

CDS Program
Approval Application
Cover Letter/ Instructions

State Intermediate Educational Unit
146 State House Station, Augusta, ME 04333
Telephone (207) 624-6660
Fax (207) 624-6661



www.maine.gov/education/speced/cds

Dear Program Administrator,

Attached is a State of Maine Child Development Services (CDS) Program Approval Application for programs that are considering serving children ages birth to five with disabilities. Please read the following instructions, complete the enclosed application and send all application materials to: **Maine Department of Education, Child Development Services, 146 State House Station, Augusta, ME 04333-0146.**

Please Note: If your program has more than one site you are seeking to be approved, you will need to fill out a Cover Page, Part I and II and submit Child Care License, staff and consultant profile and the ADA Self-Assessment checklist for each site.

For this application to be considered complete, please include the following documents:

- Letter of support from your regional CDS Director indicating the program has been designed in a collaborative way and is needed in the community to deliver services to children. The letter should address to the best of your knowledge the following program criteria:
 - Age and population served
 - Need to serve a population of children
 - Use of evidence-based practice
 - Accessible indoor and outdoor environments
 - Ability and competency of staff and administration to meet children's goals on their IFSP/IEP
 - Approved MaineCare provider
 - Commitment to provide inclusive opportunities in Natural and Least Restrictive Environments
- Staff and Parent Handbook, including policies and procedures. The following are required documents for a successful application. If included in your handbook, please indicate in the appropriate area of the application and **provide the page number** where the item can be found.
 - Copy of manual or written guidelines to control/prevent communicable diseases
 - Copy of the program's immunization policy
 - Evacuation and emergency procedure
 - Policy on training staff who directly work with children in emergency first aid/CPR
 - Notification to family of serious incidents
 - Procedure for secured storage of adequate first aid supplies
 - Procedure in case of child illness or emergency if parents cannot be reached
 - Procedure informing parents of any medical care administered to their child
 - Child discipline and behavior management including positive behavioral supports
 - Time out policy
 - New staff orientation and annual in-service training policy/procedure
 - Confidentiality policy

- Copy of Department of Health & Human Services (DHHS) license for either Child Care or Nursery School (if more than one site, please submit license for each program)
- Copies of legal incorporation documents
- Child data collection system sheet
- Staff profile(s) for each classroom
 - Copy of certifications, licenses and liability insurance (if required)
- Consultant profile(s) for each classroom
 - Copy of certifications, licenses and liability insurance (if required)
- Copy of current annual budget
- ADA Checklist
- Additional information that may be included if available:
 - Copy of your DHHS Quality Rating System certificate/status rating (if applicable)
 - Copy of your National Program Accreditation certificate (if applicable) (NAEYC, NAFCC, Head Start)
 - Copies of Maine Roads to Quality (MRTQ) Registry Certificate & Transcripts for each staff (as applicable)

Once the completed application form and all supporting documents are submitted to the State Child Development Services office, we will review your application to assure that all criteria are complete. When the criteria review is concluded, a representative of Maine Child Development Services may contact you to schedule a program site visit. The site visit will evaluate program facilities, record storage, curriculum, and instructional materials. If your Program Approval Application is accepted, you will receive a Letter of Approval, which will be submitted to MaineCare. If your program is approved, it will be added to Approved Sites on the Child Development Services website:

<http://www.maine.gov/education/speced/cds/index.htm>

This Program Approval Application process is valid for 3 years. It is recommended that you re-submit a new application 2 months prior to the end of the approval period. Any changes to your program during the approval period which include, but are not limited to: change in personnel/administration, facilities, staffing patterns, or population served require the submission and approval of an amendment application that can be found under forms on the CDS website:

<http://www.maine.gov/education/speced/cds/index.htm>

Please submit 2 copies of the application. You do not need to submit

In addition, it is the responsibility of programs to submit an annual report to CDS State IEU in or before the month of approval. This annual report will include the following documents:

- Staff/Consultant Profile/s,
- Copy of Annual Budget,
- Current Child Care License.

Sincerely,

Debra Hannigan

State Director Child Development Services



child
development
services

PLEASE READ COVER LETTER (Instructions)

Program Approval Application
For Serving Children
Ages Birth to Five with Disabilities

Note: If applying for more than one site within this program, fill out this cover page and Part I and II for each site.

All information is required and must be supplied for this application to be considered valid.

Please type or print responses legibly.

Today's Date: _____

Name of Program/School: _____

Administrative Unit(s) (City, Town, MSAD, CSD): _____

PHYSICAL LOCATION

Street: _____

Town: _____

Zip: _____

MAILING LOCATION

Street: _____

Town: _____

Zip: _____

Program Administrator/Director: _____

Contact person (if different from Director): _____

Telephone: _____ Fax: _____

E-mail address: _____

Start date for program year: _____

End date for program year: _____

Start and end date for English as a second language program, if applicable _____ to _____

Signature of person completing the application _____ Date _____

For office use only: All documents received: _____
Date Staff Person

PART I: GENERAL INFORMATION

(ME Dept. of Ed. Reg. 101. XII, 1A(1))

1. Type of Program – (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Public 4 year-old | <input type="checkbox"/> Legal/Unregulated Approved Child Care |
| <input type="checkbox"/> Community Partnership | <input type="checkbox"/> Head Start/Early Head Start |
| <input type="checkbox"/> Private/Private Non-Profit/Special Purpose | <input type="checkbox"/> Combined Head Start/Child Care |
| <input type="checkbox"/> Licensed Child Care Center | <input type="checkbox"/> Licensed (profit/non-profit) |
| <input type="checkbox"/> Licensed Family Child Care Home | <input type="checkbox"/> Other (Please specify): _____ |

2. The program/school has been in operation for _____ years.

3. The program/school hours are: _____

4. The program/school is able to serve children between the ages of _____ and _____ .

5. Total number of slots available: _____

6. Current number of children enrolled: _____

7. Does the program currently have a Maine DHHS Quality Certificate or Quality Rating System (QRS) level? Yes No **Attach copy of certificate if available**

If yes, at what step is the program rated? _____

8. Is the program accredited by a national organization? Yes No

If yes, what is the accrediting body? NAEYC NAFCC

Other: _____ **Attach copy of accreditation certificate if available**

9. Are you in the process of accreditation? Yes No

10. Fee/Rate the program charges families of typically developing children: \$ _____

PART II: LICENSURE

1. Which license does this program currently hold? *Copy of license for each site must be **attached**.*

- Child Care Center (13-20 children)
- Small Child Care Facility (3-12 children)
- Family Child Care (in-home 3-12 children)
- Licensed Preschool/Nursery School

2. Does this program have a religious affiliation? Yes No

3. This program is licensed to serve _____ (number of) children.

4. Describe how you will assure that all children have access to the indoor and outdoor learning environment. (Note: Programs receiving federal funds shall meet the requirements of Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act.)
-
-
-

PART III: LEGAL STATUS/ORGANIZATION OF PROGRAM

All programs approved for receipt of public funds must be incorporated under the laws of the State of Maine or the United States. **Attach** a copy of legal incorporation documents.

1. What is the name of the corporation? _____
2. What is the date of incorporation? _____
3. Does the corporation have tax-exempt status? Yes No
If yes, what is the tax-exempt number? _____
4. Where are the records of incorporation filed? _____

PART IV: FISCAL

1. Does this program plan to bill MaineCare for children receiving services provided by CDS?
 Yes No

Provider number: _____

2. If this application is for a Special Purpose Program, please indicate the child-to-teacher ratio for each classroom: _____
3. **Attach** a copy of the program's Annual Budget.

PART V: HEALTH & SAFETY REQUIREMENTS

Note: All DHHS licensed programs shall meet the health and safety requirements specified in the appropriate licensing rules.

Indicate the page number where the following documents are located in a Staff and Parent Handbook or attach the document to this application.

1. **Attach** a copy of the manual or written guidelines for the control and prevention of communicable diseases. **In Handbook on pg. #** _____
2. **Attach** a copy of the program's immunization policy. **In Handbook on pg. #** _____
3. **Attach** the program's policy on physical restraint. **In Handbook on pg. #** _____
4. **Attach** the program's evacuation and emergency procedures. **In Handbook on pg. #** _____
5. **Attach** the program's policy on training of all direct service staff in emergency first aid.
 In Handbook on pg. # _____

6. **Attach** the program's notification of serious incidents procedure. **In Handbook on pg. #** _____
7. **Attach** the program's procedure for secured storage of adequate first aid supplies, including but not limited to bandages, body substance isolation gloves, gauze, adhesive tape, hydrogen peroxide or other cleaning solutions, and ipecac. **In Handbook on pg. #** _____
8. **Attach** procedures to be followed in the case of illness or emergency if parents cannot be reached. **In Handbook on pg. #** _____
9. **Attach** procedures for informing parents of any medical care administered to their child or of any injury or illness that requires care other than basic first aid. **In Handbook on pg. #** _____
10. The program posts telephone numbers for the fire department, police station, poison prevention center, hospital emergency room and ambulance service serving the school. Yes No

Programs serving thirteen (13) or more children, complete the following question.

Note: DHHS licensing rules for child care center programs require a health consultant.

11. Does the program have a written health consultant* agreement? Yes No
 * **Health Consultant:** A physician, nurse practitioner, physician's assistant, or nurse with pediatric or child care experience.
12. If yes, who is your health consultant and how is this person's expertise utilized? **Attach** additional sheet of paper, if necessary _____

13. Does your program perform screenings for the following:

- Hearing Yes No
 Vision Yes No
 Spinal Yes No

PART VI: EDUCATIONAL GOALS/TEACHING PRACTICES

(ME Dept. of Ed. Reg. 101. XII, 1A(1))

1. Describe the educational philosophy, goals, and objectives of this program.

2. Describe the program's class size and teacher-child ratios. _____ / _____
3. Describe the program's curriculum (Address how the program includes pre-literacy, pre-numeracy and communication).

4. Describe how your program provides developmentally appropriate practice.

5. Describe methods used to assess children's development (how often, timeline, checklist, formal assessment, anecdotal, observation). **Attach** a sample of your data collection system.

6. Describe how the program uses assessment information to plan curriculum for the group and individual children.

7. Describe how your program supports children's individual goals and objectives on their IFSP/IEP.

8. Describe how you will provide progress reports to the parents, foster/surrogate parents/guardian and public school (if student is in a collaborative or private placement) at least as often as progress is reported to your local CDS:

(Note: Such reports must include information on the student's progress toward the annual goals in the IEP (specifying each quarter.) (ME Dept. of Ed Reg. 101. IX, 3A(1)(c))

(Note: Copies of progress reports shall be maintained in student records, including documentation of persons or agencies receiving such reports.)

9. Describe how your program embeds Maine's Early Learning Guidelines into the curriculum.
(ME Dept. of Ed. Reg. 101. IX, 3 B (i))

10. Describe your program's inclusive practices.

Indicate the page number where the following documents are located in a Staff and Parent Handbook or attach the document to this application.

11. Attach the program's procedure/policy on child discipline and behavior management including positive behavioral supports. In Handbook on pg. # ____ (ME Dept. of Ed. Reg. 101. IX, 3C (2)(a))

12. Attach the program's time out policy. In Handbook on pg. # ____

PART VII: RANGE OF DISABILITIES

Give a description of the curriculum offerings and instructional methodology available to the children. Curricula and methodology should be developmentally appropriate to the age and ability of children to be served, and meet the requirements of Maine Department of Education. (ME Dept. of Ed. Reg. 101. XII, 1A(1))

1. What type or range of disabilities will the program serve? Please check all that apply:

For children ages birth through two:

- | | |
|--|---|
| <input type="checkbox"/> Cognitive Development | <input type="checkbox"/> Social/Emotional Development |
| <input type="checkbox"/> Physical Development | <input type="checkbox"/> Adaptive Development |
| <input type="checkbox"/> Communication Development | |

For children ages three through five:

- | | | |
|---|--|---|
| <input type="checkbox"/> Autism | <input type="checkbox"/> Hearing Impairment | <input type="checkbox"/> Speech/Language Impairment |
| <input type="checkbox"/> Deafness | <input type="checkbox"/> Mental Retardation | <input type="checkbox"/> Specific Learning Disability |
| <input type="checkbox"/> Deaf-Blind | <input type="checkbox"/> Multiple Disabilities | <input type="checkbox"/> Traumatic Brain Injury |
| <input type="checkbox"/> Developmental Delay | <input type="checkbox"/> Orthopedic Impairment | <input type="checkbox"/> Visual Impairment |
| <input type="checkbox"/> Emotional Disability | <input type="checkbox"/> Other Health Impaired | |

2. What curriculum/instructional materials are used to support children with these disabilities?

3. What accommodations/modifications are used to support a child's individual developmental needs?

PART VIII: EARLY INTERVENTION (B-2)

(Note: Early Intervention Services are defined as developmental services that are designed to meet the developmental needs of an infant or toddler with a disability, as identified by the IFSP team in one or more of the following areas; are provided in natural environments [20 USC 1432 (4)]. (MUSER XI p 114)

Check if you provide the following Early Intervention Services if indicated on the IFSP:

For children ages birth through two:

- | | |
|---|--|
| <input type="checkbox"/> Audiology | <input type="checkbox"/> Nursing Services |
| <input type="checkbox"/> Family Training and Counseling | <input type="checkbox"/> Social Work Services |
| <input type="checkbox"/> Health Services | <input type="checkbox"/> Assistive Technology Devices/Services |
| <input type="checkbox"/> Medical Services | <input type="checkbox"/> Speech and Language Pathology |
| <input type="checkbox"/> Vision Services | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Occupational Therapy | <input type="checkbox"/> Nutrition Services |
| <input type="checkbox"/> Physical Therapy | <input type="checkbox"/> Case Management |
| <input type="checkbox"/> Psychological Services | |

PART IX: SPECIALIZED INSTRUCTION

Check if you provide the following:

- Ages Birth – 2: Special instruction includes the design of learning environments and activities that promote the child's acquisition of skills in a variety of developmental areas, including cognitive processes and social interaction; curriculum planning, including the planned interaction of personnel, materials, and time and space, that leads to achieving the outcomes in the child's individualized family service plan; providing families with information, skills, and support related to enhancing the skill development of the child; and working with the child to enhance the child's development. [34 CFR 303.12(a)(13)].
- Ages 3-5 Specially Designed Instruction. Specially designed instruction means adapting, as appropriate to the needs of an eligible child under Part B of IDEA, the content, methodology, or delivery of instruction to address the unique needs of the child that results from the child's disability, and to ensure access to the general curriculum, so that the child can meet the educational standards within the jurisdiction of the SAU that apply to all children [34 CFR 300.39(b)(3)]. *Specially designed instruction is instruction provided to children ages three to twenty by an appropriately certified or licensed special education professional or an appropriately authorized and supervised educational technician consistent with a child's IEP. The design and delivery of services is uniquely designed to assist children to meet the goals of the child's IEP.*

PART X: RELATED SERVICES

(Note: Related services are defined as special education transportation and such developmental, corrective and other related services pursuant to the federal IDEIA 20 US Code Sec 1401(26) and as defined by the Commissioner, as required to assist children with disabilities to benefit from special education. (ME Dept. of Ed. Reg. 101.XI, p. 114)

Check if you provide the following related services if indicated on the IEP:

For children ages three through five:

- | | |
|--|---|
| <input type="checkbox"/> Audiology | <input type="checkbox"/> Recreation |
| <input type="checkbox"/> Counseling Services | <input type="checkbox"/> Rehabilitation |
| <input type="checkbox"/> Hearing Aids | <input type="checkbox"/> Social Work Services |
| <input type="checkbox"/> Interpreting Services | <input type="checkbox"/> Assistive Technology
Devices/Services |
| <input type="checkbox"/> Medical Services | <input type="checkbox"/> Speech and Language Pathology |
| <input type="checkbox"/> Orientation and Mobility Services | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Occupational Therapy | <input type="checkbox"/> Case Management |
| <input type="checkbox"/> Physical Therapy | |
| <input type="checkbox"/> Psychological Services | |

PART XI: PROFESSIONAL STAFF

(ME Dept. of Ed. Reg. 101. X, 1 A-B, 2 A)

1. All staff have the necessary qualifications, according to ME Dept. of Ed. Reg. 101. Yes No

If no, who has signed the affidavit for supervision? _____

What is their qualification? _____

How many staff are enrolled in the Maine Roads to Quality (MRTQ) registry? _____

Attach copy of registry certificate and transcripts if available

2. **Attach** a Staff or Consultant Profile form for each staff and/or consultant who works with children **(Please indicate which site/classroom the staff or consultant is associated with).**

a.) Hired/Regular teaching staff (including Director, Teacher, Ed. Tech I, II, III).

b.) Consultant staff (i.e., OT, PT, SLP, DT, COTA, PT Aide, Speech Aide).

3. Program develops yearly written staff performance evaluations and staff development action plans. Yes No

Indicate the page number where the following documents are located in a Staff and Parent Handbook or attach the document to this application.

4. **Attach** a copy of the program's procedure for **new staff orientation** to include the following:

In Handbook on pg. # _____

- Emergency procedures, evacuation policies and procedures, and in the use of the alarm system and equipment such as fire extinguishers.

- Behavior management including positive behavior support
- Requirements related to child abuse reporting
- School philosophy, organization, program, practices and goals
- Employee hiring/firing, advancement, performance reviews
- Confidentiality/HIPAA/FERPA

5. **Attach** a written plan and documentation of implementation of **annual in-service training** to include the following: **In Handbook on pg. # _____**

- At least two (2) hours per month of relevant training for all staff including non-professional staff.
- Evidence-based practices consistent with the needs of the population served.
- Confidentiality/HIPAA/FERPA
- Sexual harassment
- First aid/CPR

The program shall maintain written documentation of staff attendance at training on-site and off-site. *(Note: Upon request, such documentation shall be readily available for review by the Department. Staff participating in the MRTQ training registry have access to this information through their training transcripts.)*

6. Educational Administrator Qualifications

The educational administrator either shall have certification as a special education administrator (030) or all of the following:

- One of the following Certifications through the Department of Education

030 Administrator of Special Education	286 Teacher-Severe Impairments
078 Assistant Special Education Director	291 Teacher-Visual Impairments
079 Special Education Consultant	292 Teacher-Hearing Impairments
093 School Psychological Service Provider	293 Speech and Hearing Clinician
282 Teacher of Students with Disabilities	
- Minimum of a master's degree in special education or a related field
- A minimum of one year administrative experience.

Educational Administrator's Name: _____

If Educational Administrator does not meet the above qualification you must submit a completed *Educational Administrator Amendment* form.

(Note: Such person shall be assigned to supervise the provision of special education services in the school and ensure that the services specified in each child's IEP are delivered. The educational administrator shall be licensed pursuant to the requirements in ME Dept. of Ed. Reg. 115.)

PART XII: RECORDS

The Family Educational Rights and Privacy Act (FERPA) is the federal statute that outlines parents' rights to confidentiality and access to educational records. The program should have a copy of FERPA available to refer to regarding questions about child records.

1. Each child has an individual file that includes demographic information. Yes No

2. The program has a process in place to safeguard children’s records such as the following:
- a. All files are kept in a locked fireproof file cabinet. Yes No
 If no, maintenance and storage of separate copies are kept in a locked cabinet off site.
 Yes No
 - b. There is an authorization list on each child’s file. Yes No
 - c. There is a sign-out sheet for authorized personnel to access each child’s file.
 Yes No
3. The program maintains a record of each child’s attendance and absence throughout the program year. Yes No
4. The program notifies the Regional Site Director of Child Development Services—if a child is placed by that agency—when a child withdraws from the program and/or a child is absent for more than 5 days. Yes No
5. Progress reports are sent to the referring Child Development Services site and to parents at least quarterly. Yes No
6. Parents and/or guardians have access to all program records on their child. Yes No

Indicate the page number where the following document is located in a Staff and Parent Handbook or attach the document to this application.

7. **Attach** the program’s confidentiality policy. **In Handbook on pg. # _____**

PART XIII: PROGRAM QUALITY ASSURANCE

1. The program has a formal evaluation (observation/parent and staff questionnaires conducted internally or externally) procedure to assess program goals performed annually. Yes No
 If yes, describe this evaluation process:
