Identification #:	H. DCF License /Reg/Exempt #:	
I. Legal Owner Name or Coordinating Staff Name: Name: _____ Contact Phone #: _____	J. Director's/Principal Name: _____ Phone: _____	
K. Facility Days of Operation: (Check all that apply) S _____ M _____ T _____ W _____ Th _____ F _____ S _____	L. Facility Times of Operation: _____ AM _____ PM	

# School Readiness Child Care Provider Application

Fiscal Year 2018-2019

## 4. Facility Information:

- a) Do you lease or own your facility? Own \_\_\_\_\_ Lease \_\_\_\_\_ **(If Lease, please submit copy of lease with application)**
- b) If owned or leased, is the property zoned to allow a child care business? Yes \_\_\_\_\_ No \_\_\_\_\_
- c) If leased does your lease agreement and/or landlord specifically allow use of the property for a child care business? Yes \_\_\_\_\_ No \_\_\_\_\_ N/A \_\_\_\_\_
- d) If your lease does not expressly allow or disallow use of your facility as a child care facility, has your landlord or owner either verbally or in writing been informed of your intent to operate a child care business on the property? Yes \_\_\_\_\_ No \_\_\_\_\_ N/A \_\_\_\_\_

5. **Do you provide transportation? Yes \_\_\_\_\_ No \_\_\_\_\_** School Readiness providers that provide transportation services must provide verification of transportation insurance for transportation of children in their program. **(A copy of your transportation insurance must be submitted with application identifying each vehicle used for transportation of school readiness children. \*Required)**

(Check all that apply)

<input type="checkbox"/>	From school to site	<input type="checkbox"/>	From site to home
<input type="checkbox"/>	To school from site	<input type="checkbox"/>	To site from home
<input type="checkbox"/>	Near public transportation	<input type="checkbox"/>	In walking distance to school (list sch. names):
<input type="checkbox"/>	By school bus or van		

6. **Gold Seal: Are you are a Gold Seal Accredited site? Yes \_\_\_\_\_ No \_\_\_\_\_**  
**(Please enclose a copy of your Gold Seal Certificate. \* Required)**

## 7. **ACCREDITATION** - Are you accredited by an accrediting agency? (Check all that apply) **(Please enclosed a copy of your accreditation \*REQUIRED)**

Accrediting Agency		Effective Date	End Date
<input type="checkbox"/>	NOT ACCREDITED		
<input type="checkbox"/>	ASSOCIATION OF CHRISTIAN SCHOOLS INTERNATIONAL		
<input type="checkbox"/>	ASSOCIATION OF CHRISTIAN TEACHERS AND SCHOOLS		
<input type="checkbox"/>	ACCREDITED PROFESSIONAL PRESCHOOL LEARNING ENVIRONMENT		
<input type="checkbox"/>	COUNCIL OF ACCREDITATION		
<input type="checkbox"/>	FLORIDA COALITION OF CHRISTIAN PRIVATE SCHOOL ACCREDITATION		
<input type="checkbox"/>	FLORIDA LEAGUE OF CHRISTIAN SCHOOLS		
<input type="checkbox"/>	GOLD SEAL QUALITY CARE ACCREDITATION		
<input type="checkbox"/>	GREEN APPLE ASSOCIATION OF CHRISTIAN SCHOOLS		
<input type="checkbox"/>	NATIONAL ACCREDITATION COMMISSION FOR EARLY CARE AND EDUCATION PROGRAMS		
<input type="checkbox"/>	NATIONAL ASSOCIATION FOR THE EDUCATION OF YOUNG CHILDREN		
<input type="checkbox"/>	NATIONAL ASSOCIATION FOR FAMILY CHILD CARE		
<input type="checkbox"/>	NATIONAL COUNCIL FOR PRIVATE SCHOOL ACCREDITATION		
<input type="checkbox"/>	NATIONAL EARLY CHILDHOOD PROGRAM ACCREDITATION		
<input type="checkbox"/>	SOUTHERN ASSOCIATION OF COLLEGES AND SCHOOLS		
<input type="checkbox"/>	UNITED METHODIST ASSOCIATION OF PRESCHOOLS		
<input type="checkbox"/>	<b>OTHER (List Below)</b>		
<input type="checkbox"/>			

# School Readiness Child Care Provider Application

Fiscal Year 2018-2019

## 8. CURRICULUM - Which of the following curricula does your program use? (Check all that apply)

**\*REQUIRED for School Readiness providers**

<input type="checkbox"/>	BABY DOLL CIRCLE TIME	<input type="checkbox"/>	INVESTIGATOR CLUB	<input type="checkbox"/>	SCHOLASTIC BIG DAY
<input type="checkbox"/>	BEYOND CENTERS & CIRCLE TIME	<input type="checkbox"/>	JOURNEY	<input type="checkbox"/>	SPLASH INTO PRE-K
<input type="checkbox"/>	BEYOND CRIBS & RATTLES	<input type="checkbox"/>	KIDDIE ACADEMY LIFE ESSENTIALS	<input type="checkbox"/>	STARFALL PRE-K
<input type="checkbox"/>	CREATIVE CURRICULUM	<input type="checkbox"/>	KIDS R KIDS	<input type="checkbox"/>	TOOLS OF THE MIND
<input type="checkbox"/>	DLM CHILDHOOD EXPRESS	<input type="checkbox"/>	KNOWLEDGE UNIVERSE	<input type="checkbox"/>	WE CAN
<input type="checkbox"/>	EARLY LITERACY & LEARNING MODEL PLUS	<input type="checkbox"/>	LEARN EVERY DAY	<input type="checkbox"/>	WEE LEARN
<input type="checkbox"/>	EDU 1 <sup>ST</sup> VESS CURRICULUM	<input type="checkbox"/>	LEARN FROM THE START	<input type="checkbox"/>	WORLD AT THEIR FINGERTIPS
<input type="checkbox"/>	FLEX GODDARD PRE-K	<input type="checkbox"/>	LEAP	<input type="checkbox"/>	<b>OTHER (List Below)</b>
<input type="checkbox"/>	FROG STREET	<input type="checkbox"/>	LIFESMART	<input type="checkbox"/>	
<input type="checkbox"/>	GALILEO PRE-K	<input type="checkbox"/>	LITERACY EXPRESS	<input type="checkbox"/>	
<input type="checkbox"/>	GEE WHIZ	<input type="checkbox"/>	LITTLE TREASURES	<input type="checkbox"/>	
<input type="checkbox"/>	GET SET FOR SCHOOL	<input type="checkbox"/>	O2B KIDS	<input type="checkbox"/>	
<input type="checkbox"/>	HIGH SCOPE	<input type="checkbox"/>	OPENING THE WORLD OF LEARNING	<input type="checkbox"/>	

## 9. CERTIFICATION FOR SCHOOL READINESS CONTRACTED PROVIDERS

I certify that:

- I have examined this application and, to the best of my knowledge and belief, the information provided is true and correct. Including all attachments.
- If any of this information changes, I understand that I must submit said changes to the Coalition.

**Signature:** \_\_\_\_\_

Owner / Director / Operator / Principal / School District Staff / or Authorized Personnel

**Print Name:** \_\_\_\_\_

Owner / Director / Operator / Principal / School District Staff / or Authorized Personnel

**Title:** \_\_\_\_\_

**Date:** \_\_\_\_\_

## Exhibit 1: Provider Location List

Provider Name: \_\_\_\_\_

If PROVIDER is executing this Contract on behalf of one physical location, mark this Exhibit “Not Applicable” in the box below.

☐ Not Applicable.

If PROVIDER is a school district executing a single Contract on behalf of multiple public school School Readiness (SR) Program providers or if PROVIDER is executing a single Contract on behalf of multiple private SR sites within COALITION’s service area, PROVIDER shall complete a Provider Location List in a table format with the following columns:

- A. Location Number (optional)
- B. Location Legal Name
- C. Doing Business as Name (if applicable)
- D. Physical Address
- E. Employer Identification Number (EIN)
- F. Curriculum (Date/Edition)
- G. Character Development (Date/Edition)
- H. Official Use Only (for coalition use)

If COALITION determines a location to be ineligible to offer the SR Program, COALITION will strike through the name and location on the table and initial and date in the column titled “Official Use Only” and send a revised copy to PROVIDER.

## Exhibit 1: Provider Location List

Provider Name: \_\_\_\_\_

If PROVIDER is executing this Contract on behalf of one physical location, mark this Exhibit “Not Applicable” in the box below.

☐ Not Applicable.

If PROVIDER is a school district executing a single Contract on behalf of multiple public school School Readiness (SR) Program providers or if PROVIDER is executing a single Contract on behalf of multiple private SR sites within COALITION’s service area, PROVIDER shall complete a Provider Location List in a table format with the following columns:

- I. Location Number (optional)
- J. Location Legal Name
- K. Doing Business as Name (if applicable)
- L. Physical Address
- M. Employer Identification Number (EIN)
- N. Curriculum (Date/Edition)
- O. Character Development (Date/Edition)
- P. Official Use Only (for coalition use)

If COALITION determines a location to be ineligible to offer the SR Program, COALITION will strike through the name and location on the table and initial and date in the column titled “Official Use Only” and send a revised copy to PROVIDER.



## Exhibit 2: Required Documentation

Provider Name: \_\_\_\_\_

PROVIDER must mark the appropriate box in each section or subsection below. In addition, if PROVIDER is executing this Contract on behalf of multiple public schools or private provider sites, PROVIDER must mark the documentation with the corresponding Location Number from Exhibit 1.

1. Private Child Care Rates

- ☐ PROVIDER has provided a copy of its private child care rate information to COALITION with this Contract.

2. Gold Seal Rates

- ☐ PROVIDER has provided a copy of documentation with appropriate age designation related to its Gold Seal status, if applicable, to COALITION with this Contract.
- ☐ PROVIDER does not possess a Gold Seal Quality Care Designation.

3. Documentation of Eligible Child Care Provider

Private SR Providers

- ☐ PROVIDER has provided a copy of its Certificate of Licensure which includes a DCF identification number.
- ☐ PROVIDER has provided a copy of its Letter of Confirmation which includes a DCF exemption number and explains the nature of the exemption.
- ☐ PROVIDER has provided a copy of its certificate of accreditation.
- ☐ PROVIDER certifies that it is not regulated by DCF and therefore does not require documentation from DCF.
- ☐ PROVIDER has provided evidence of liability insurance.

Public School, Private School, and Charter School SR Providers

- ☐ PROVIDER is a public school and has provided a copy of documentation showing its school district and public school number.
- ☐ PROVIDER is a private school and has provided a copy of its Certificate of Licensure which includes a DCF identification number or a Letter of Confirmation which includes a DCF exemption number.
- ☐ PROVIDER is a charter school and has provided a copy of its charter which includes preschool aged children as a service population and documentation showing its school district and school number.
- ☐ PROVIDER has provided evidence of liability insurance.

4. Specialized Program Type

- ☐ PROVIDER offers the Head Start program.
- ☐ PROVIDER does not offer the Head Start program

5. ☐ IRS W-9 Form (Request for Taxpayer Identification Number).
6. ☐ Documentation of signature authority.
7. ☐ Current Sunbiz print-out identifying the office, director or authorized person(s), if applicable.

## Exhibit 2: Required Documentation

Provider Name: \_\_\_\_\_

PROVIDER must mark the appropriate box in each section or subsection below. In addition, if PROVIDER is executing this Contract on behalf of multiple public schools or private provider sites, PROVIDER must mark the documentation with the corresponding Location Number from Exhibit 1.

### 4. Private Child Care Rates

- ☐ PROVIDER has provided a copy of its private child care rate information to COALITION with this Contract.

### 5. Gold Seal Rates

- ☐ PROVIDER has provided a copy of documentation with appropriate age designation related to its Gold Seal status, if applicable, to COALITION with this Contract.
- ☐ PROVIDER does not possess a Gold Seal Quality Care Designation.

### 6. Documentation of Eligible Child Care Provider

#### Private SR Providers

- ☐ PROVIDER has provided a copy of its Certificate of Licensure which includes a DCF identification number.
- ☐ PROVIDER has provided a copy of its Letter of Confirmation which includes a DCF exemption number and explains the nature of the exemption.
- ☐ PROVIDER has provided a copy of its certificate of accreditation.
- ☐ PROVIDER certifies that it is not regulated by DCF and therefore does not require documentation from DCF.
- ☐ PROVIDER has provided evidence of liability insurance.

#### Public School, Private School, and Charter School SR Providers

- ☐ PROVIDER is a public school and has provided a copy of documentation showing its school district and public school number.
- ☐ PROVIDER is a private school and has provided a copy of its Certificate of Licensure which includes a DCF identification number or a Letter of Confirmation which includes a DCF exemption number.
- ☐ PROVIDER is a charter school and has provided a copy of its charter which includes preschool aged children as a service population and documentation showing its school district and school number.
- ☐ PROVIDER has provided evidence of liability insurance.

### 4. Specialized Program Type

- ☐ PROVIDER offers the Head Start program.
- ☐ PROVIDER does not offer the Head Start program

5. ☐ IRS W-9 Form (Request for Taxpayer Identification Number).
6. ☐ Documentation of signature authority.
7. ☐ Current Sunbiz print-out identifying the office, director or authorized person(s), if applicable.

### Exhibit 3: Provider Reimbursement Rates

(RFCCH)

Provider Name: \_\_\_\_\_

Provider Operational Hours: \_\_\_\_\_

PROVIDER must mark the appropriate box below indicating the appropriate provider type. In addition, PROVIDER must mark whether or not it has a Gold Seal Quality Care Designation. Finally, PROVIDER must complete the table below marked “To be completed by PROVIDER.” COALITION will complete the remainder of the Exhibit.

Does PROVIDER have a Gold Seal Designation? ☐ Yes ☐ No

#### PROVIDER’s Private Pay Rates (To be Completed by PROVIDER)

CARE LEVEL	(INF) <12 MTH	(TOD) 12<24 MTH	(2YR) 24<36 MTH	(PR3) 36<48 MTH	(PR4) 48<60 MTH	(PR5) 60<72 MTH	(SCH) In School	(SPCR) Special Needs If applicable
<b>Full-Time Daily Rates</b>								
<b>Part-Time Daily Rates</b>								
<b>Before or After School Rates</b>	N/A	N/A	N/A	N/A				

#### COALITION Maximum Reimbursement Rates (To be Completed by COALITION)

CARE LEVEL	(INF) <12 MTH	(TOD) 12<24 MTH	(2YR) 24<36 MTH	(PR3) 36<48 MTH	(PR4) 48<60 MTH	(PR5) 60<72 MTH	(SCH) In School	(SPCR) Special Needs
<b>Full-Time Daily Rates</b>	<b>21.00</b>	<b>19.10</b>	<b>18.53</b>	<b>17.58</b>	<b>17.20</b>	<b>17.20</b>	<b>15.03</b>	<b>0.00</b>
<b>Full-Time Gold Seal Daily Rates</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>
<b>Part-Time Daily Rates</b>	<b>15.87</b>	<b>14.44</b>	<b>14.01</b>	<b>13.30</b>	<b>13.02</b>	<b>13.02</b>	<b>11.39</b>	<b>0.00</b>
<b>Part-Time Gold Seal Daily Rates</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>
<b>Before or After School Rates</b>	N/A	N/A	N/A	N/A	<b>13.02</b>	<b>13.02</b>	<b>11.39</b>	<b>0.00</b>
<b>Full-Time VPK Wrap Rate</b>	N/A	N/A	N/A	N/A	<b>12.48</b>	<b>12.48</b>	N/A	<b>0.00</b>
<b>Part-Time VPK Wrap Rate</b>	N/A	N/A	N/A	N/A	<b>6.51</b>	<b>6.51</b>	N/A	<b>0.00</b>

**Exhibit 3: Provider Reimbursement Rates****(RFCCH)**

Provider Name: \_\_\_\_\_

Provider Operational Hours: \_\_\_\_\_

PROVIDER must mark the appropriate box below indicating the appropriate provider type. In addition, PROVIDER must mark whether or not it has a Gold Seal Quality Care Designation. Finally, PROVIDER must complete the table below marked “To be completed by PROVIDER.” COALITION will complete the remainder of the Exhibit.

Does PROVIDER have a Gold Seal Designation? ☐ Yes ☐ No

**PROVIDER’s Private Pay Rates**  
(To be Completed by PROVIDER)

CARE LEVEL	(INF) <12 MTH	(TOD) 12<24 MTH	(2YR) 24<36 MTH	(PR3) 36<48 MTH	(PR4) 48<60 MTH	(PR5) 60<72 MTH	(SCH) In School	(SPCR) Special Needs If applicable
<b>Full-Time Daily Rates</b>								
<b>Part-Time Daily Rates</b>								
<b>Before or After School Rates</b>	N/A	N/A	N/A	N/A				

**COALITION Maximum Reimbursement Rates**  
(To be Completed by COALITION)

CARE LEVEL	(INF) <12 MTH	(TOD) 12<24 MTH	(2YR) 24<36 MTH	(PR3) 36<48 MTH	(PR4) 48<60 MTH	(PR5) 60<72 MTH	(SCH) In School	(SPCR) Special Needs
<b>Full-Time Daily Rates</b>	<b>21.00</b>	<b>19.10</b>	<b>18.53</b>	<b>17.58</b>	<b>17.20</b>	<b>17.20</b>	<b>15.03</b>	<b>0.00</b>
<b>Full-Time Gold Seal Daily Rates</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>
<b>Part-Time Daily Rates</b>	<b>15.87</b>	<b>14.44</b>	<b>14.01</b>	<b>13.30</b>	<b>13.02</b>	<b>13.02</b>	<b>11.39</b>	<b>0.00</b>
<b>Part-Time Gold Seal Daily Rates</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>
<b>Before or After School Rates</b>	N/A	N/A	N/A	N/A	<b>13.02</b>	<b>13.02</b>	<b>11.39</b>	<b>0.00</b>
<b>Full-Time VPK Wrap Rate</b>	N/A	N/A	N/A	N/A	<b>12.48</b>	<b>12.48</b>	N/A	<b>0.00</b>
<b>Part-Time VPK Wrap Rate</b>	N/A	N/A	N/A	N/A	<b>6.51</b>	<b>6.51</b>	N/A	<b>0.00</b>



# Early Learning Coalition of Escambia County

## Holiday Schedule FISCAL YEAR 2018-2019

The following holiday schedule will be observed by the Coalition staff. Our offices will be closed on these dates. Per Rule 6M-4.500(3)(a) F.A.C., the Coalition has approved every Provider to be paid for up to twelve holidays per year. The schedule below list all the Coalition holidays and identifies which are mandatory and which are optional. The Coalition has identified seven days of the year to be mandatory holidays for all Providers. Providers can choose up to five additional days from the days they identify in the Provider Portal as days they will be closed, to be paid holidays. Providers are not required to choose the Coalition holidays listed below as optional as their own holidays. Note: In the Provider Portal only the seven mandatory holidays will be identified in your master calendar. You must identify all the days you are planning to be closed for the coming year, both with or without reimbursement, to include the mandatory holidays. The Provider Portal will prompt you in another menu to choose from among your closed days which will be your optional paid holidays. The seven mandatory paid holidays will be preselected.

<b><u>HOLIDAY</u></b>	<b><u>OBSERVED DATE</u></b>	<b><u>STATUS</u></b>
<b>Independence Day (Fourth of July)</b>	<b>Wednesday, July 4, 2018</b>	<b>Mandatory</b>
<b>Labor Day</b>	<b>Monday, September 3, 2018</b>	<b>Mandatory</b>
<b>Columbus Day</b>	<b>Monday, October 8, 2018</b>	<b>Optional</b>
<b>Veterans Day (Observed)</b>	<b>Monday, November 12, 2018</b>	<b>Optional</b>
<b>Thanksgiving Day</b>	<b>Thursday, November 22, 2018</b>	<b>Mandatory</b>
<b>Day After Thanksgiving</b>	<b>Friday, November 23, 2018</b>	<b>Optional</b>
<b>Christmas Eve</b>	<b>Monday, December 24, 2018</b>	<b>Optional</b>
<b>Christmas Day</b>	<b>Tuesday, December 25, 2018</b>	<b>Mandatory</b>
<b>New Year's Day</b>	<b>Tuesday, January 1, 2019</b>	<b>Mandatory</b>
<b>Martin Luther King Jr. Day</b>	<b>Monday, January 21, 2019</b>	<b>Mandatory</b>
<b>Presidents' Day</b>	<b>Monday, February 18, 2019</b>	<b>Optional</b>
<b>Memorial Day</b>	<b>Monday, May 27, 2019</b>	<b>Mandatory</b>

Complete the following Exhibit 4: Holiday Schedule for inclusion in the contract.

## Exhibit 4: Holiday Schedule

Provider Name: \_\_\_\_\_

Holiday	Date Observed
Independence Day (Fourth of July)	Wednesday, July 4, 2018
Labor Day	Monday, September 3, 2018
Thanksgiving Day	Thursday, November 22, 2018
Christmas Day	Tuesday, December 25, 2018
New Year's Day	Tuesday, January 1, 2019
Martin Luther King Jr. Day	Monday, January 21, 2019
Memorial Day	Monday, May 27, 2019

If the holidays falls on a Saturday, the holiday is observed on the Friday preceding the holiday. If the holiday falls on a Sunday, the holiday is observed on the Monday following the holiday.

### Exhibit 4: Holiday Schedule

Provider Name: \_\_\_\_\_

Holiday	Date Observed
Independence Day (Fourth of July)	Wednesday, July 4, 2018
Labor Day	Monday, September 3, 2018
Thanksgiving Day	Thursday, November 22, 2018
Christmas Day	Tuesday, December 25, 2018
New Year's Day	Tuesday, January 1, 2019
Martin Luther King Jr. Day	Monday, January 21, 2019
Memorial Day	Monday, May 27, 2019

If the holidays falls on a Saturday, the holiday is observed on the Friday preceding the holiday. If the holiday falls on a Sunday, the holiday is observed on the Monday following the holiday.

**Owner /Operator Information  
School Readiness (FY 2018-2019)**

This form serves as a requirement in Exhibit 2, Item 6 of your Statewide School Readiness Provider Contract.

Facility Name: \_\_\_\_\_

New: \_\_\_\_\_ Annual Renewal: \_\_\_\_\_ Update: \_\_\_\_\_ If Update, Effective Date: \_\_\_\_\_

Signature of authorizing personnel: \_\_\_\_\_ Print Name: \_\_\_\_\_

Title: ☐ Owner ☐ Board of Director Member ☐ Corporate Officer ☐ Administrator of Program ☐ Other \_\_\_\_\_

Please provide the following information for your School Readiness Program. Any changes must be reported to the Coalition within fourteen (14) calendar days of the change. **Failure to report changes may result in the termination of the School Readiness contract.**

It must be indicated **who has authorization to sign** contractual and financial documents on behalf of the child care facility. This form **must be signed** by the owner, chief executive, or corporate officer granting permission to personnel of the program to execute all or part of the School Readiness contract.

1. Full Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

2. Full Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

3. Full Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For **monitoring, licensing, health inspections or audit reviews**, list the names of individual(s) who are authorized to **act in** place of the director if the director is not on-site. Persons acting in place of the director must be at least 21 years of age.

1. Full Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

2. Full Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For Family Child Care Homes – Please list name of Substitutes(s):**

1. \_\_\_\_\_ 2. \_\_\_\_\_

Advisory Note: Per **Rule 6M-4.610 Statewide Provider Contract for the School Readiness Program** all persons signing this document are presumed to be in an ownership and/or management position, and as such are considered an “individual associated with provider” as defined in the Rule. All such persons are therefore subject to the consequences of any actions taken with regard to this contract; to include revocation of eligibility to provide School Readiness services in the event this contract is terminated for cause. Additionally, Directors and Assistant Directors are by their position considered to be an “individual associated with provider”, and are also subject to the consequences of all contract actions. A copy of this rule is attached to the application for your review.



## **Rule 6M-4.610 Statewide Provider Contract for the School Readiness Program.**

### **(1) General Provisions.**

(a) The Statewide School Readiness Provider Contract, Form OEL-SR 20 with exhibits 1 through 5 (October, 2016), is hereby adopted and incorporated by reference. Form OEL-SR 20L entitled “Licensed Provider Responsibilities” (October, 2016), Form OEL-SR 20LE entitled “License Exempt Provider Responsibilities” (October, 2016), Form OEL-SR 20FFN entitled “Informal Provider Responsibilities” (October, 2016), and Form OEL-SR 20A entitled “School Readiness Provider Contract Amendments” (October, 2016) are hereby adopted and incorporated by reference. A copy of Form OEL-SR 20 including exhibits 1 through 5, Form OEL-SR 20FFN, OEL-SR 20LE and OEL-SR 20L may be obtained at [http://www.floridaeearlylearning.com/oel\\_resources/rules\\_guidance\\_technical\\_assistance.aspx](http://www.floridaeearlylearning.com/oel_resources/rules_guidance_technical_assistance.aspx) or from the Office of Early Learning, 250 Marriott Drive, Tallahassee, FL 32399. The incorporated forms are also available at: <http://www.flrules.org/Gateway/reference.asp?No=Ref-07583>.

(b) To request participation in the SR Program, a provider must complete a copy of the Statewide School Readiness Provider Contract, the appropriate provider responsibility form, and submit all required documentation as indicated in the Statewide School Readiness Provider Contract to the early learning coalition under which the provider will operate.

(c) By July 1, 2017, all SR providers that register to offer the SR Program must execute Form OEL-SR-20 including exhibits 1 through 5, and Form OEL-SR 20FFN, OEL-SR 20LE or OEL-SR 20L.

(d) The Statewide School Readiness Provider Contract shall be in effect for a term of one year. A school district may sign a single Statewide School Readiness Provider Contract on behalf of all public schools in the district offering the SR Program. The owner, officer, principal or other authorized representative of multiple private child care providers may sign a single Statewide School Readiness Provider Contract on behalf of all of his or her private providers within an early learning coalition service area in which it operates.

(e) An early learning coalition shall not pay a new School Readiness (SR) Program provider, which registers to offer the SR Program on or after January 1, 2017, except under the Statewide School Readiness Provider Contract adopted herein with the coalition. A coalition must be a party to a Statewide School Readiness Provider Contract.

(f) A coalition shall keep the original fully executed Statewide School Readiness Provider Contract in the coalition’s records for each SR provider. An early learning coalition may execute and retain this contract electronically in compliance with Section 668.50, F.S., the Uniform Electronic Transaction Act.

(g) Neither a coalition nor an SR provider may omit, supplement or amend the terms and conditions of the Statewide School Readiness Provider Contract, except for those amendments made with the execution of Form OEL-SR 20A (School Readiness Provider Contract Amendments). Neither a coalition nor an SR provider may include any attachments, addenda or exhibits to the Statewide School Readiness Provider Contract except Exhibit 1 (Provider Location List), Exhibit 2 (Required Documentation), Exhibit 3 (Provider Reimbursement Rates), Exhibit 4 (Holiday Schedule), Exhibit 5 (Due Process Procedures), Form OEL-SR 20L (Licensed Provider Responsibilities), Form OEL-SR 20LE (License Exempt Provider Responsibilities), Form OEL-SR 20FFN (Informal Provider Responsibilities), and Form OEL-SR 20A (School Readiness Provider Contract Amendments).

### **(2) Inspections.**

(a) Upon the effective date of this rule, and annually thereafter, all participating school readiness program providers shall receive an inspection to determine compliance with the health and safety requirements of Section 1002.88, F.S., and minimum standards adopted under Rule 6M-4.620, F.A.C. Annual inspections shall be conducted by the Department of Children and Families (the department) or local licensing agency, whichever is applicable, be unannounced and shall take place within the contract year at a time as scheduled by the department or local licensing agency (as applicable).

(b) For all new providers that are not regulated by the department or local licensing that request participation in the SR Program and have not previously provided SR Program services or have had a one year lapse in providing SR Program services, a fully compliant pre-contractual health and safety inspection must be conducted prior to the execution of a school readiness contract. Upon determination by the coalition that a provider is eligible to participate in the SR Program, an early learning coalition shall complete and execute the Statewide School Readiness Provider Contract with the provider.

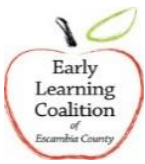
(c) For new SR Program providers that are currently regulated by the department or local licensing agency, an inspection conducted by the department or local licensing agency within four (4) months for center-based programs and six (6) months for family child care homes prior to the execution of the Statewide School Readiness Provider Contract will be sufficient to meet the pre-contractual health and safety inspection requirement. However, prior to execution of an initial school readiness contract a provider must not have any outstanding violations or issues of noncompliance pending from their most recent inspection. Upon determination by the coalition that a provider is eligible to participate in the SR Program, an early learning coalition shall complete and execute the Statewide School Readiness Provider Contract with the provider.

(3) School Readiness Program Ineligibility. For the purpose of this subsection “individual associated with a provider” means an individual or family member of an individual who, regardless of compensation, holds a management position, oversees the operations of a provider, or is an officer, shareholder, beneficial owner or member of the board of directors of a provider. A provider shall not be eligible to contract to offer the SR program if any of the following circumstances apply:

- (a) The provider is on the United States Department of Agriculture National Disqualified List;
- (b) An individual associated with the provider was, or is, associated with another provider that is on the United States Department of Agriculture National Disqualified List;
- (c) The provider has been terminated from participation in the program due to fraud and is currently not eligible to participate in the school readiness program;
- (d) An individual associated with the provider was, or is, associated with another provider that has been terminated from participation in the program due to fraud and is currently not eligible to participate in the school readiness program;
- (e) The provider is currently ineligible to participate in the program pursuant to Section 1002.88(2), F.S.
- (f) An individual associated with the provider was or is associated with another provider that is currently ineligible to participate in the program pursuant to Section 1002.88(2), F.S.
- (g) For multi-site providers, such as corporate chains or school districts, School Readiness program ineligibility identified in paragraphs (e) and (f) above, is per site and may not apply to all locations unless specifically determined otherwise by the coalition. In determining ineligibility of multi-site providers, the coalition shall consider the following factors: the severity of the provider’s actions leading to the ineligibility, the health, safety and welfare of children enrolled at the provider sites, the financial impact of the provider’s actions, the impact that ineligibility would have upon the local community, consistency with coalition’s actions against other providers for similar violations of the Contract or program requirements, the length of time that provider provided services under the contract with the coalition, and whether the provider had previously violated the terms of the Contract and prior contracts with the coalition.

(4) Transfer of ownership. In the event of a change of ownership, sale, sale of assets, conveyance of ownership or other transfer of ownership interest, the provider shall notify the coalition no later than 30 calendar days prior to the transfer of ownership. The coalition and the new owner shall execute a new contract for SR services, provided the new owner meets the eligibility requirements pursuant to subsection (2) of this rule, and Section 1002.88, F.S., and is not disqualified from contracting pursuant to subsection (3) of this rule. Upon a request to contract due to a transfer of ownership, the coalition shall have up to 30 calendar days to execute or decline the contract. This timeline may be extended if all prerequisite requirements have not been met.

*Rulemaking Authority 1001.213(2), 1002.82(2)(m) FS. Law Implemented 1002.82(2)(m), (6), 1002.82, 1002.84(8), (10), (15), (17), 1002.85(2)(h), 1002.87(2), 1002.88, 1002.91, 1002.97(3) FS. History—New 2-18-15, Amended 12-18-16.*



## BANKING INFORMATION

It is required that early childcare providers who contract with Early Learning Coalitions utilize direct deposit (Electronic Funds Transfer-EFT) through the provider's banking institute to be paid for School Readiness & Voluntary Pre-Kindergarten services. Exceptions must be approved in writing by the Executive Director. Please provide your banking information below.

**NOTE: Please attach a voided check or documentation from provider's bank verifying Account Holder's Name, Account Number, and Routing Number.**

Bank Name	Name on Account
Account Type: (Check One) Business _____ Personal _____	____ Checking account ____ Savings account
Bank Address	Bank Account Number
	Bank Routing Number
Bank Phone Number	Name of Authorized Signer
	Name of 2 <sup>nd</sup> Authorized Signer (if applicable)

Thank you for your cooperation in gathering this important information. You may contact this office at any time to update your information. Banking changes may result in an EFT payment delay due to banking requirements. Your reimbursement specialist is available to answer any questions you might have.

Comments/Questions:

Director/Operator signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Coalition Use Only:**

No Change to Bank Info/Bank Info Verified In EFS: ☐

Bank Info Changed/ EFS Updated/Changed: ☐

Processed by (Coalition Staff Signature): \_\_\_\_\_ Date: \_\_\_\_\_

# Emergency Preparedness Plan

Name of Program: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Emergency Phone Contact Number: \_\_\_\_\_

This Plan was prepared BY:

Name: \_\_\_\_\_ Position: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## Purpose

The (Name of Provider) \_\_\_\_\_ shall develop a written emergency preparedness plan to include, at a minimum, procedures to be taken by the facility in the event of a disaster or emergency. The plan shall include how the provider will meet the needs of children (including children with special needs) and staff by establishing a designated safe area, will know what documents and items to bring, will have a list of parents and emergency contacts and in the event of relocation will have procedures in place to safely and calmly relocate the children and staff and facilitate parent/guardian reunification.

The following are examples of a disaster or emergency which may cause relocation:

Hurricane	Active Shooter	Aircraft Accidents
Facility Fire	Workplace Violence	Kidnapping
Tornadoes	Bomb Threats	Train Derailments
Floods	Wildfires	

## Location of Plan

(Name of the Provider) \_\_\_\_\_ will have a copy of their Emergency Preparedness Plan posted in sight for all parents, staff and visitors to view. An updated copy of the Emergency Action Plan will be submitted to the Early Learning Coalition of Escambia County whenever changes occur or at least annually with contract application.

## Emergency Policy

(Name of the Provider) \_\_\_\_\_ will follow the rules for Physical Environment under the Florida Administrative Code specifically rule 65C-22.002(7) (a)-(m) for Fire and Emergency Safety. The Owner/Director should assume responsibility for emergency actions until the arrival of emergency service personnel.

In the absence of the facility director/owner, the following person(s) will take charge:

Primary: \_\_\_\_\_

Secondary: \_\_\_\_\_

## Notification of Emergencies

In the event of an emergency, the Director and Staff will make sure all children are in a safe place or evacuated off the premises to a safe location if necessary. Should an evacuation happen, Parents/Guardians will then be contacted by (Staff Member) \_\_\_\_\_ at the evacuation location to come and pick up their child (ren).

After all parents/guardians have been contacted, the Director will contact the Early Learning Coalition of Escambia County at (850) 595-5400 to inform them of the situation and the status of their building. After hours call 850-287-0650. Should (Name of Provider) \_\_\_\_\_ not be able to resume normal business practices, it is the right of the Early Learning Coalition of Escambia County to begin notifying parents of their right to transfer their child to a new location until (Name of Provider) \_\_\_\_\_ is able to resume normal business.

Upon notification, the Early Learning Coalition of Escambia County will send staff out to observe the building affected during the emergency to make sure the space passes a health and safety inspection. Should the space not pass inspection, the staff will inform the Director of changes that need to be made before children may return to the building. Should the building be in a condition that is not immediately repairable, the Director will meet with the Coalition staff to discuss their options.

(Name or Provider) \_\_\_\_\_ is responsible for notifying their licensing/accrediting agency within 24 hours of the incident.

## Exit & Escape Procedures

Should the children need to be relocated from the building, an attendance roster (sign/in-out sheet) with all the children in attendance will be used to take attendance before leaving the building, after boarding transportation and after unloading the transportation at the new location. Additionally, all Sign-in/Sign-out forms shall be used to verify child attendance and departure. Emergency routes are posted in the building and have been practiced monthly so all children and staff are aware of the procedures.

In the event of an evacuation **(Name of Provider)** \_\_\_\_\_ will move all the children to:

- **Name and Address of Evacuation Site:** \_\_\_\_\_

**Please provide the Coalition with written documentation from the evacuation site that approval has been granted for your program to use this location as a shelter until all children are picked up.**

- **Name of Provider:** \_\_\_\_\_ will transport all children by **(means of transportation)** \_\_\_\_\_ to the evacuation site.
- **(Name of Staff)** \_\_\_\_\_ shall attend to any children identified with "Special Needs"; to include insuring any medication or equipment that is on site for a child will be taken with the child in the event of the emergency evacuation and relocation.

## Reporting Emergencies

**(Name of Staff)** \_\_\_\_\_ will be responsible for bringing all emergency contact information for all children to the evacuation site.

**(Name of Staff)** \_\_\_\_\_ will begin contacting parents after attendance has been taken and all children have been accounted for.

Type of Emergency	Contact	Phone Number
<i>Fire</i>		
<i>Weather Related</i>		
<i>Bomb Threat</i>		
<i>Medical Emergency</i>		
<i>Flood</i>		
<i>Others</i>		



## Accounting for Employees

**A list of employees and emergency contact information should remain current.**

[illegible]

**Notes:**

1. Copy of this emergency action plan shall be provided to every employee in organization that is expected to deal with emergencies.
2. A copy of this list shall not be provided to the Coalition.



## Request for Taxpayer Identification Number and Certification

► Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Give Form to the  
requester. Do not  
send to the IRS.

Print or type. See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only <b>one</b> of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► <b>Note:</b> Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is <b>not</b> disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ►	
	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>	
	5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)
6 City, state, and ZIP code		
7 List account number(s) here (optional)		

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number	
OR	
Employer identification number	

### Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign  
Here

Signature of  
U.S. person ►

Date ►

## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

## Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding*, later.

# School Readiness Application Documentation Submission Checklist

## Fiscal Year 2018-2019

### For Providers Use Only

**Please use the checklist below to ensure you have all required documentation to submit with your school readiness application.**

	Copy of DCF License, Registration Certificate or DCF Religious Exemption Letter
	Copy of DCF or OEL Health & Safety Checklist (Registered & Informal Homes, Exempt Private and Non-Public Schools)
	Copy of Accreditation Certificate (If Applicable)
	Copy of Current Accrediting Agency's Inspection report (License Exempt Centers Only)
	Copy of Gold Seal Certificate (If Applicable)
	If Leasing Facility, Copy of your current Lease Agreement
	Copy of Current General Liability Insurance Certificate
	Copy of Current Worker's Compensation/Unemployment Compensation Coverage or Verification of Waiver. ( <b>Note:</b> Verification of Worker's Compensation/Unemployment Compensation Coverage or Waiver is not required to be submitted with your application, but must be obtain, maintain and available during monitoring.)
	Copy of Current Transportation Insurance Certificate (If you transport children). <b>Transportation Insurance certificate must list covered vehicles.</b>
	Copy of IRS EIN Letter <b>OR</b> If you do not have an FEIN, a copy of your Social Security Card
	Owner /Operator Form Completed. (This meets the requirement for Item 6 of Exhibit 2).
	Direct Deposit Authorization Form (Attach Voided Check or Bank Letter)
	Copy of Emergency Preparedness Plan or your company plan
	Completed W-9 Form
	Current Sun Biz Printout identifying the office, director or authorized person(s).
	Curriculum – New providers will need to submit copy of cover page and copyright page each book of designated curriculum.