**State Intermediate Educational Unit**

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

Telephone: (207) 624-6660

 Fax: (207) 624-6661

<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 or fax to (207) 624-6661.

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

**For CDS Use:**

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

 Signature Date