**State Intermediate Educational Unit**

**146 State House Station, Augusta, ME 04333**

Telephone: (207) 624-6660

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<http://www.maine.gov/doe/learning/cds>

**Early Childhood Education Tuition Agreement Profile**

***\*This is the first step in the program approval process. Once complete you will hear from our contract department\****

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  |  |  | | --- | --- | --- | --- | | Program Name |  | Date |  | | Program Administrator |  | Email |  | | Physical Address |  | Phone |  | |  |  | Fax |  | | Mailing Address  (if different than above) |  | | | | Check one of the following | **This is a new program  This my yearly update-no changes**  **I am updating program information (*tell us more below*\*)** | | | | Briefly describe what information you are updating. \* | \*Only complete the section(s) that require updated or new information\* | | | | | | | |
| **Program Licensing Information** | | | | |
| Child Care License Information  *Attach current license* | License I.D. # |  | | |
| Child Care Facility | Capacity |  | |
| Nursery School | Capacity |  | |
| Maine Quality Rating and Improvement System (QRIS) Rating | Applied | Rating |  | have not applied |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | | |
| Attach detailed Daily Schedule for each classroom or program. |  | | |
| Describe Inclusion Practices |  | | |
| Describe the Programs Curriculum and planning practices for daily instruction. |  | | |
| Describe the ongoing assessment that occurs for all children in the program. Attach a sample. |  | | |
| Is the program accessible? | Yes  No | If no, explain |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Additional Information Required to Submit with Profile**  *Note: Please ensure that either the brochure or handbook includes: daily schedule, days of operation and rates.* | | | |
|  | Available Electronically (provide link) | On file | Attached |
| Program brochure |  |  |  |
| Behavior Management Policy |  |  |  |
| Child/ Family Handbook |  |  |  |
| Insurance Policy |  |  |  |
| Staff Handbook |  |  |  |
| Child Care License |  |  |  |

**Early Childhood Setting Classroom Staffing Profile** (complete one for each classroom. Use additional sheet if necessary)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Program Name** |  | | | **Classroom Name** |  | | |
|  | | | | | | | |
| **Employee Name** | |  |  | | |  |  |
| Highest Level of Education  (specify degree if applicable) | |  |  | | |  |  |
| Position | |  |  | | |  |  |
| Number of years in position | |  |  | | |  |  |
| Certification/ Endorsement  (attach copy) | |  |  | | |  |  |
| Issued/ Expires | |  |  | | |  |  |
| Date of background check/ fingerprinting | |  |  | | |  |  |
| Enrolled in MRTQ Registry  (attach copy) | | Yes  No | Yes  No | | | Yes  No | Yes  No |
|  | | Level | Level | | | Level | Level |
| Supervisor Certification/ Endorsement | |  |  | | |  |  |
| First Aid/CPR Certified | |  |  | | |  |  |
|  | | | | | | | |
| **Employee Name** | |  |  | | |  |  |
| Highest Level of Education  (specify degree if applicable) | |  |  | | |  |  |
| Position | |  |  | | |  |  |
| Number of years in position | |  |  | | |  |  |
| Certification/ Endorsement  (attach copy) | |  |  | | |  |  |
| Issued/ Expires | |  |  | | |  |  |
| Date of background check/ fingerprinting | |  |  | | |  |  |
| Enrolled in MRTQ Registry  (attach copy) | | Yes  No | Yes  No | | | Yes  No | Yes  No |
|  | | Level | Level | | | Level | Level |
| Supervisor Certification/ Endorsement | |  |  | | |  |  |
| First Aid/CPR Certified | |  |  | | |  |  |

**Appendix I**

**Early Childhood Education Tuition Agreement (ECETA)**

**Preschool Tuition Rate Sheet**

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

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

Contact Person & Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program Hours: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Uniform, customary and reasonable Early Childhood setting tuition fees necessary to implement

special education services as required by the child’s Individualized Education Program.

Weekly Preschool Tuition Rates:

Full Day\* Half Day\*

5 days per week \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

4 days per week \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

3 days per week \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

2 days per week \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

\*Hourly Tuition Rate: \_\_\_\_\_\_\_\_\_\_\_\_ per hour, ***this is required for consideration of an ECETA contract.***

**CDS will accept increases to the hourly tuition rate one time per fiscal year.**

\*Define full day and half day: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is the age group for the above tuition rates? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*If rates are different for 3-year olds and 4-year olds, please provide a separate sheet for each age group.*

Other (such as paid absences, holidays, vacations):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please return this form to the CDS Contracts Administrator at: [cdscontracts.doe@maine.gov](mailto:cdscontracts.doe@maine.gov) or fax to (207) 624-6661.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**For CDS Use:**

CDS Site Director approval: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

Signature Date