



ACCREDITATION INCENTIVE PROGRAM

2010-2011

School Readiness Providers in Pasco or Hernando County Only

Program Overview:

The Early Learning Coalition of Pasco and Hernando Counties, Inc. recognizes the importance of high quality early learning environments. Additionally, the Coalition recognizes that the Gold Seal accreditation option offers a mechanism for providers to demonstrate that they offer high quality learning programs as well as the opportunity to receive reimbursement at the Gold Seal rate (as funding allows). Accreditation is available to both licensed and license-exempt providers.

The **Accreditation Incentive Program** is intended to offer funding to early learning providers to help facilitate and maintain accreditation. Accreditation Incentive funding may be considered for award only after the early learning provider has received confirmation of accreditation. Funding is based on budget allocations determined by the Coalition Board. The amount awarded to each applicant may vary according to provider need and on the number of approved applicants.

Applicants may be reimbursed up to 50% of accreditation fees and association dues related to accreditation, to a maximum annual reimbursement of \$1,000.00, actually paid by the provider towards accreditation during the current fiscal year (July 1-June 1). The approved funds will be reimbursed to the provider within 30 days of the Quality Committee meeting at which the application was approved.

Application Criteria:

1. Completed application from Provider
2. Letter of Interest
3. Early Learning Provider must be in business and contracted for at least one (1) full year prior to the date of application
4. Copy of latest licensing report
5. Pre and Post Assessments must be current
6. Child Developmental Screening (Ages and Stages) must be current
7. Receipt(s) for the amounts paid toward accreditation, obtained during the current fiscal year (July 1- June 1)
8. 2 Recommendations from community members
9. Must have scored above 80% in most recent Monitoring tool
10. Copy of Director/Owner resume (at least 5 years experience in early learning)
11. The completed application must be received no later than June 1, 2011

Eligibility:

The applicant must be an early learning provider contracted to provide School Readiness services for the Early Learning Coalition of Pasco and Hernando Counties, Inc. The applicant must be in full compliance with contract deliverables.

Applicant must maintain a contract with the Early Learning Coalition of Pasco and Hernando Counties, Inc., for at least a year after the award has been approved.

List of Approved Accredited Agencies:

The following is a current list of approved agencies participating in the Gold Seal Quality Care Program:

- ACSI- Association of Christian Schools International
- ACTS- Association of Christian Teachers and Schools
- APPLE- Accredited Professional Preschool Learning Environment
- COA- Council On Accreditation (multi-site, multi-program organizations only)
- MSAC- Montessori School Accreditation Commission
- NAA- National After- School Association
- NAC- National Accreditation Commission for Early Care and Education Programs
- NAEYC- National Association for the Education of Young Children
- NAFCC- National Association for Family Child Care
- NCPSA- National Council for Private School Accreditation
- NECPA- National Early Childhood Program Accreditation
- SACS- Southern Association of Colleges and Schools
- UMAP- United Methodist Accreditation for Preschools
- NACECPPP- National Accreditation Council for Early Childhood Professional Personnel and Programs

Submit Completed Application and Supporting Documentation To:

**Early Learning Coalition
of Pasco and Hernando Counties, Inc**
15506 County Line Road
Spring Hill, FL 34610

Attention: Kim Borrego, Program Quality Manager



ACCREDITATION INCENTIVE PROGRAM APPLICATION 2010-2011

Date: _____ Amount Requested: _____

(must be 50% or less of Accreditation processing fees)

Early Learning Facility Name: _____

Owner/Director Name: _____ Telephone: _____

Email: _____

Facility Type: (circle one)

Licensed Center

License-Exempt Center

Licensed FCCH

Name and Address for reimbursement check, if approved:

Telephone Number: _____ Fax: _____

Funds requested (may choose one or more, as appropriate)

_____ Application to accrediting agency (first time accreditation)

_____ Application to accrediting agency (renewal of accreditation/re-accreditation)

Accrediting Agency: _____

Required documentation attached (as appropriate)

_____ Completed application from Provider

_____ Letter of Interest

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Applicant's Signature

Date