



## CINCINNATI PRESCHOOL PROMISE PROVIDER APPLICATION

Providers that are eligible and interested in receiving Cincinnati Preschool Promise (“CPP”) Tuition Assistance reimbursements are invited to complete and submit this application. To be considered eligible to receive Tuition Assistance reimbursements on behalf of participating families, providers must be licensed by the Ohio Department of Education (ODE) or the Ohio Department of Job and Family Services (ODJFS), physically located within the geographical boundary of the Cincinnati Public School District, and have a three, four, or five-star rating on Ohio’s Step Up To Quality rating system. For more information on eligibility, decision criteria for applicants, and the reimbursement process, please refer to the **CPP Tuition Assistance Provider Manual**.

**OR**

Providers that are eligible and interested in receiving Cincinnati Preschool Promise (“CPP”) Quality Improvement funds or services are invited to **indicate their interest** by completing and submitting this brief application. Providers that apply using this form will receive an eligibility review, conducted by a qualified CPP Quality Improvement Manager. CPP will contact the Provider to schedule this review **within one month** of receiving this application. The CPP Quality Improvement Council will award Quality Improvement funds and services based on eligibility review, taking into account CPP prioritization criteria, availability of funds, and coaching capacity. Once a three, four, or five-star rating on Ohio’s Step Up To Quality rating system is achieved provider becomes eligible to receive Tuition Assistance reimbursements on behalf of participating families. For more information on eligibility, decision criteria for applicants, and the Quality Improvement process, please refer to the **CPP Quality Improvement Provider Manual**.

### Section 1: General Provider Information

**Please complete the following information for your program:**

(Note: Multi-site preschool programs must submit an application for each site.)

<b>1. Program/Site Name as listed on State License:</b> <i>(If multi-site, please provide Agency Name.)</i>	<b>2. License Number:</b>  <b>IRN Number (if applicable):</b>
<b>3. Please indicate your Program Type (select one):</b> <input type="checkbox"/> Licensed Child Care Center <input type="checkbox"/> Licensed Type A Family Child Care (FCC) Home Provider <input type="checkbox"/> Licensed Type B Family Child Care (FCC) Home Provider <input type="checkbox"/> Other <i>(list type)</i>	
<b>4. Program address (physical location)</b> Street:  City:  Zip Code:	

**Section 2: Program Contact Information**

<b>1. Phone:</b>	<b>2. Fax:</b>
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**3. Website address:**

**4. Does your program have any social media pages (i.e. Facebook, Twitter, etc.)?**

Yes     No

If so, what are the websites for those pages?

**5. General email address:**

**6.** Please complete the information below for each designated contact, even if the contact will be the same. Cincinnati Preschool Promise will use this information to streamline communication for you and your organization.

Program Contact	First and Last Name	Phone Number	Email address
Owner			
Director			
Primary CPP contact			
CPP financial contact			
Preschool Lead Teacher			
Preschool Lead Teacher			
Assistant Teacher			
Assistant Teacher			

**Section 3: Photograph & Video Release**

I, \_\_\_\_\_ hereby grant permission to the rights of my image, likeness and sound voice as recorded on audio or video tape without payment or any other consideration. I also understand that this material may be used in diverse educational settings within an unrestricted geographic area.

By signing this release I understand this permission signifies that photographic or video recording of myself may be electronically displayed via internet or in public educational setting and acknowledge that I have completely read and fully understand the above release and agree to be bound thereby, I hereby release any and all claims against any person or organization utilizing this material for educational purpose.

Name: \_\_\_\_\_ Title: \_\_\_\_\_

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

### Section 4: Additional Provider Information

**1. Please check the box of the Step Up to Quality (SUTQ) rating of your site's program.**  
*(Note: Providers must have a 3, 4 or 5-star SUTQ rating, or a pending application for a 3, 4 or 5-star rating, to be eligible for Tuition Assistance reimbursements)*

Unrated  1-star  2-star  3-star  4-star  5-star

**2. Please indicate the month and year SUTQ rating was awarded, if applicable:**

*Month/Year*

**3. Do you have an application pending for a SUTQ rating?**

Yes  No

*If yes, please indicate the SUTQ rating for which you applied:*  1-star  2-star  3-star  4-star  5-star

**4. Current Enrollment Data:**

**Number of preschool age classrooms:**

**Number of preschool age children currently enrolled:**

**Number of open seats for preschool age children:**

*(Note: preschool-age is defined as the 2 years prior to kindergarten, typically 3 & 4-year old children)*

**Number of infants classroom:**

**Number of toddlers classroom:**

**Number of school age classroom:**

**5. How many preschool children were enrolled last school year?**

**6. How many seats for preschool age children were unfilled last school year?**

**7. Please indicate the number of preschool age classrooms in your program that will be participating in Cincinnati Preschool Promise:**

Half day:

Full day:

**8. Please indicate the current number of preschool seats that are filled by:**

Half day slots:

Full day slots:

**9. Do you provide classroom instruction in a language other than English?**

Yes     No

If yes, please specify:

**10. What curriculum and child assessment does your program currently use?**

**11. What is your published rate per preschooler?**

Is this a daily, weekly, monthly, or annual rate?

**12. Do you offer a summer preschool program?**     Yes                       No

If yes, how many weeks during the summer do you provide programming?

If yes, how much is the monthly tuition for your summer preschool program?

**13. Do you offer an Extended School Day (greater than 8 hours per day)?**

Yes     No

If yes, please indicate the monthly additional amount charged above School Day Rates:

**Section 5 – Statement of Commitment to Continuous Improvement**

CPP does not equate high quality as simply being star-rated but also as pursuing these essential five aspects of quality:

- Implementing a comprehensive curriculum
- Engaging families in systematic and intentional ways
- Implementing an effective social-emotional framework
- Embracing policies and practices that reduce the achievement gap and foster equity
- Empowering children to develop the 21st-century skills that are essential for creating a competitive workforce

Please describe key attributes of your program’s continuous improvement plan:

### Section 6: Program Funding

Please check all additional funding sources received by your program, if applicable:

- Publicly Funded Child Care
- ODE Early Childhood Expansion Slots
- Head Start Preschool Slots
- Early Head Start Expansion Slots
- Other – please specify:

### Section 7: Preschool Program with 0, 1, or 2 Stars Needs to Achieve High Quality

*If rated 3, 4, 5-stars, skip to Section 8.*

*Please select all that apply:*

In your opinion, what are the major barriers that your preschool program needs to overcome in order to achieve a high-quality (3, 4, or 5 star) SUTQ rating? Please use the box below to elaborate on any of the options listed, or to list additional challenges faced while trying to achieve a higher quality rating.

- |  |   |
|--|---|
| <input type="checkbox"/> Access to curriculum/lesson planning<br><input type="checkbox"/> Insufficient administrator credentials<br><input type="checkbox"/> Insufficient teacher credentials<br><input type="checkbox"/> Other ( <i>please specify in the box on the next page</i> ): _____ | <input type="checkbox"/> Access to professional development opportunities<br><input type="checkbox"/> Lack of resources to conduct self-assessments<br><input type="checkbox"/> Non-compliance issues |
|--|---|

Have you used a coach in the past?

- No                       Yes

If Yes, who was your coach and/or coaching organization? Can you describe this experience? What was positive about the experience? What was negative?

### Section 8: Attachments

Please include with your application the following documents:

- Proof of Commercial General Liability Insurance *(or designated coverage for in home daycare)*
  - Type A/Type B Family Child Care - limits of no less than \$300,000 Aggregate
  - Child Care Center/School – limits of no less than \$1,000,000 Aggregate
  - Does your program have commercial General Liability Insurance?  Yes  No
- Proof of Automobile Insurance *(if transporting children)*
- Proof of Worker’s Compensation insurance for Child Care Center/School *(not required for FCC)*
- Signed **Tuition Assistance Provider Agreement** for 3-5 star or signed **Quality Improvement Provider Agreement** for 0-2 star *(available at [www.cincy-promise.org](http://www.cincy-promise.org))*
- Cincinnati Preschool Promise Supplier Diversity Form *(available at [www.cincy-promise.org](http://www.cincy-promise.org))*
- ACH Electronic Funds Transfer Authorization *(available at [www.cincy-promise.org](http://www.cincy-promise.org))*
- W9-Request for Taxpayer Identification Number and Certificate *(available at [www.cincy-promise.org](http://www.cincy-promise.org))*
- SUTQ Star Rating Certificate *(if applicable)*
- High School Diploma/GED of the program administrator *(or Career Pathways Registry Profile Summary with a verified High School Diploma/GED)*
- Does your program want an African American Chamber membership?  Yes  No

### Section 9 – Signature

By signing below, Provider certifies that the information provided in this application is accurate, and that Provider agrees to the following:

- Cincinnati Preschool Promise is permitted to post Provider’s preschool program’s information on websites, in its marketing material and in any other source related to Cincinnati Preschool Promise.
- Provider has received a copy of the provider Cincinnati Preschool Promise Provider Agreement.
- Provider will participate in the Cincinnati Preschool Promise as outlined in the Agreement.

**OR**

- Provider will give CPP Quality Improvement coaches access to Provider’s records and facilities for the purposes of conducting a program assessment using standard assessment tools and is committed to adopting a continuous improvement mindset.
- Provider has received a copy of the provider Cincinnati Preschool Promise Provider Agreement.
- Provider will participate in the Cincinnati Preschool Promise as outlined in the Agreement.

Name of Provider:

Name of Representative:

Signature:

Date:

Please submit your completed application with all required documentation to:

**Email:** [info@cincy-promise.org](mailto:info@cincy-promise.org) **Fax:** 513-234-4494

Or you may mail your completed application with all required documentation to:

**Cincinnati Preschool Promise**

**P.O. Box 6629**

**Cincinnati, OH 45206**

