



# GREAT START COLLABORATIVE – WAYNE EARLY CHILDHOOD SCHOLARSHIP FUND



## Child Care Provider Application for Qualified Pool of Providers

Child Care Provider License Name: \_\_\_\_\_

Name of Director/Owner: \_\_\_\_\_

Name Check is made out to: \_\_\_\_\_

Site Address: \_\_\_\_\_

Mailing Address if different: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Child Care License # \_\_\_\_\_ Have you had any substantiated violations in the last three years? Yes (indicate violation) \_\_\_\_\_ No \_\_\_\_\_

Tax ID Number \_\_\_\_\_

Are you a participant in the Wayne County Quality Improvement Program System or an Early Learning Community Quality Program?

Yes \_\_\_\_\_ No \_\_\_\_\_ If no, are you willing to participate? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, list your mentor/coach: \_\_\_\_\_

Last PQA score by a qualified assessor: \_\_\_\_\_

Name of PQA Assessor: \_\_\_\_\_

PQA Assessor is affiliated with:  QRIS  The Guidance Center ELC  Southwest Counseling Solution ELC  Development Center, INC ELC  Leaps and Bounds Families Services ELC  Wayne Metro Community Action Agency ELC  Star Fish Family Services ELC  Other \_\_\_\_\_

Does your program use a research and evidence based curriculum?

Yes (indicate curriculum) \_\_\_\_\_ No \_\_\_\_\_

Does your program use a research and evidence based child assessment and/or screening process? Yes (indicate tool) \_\_\_\_\_ No \_\_\_\_\_

Please attach the following Documentation:

- A copy of your printed tuition payment policy for 3 year olds
- Verification of credentials for Director and current 3 year old classroom staff.
- A copy of your latest PQA score sheet with 3 year old staff names and signed by assessor/mentor
- Completed W9 form.

By signing this application, we agree to the following terms:

- If a family chooses us as a provider, we will follow the policies and guidelines of the *ECIC Scholarship* program.
- Our office, accounting, and directing staff will participate in the orientation meeting on August 25.
- We will submit an invoice to Great State Collaborative bi-weekly charging as we would any other 3 year old in our program. Without this timely submission of documentation of child's attendance we understand it may delay or make reimbursement void. Checks will be issued by 4C's as the project fiduciary.
- We will monitor scholarship awardees' attendance. We understand that if the child's attendance drops to less than 85% the scholarship may be withdrawn.
- We agree to work with the family to address barriers to attendance and work with the ELC or QRIS mentors in giving the family any resources and connections to assure attendance and/or reduction of risk factors.
- We agree to share assessment data and progress information with the Great Start Collaborative-Wayne Data team of any scholarship recipient.
- We agree to work with a quality improvement assessment program. We currently are working with the following (if applicable):  QRIS  The Guidance Center ELC  Southwest Counseling Solution ELC  Development Center, INC ELC  Leaps and Bounds Families Services ELC  Wayne Metro Community Action Agency ELC  Star Fish Family Services ELC  Other \_\_\_\_\_
- We certify that all information in this application and on Great Start CONNECT is true to the best of our knowledge. We understand that if any information is found to be false it may result in not being qualified to receive awardees with scholarships.

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Signature of Director/Owner of Child Care Provider

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Date Signed

Please mail to: Great Start Collaborative-Wayne, Attn. Gaylotta Murray,  
One Heritage Place, Suite 230, Southgate, MI 48195 or fax to: 734-398-7698

If you have questions, please call Gaylotta Murray 313-510-7967