
CHICAGO: READY TO LEARN!

APPLICATION PACKAGE



City of Chicago
Mayor Rahm Emanuel



CHICAGO: READY TO LEARN!





Instructions for completing the Chicago: Ready to Learn! Application Forms.

This application package has been created as a savable, fillable form in Adobe Reader. Applicants can download this package from the website, save it to their computer, and complete the forms offline. The forms can then be printed and submitted to the appropriate agency or agencies.

Organizations applying for multiple funding streams only need to complete the application forms once, but must submit copies to EACH of the funding agencies. Thus, if an organization were applying to become a Head Start delegate and to provide Preschool for All services, the organization would complete the entire application package and submit a full copy of the relevant forms for Head Start to DFSS and a full copy of the relevant forms for Preschool for All to CPS.

Applicants must submit separate application copies to DFSS apply to be a Head Start delegate and an Early Head Start delegate.

Similarly, applicants must submit separate application copies to CPS to apply to provide Preschool for All services and to provide Prevention Initiative services.

This application package contains all of the forms that are required by one of more of the Chicago: Ready to Learn! funding streams. Each form has one or more icons in the top right corner that indicate for which funding stream the form must be completed. For example, the "Screening and Assessment" form should be completed by applicants for Head Start/Early Head Start, Preschool for All and Prevention Initiative (  ), while the "IFSP and Case Management" form is only for those applying for Prevention Initiative funding ().

Site Level form: It is very important to note that the Site Level Community and Program Information Sheet must be completed for each individual site where services are proposed to be provided. (In the case of Family Child Care Home networks or home visiting programs, the "site" is the office out of which program staff will operate.) Applicants may complete and save multiple copies of these pages, print them out, and include them in the submitted application package in hard copy.

Additional Pages: A set of additional pages is provided at the end of the application package. If your response to a question exceeds the space allowed in the text box, note that the additional information is provided in the additional pages. Each question must be clearly marked on the additional pages to ensure the application reviewer is able to find the information. Each application is limited to a total of 5 additional pages of single-spaced text.

Note: **Detailed application and submission instructions** for each of the funding streams (Head Start, Early Head Start, Preschool for All, and Prevention Initiative) are included in the individual Request for Proposal Announcements.

CHICAGO: READY TO LEARN!

Application Cover Sheet for Head Start/Early Head Start

Head Start or Early Head Start

Agency Name: _____

Address: _____

Primary Contact: _____

Contact Person's Title: _____

Phone Number: _____ Email: _____

Authorizing Official/Board Chair: _____

CEO/Executive Director: _____

Chief Financial Officer: _____

Policy Committee Chair (if applicable): _____

Head Start Director: _____

Early Head Start Director: _____

Type of organization (check all that apply):

- Not for Profit
- For profit
- Charter School
- Other: _____
- Faith-Based Organization
- Higher Education
- Contract School

Program Model(s)(check all that apply):

- Center-Based
- Home-Based
- FCCH Network
- Other

Total number of children proposed to be served: _____

Head Start (or Early Head Start) Funding Request: \$ _____

Required Minimum Non-Federal Share (@ 1/3 of HS funds): \$ _____

Total Project Cost \$ _____

Maximum Administrative Cost (10% of Total Project Cost): \$ _____

TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH ALL THE ATTACHED ASSURANCES IF AWARDED ASSISTANCE.

Name of Authorized Agency Official: _____ Title: _____

Signature: _____ Date: _____

Name of Parent Policy Committee Chair (if applicable): _____

Signature: _____ Date: _____

CHICAGO: READY TO LEARN!

Application Cover Sheet Preschool for All/Prevention Initiative

Agency Name: _____

Address: _____

FEIN (Taxpayer ID #): _____

Primary Contact: _____

Contact Person's Title: _____

Phone Number: _____ Email: _____

Type of organization (check all that apply):

Not for Profit Faith-Based Organization

For profit Higher Education

Charter School Contract School

Other: _____

Total number of children proposed to be served in Prevention Initiative: _____

Total number of children proposed to be served in Preschool for All: _____

Total budget request for Prevention Initiative: \$ _____

Total budget request for Preschool for All: \$ _____

Name of Authorized Agency Official (e.g., CEO): _____

Signature of Authorized Agency Official: _____ Date: _____

CHICAGO: READY TO LEARN!

Site Level Community and Program Information Sheet



Complete for each proposed site

Agency/Applicant: _____

Site Address: _____

This site is a: Licensed center School Other (describe): _____

Number of classrooms: Preschool (3-5) _____ Two yr olds: _____ Birth to 2 yr olds: _____

What geographic area will this site serve? Describe boundaries or, if applicable, describe where currently enrolled families live. (NOTE: Applicants will not be required to serve only families from the geographic area they describe.)

Needs Assessment information—use Chicago Community Needs Summary Tool to complete.

Please indicate the addresses and radii that you used in the Chicago Community Needs Summary Tool. For each geographic area or “bubble” (i.e., each selected address and its radius), indicate the approximate percentage of participants in your program(s) at this site that you anticipate will come from that geographic area. (This percentage is not entered in the Needs Assessment Summary Tool, but will be helpful for the reviewers in understanding your proposed service area)

Note: You may choose up to five areas, but many programs will find that one or two areas will be sufficient to encompass their main recruitment area.)

| Addresses Entered | Radius Selected | Approximate % of participants at this site that will come from this area (Must total 100%) |
|-------------------|-----------------|--|
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |
| 5. | | |

CHICAGO: READY TO LEARN!



Statistics from Chicago Community Needs Summary Tool (see instructions on tool)

| | | Combined area | Area 1 | Area 2 | Area 3 | Area 4 | Area 5 |
|--|---------|---------------|--------|--------|--------|--------|--------|
| Number of children ages birth through two | | | | | | | |
| Number of children ages 3 and 4 | | | | | | | |
| Children under age five in deep poverty (under 50% FLP) | Number | | | | | | |
| | Percent | | | | | | |
| Children under age five in poverty (under 100% FPL) | Number | | | | | | |
| | Percent | | | | | | |
| Children under age five in low-income families (under 185% of poverty level) | Number | | | | | | |
| | Percent | | | | | | |
| Children born to women between 15 and 19 years old | Number | | | | | | |
| | Percent | | | | | | |
| Children entering kindergarten who speak a language other than English at home | Number | | | | | | |
| | Percent | | | | | | |

CHICAGO: READY TO LEARN!



Describe any other factors about the community to be served that informed the proposed program model. This may include the prevalence of risk factors and/or community characteristics such as low birth weight births, parental education levels, teen births, community violence, poor academic outcomes for children in the community, access to transportation, and other factors relevant to early childhood programming.

Note: you may use data other than those provided in the Needs Summary Tool, including the characteristics of the children you currently serve.

CHICAGO: READY TO LEARN!



Program Model(s) Proposed—indicate number of children to be served in each model [at this site](#).

| Birth to Three | | Preschool Age—3 to 5 years | |
|---------------------------------------|----------------|---|----------------|
| | # to be served | | # to be served |
| Early Head Start Only | | Head Start Only | |
| Center based | | Center based part day (Hours/day: ____; Days/week: ____) | |
| Home based | | Center based full day (Hours/day: ____; Days/week: ____) | |
| Family Child Care Network | | Family Child Care Network | |
| | | Home Based | |
| | | Locally Designed Option | |
| Prevention Initiative Only | | Preschool for All Only | |
| Home Visiting specify model: _____ | | Center based part day (Hours/day: ____; Days/week: ____) | |
| | | Enhanced PFA—full school day 5 days/wk | |
| Blended /Braided Funding Model | | Blended /Braided Funding Model | |
| PI Center Based (w/ CCAP) | | PFA plus CCAP—full day, full year | |
| EHS Center Based with CCAP | | Head Start plus CCAP—full day, full year | |
| PI + EHS + CCAP—full day, full year | | Head Start plus PFA (specify: ____ hours per day, ____ days per year) | |
| | | Head Start + PFA + CCAP—full day, full year | |

Describe why the program model(s) are being proposed for this site (i.e., how they will meet identified community needs).

Describe any unique features of the program or quality add-ons (e.g., Doula services) that will be provided at this site, and describe how they address community need.

Attach a sample daily schedule for each center-based model (e.g., part-day preschool, full-day toddler classroom, etc.).

Applicant: _____

Home Visiting Schedule Description



Complete only if proposing a home based/home visiting program

For entire proposed home-visiting program For specific site/program _____

1. Describe the home visiting schedule that you will be using, including frequency of visits and length of each visit. If this schedule of visits will vary according to participants' needs or length of time in the program, explain how the frequency of visits will be determined for each participant. Include whether home visits will be scheduled on evenings and weekends if necessary to meet parents' scheduling needs.

2. How often will participants (parents and children) be brought together for socialization/parent groups?

Weekly 2/month or Bi-weekly Monthly Other: _____

3. How many parents will be in each parent group, on average? _____

4. Describe a typical socialization/parent group session.

5. Will transportation be provided for socialization/parent groups? Yes No

CHICAGO: READY TO LEARN!

HS PI

6. How will your agency ensure that the home visiting program is integrated into the agency, including ensuring that parents participate in parent involvement activities?

Applicant: _____

Family Child Care Home Networks



*Complete only if proposing a Family Child Care Home
Head Start or Early Head Start program option*

1. Briefly describe your organization's Family Child Care Homes Network policy and procedures, including how homes are recruited and supervised/monitored to ensure children are screened in a timely fashion and that services meet Head Start Program Performance Standards, especially in the areas of education, health, disabilities, and family community partnerships.

CHICAGO: READY TO LEARN!

2. How will your organization ensure that the Family Child Care Home providers receive ongoing professional development?

CHICAGO: READY TO LEARN!

Applicant: _____

Head Start/Early Head Start Delegate Agency Summary

HS

| Proposed Head Start Enrollment | | | | | |
|--------------------------------|---------|-----------------------|-----------------------|------------|--------------|
| Site or Network Name | Address | Center Based Part Day | Center Based Full Day | Home Based | FCCH Network |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| TOTAL | | | | | |

| Proposed Early Head Start Enrollment | | | | | |
|--------------------------------------|---------|-----------------------|------------|--------------|----------------|
| Site or Network Name | Address | Center Based Full Day | Home Based | FCCH Network | Pregnant Women |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| TOTAL | | | | | |

Attach additional sheets if needed

CHICAGO: READY TO LEARN!

Applicant: _____

Recruitment, Selection, Enrollment and Attendance



1. Describe your organization's system for recruiting children, including how you will recruit children whose families have especially high needs (e.g., children with multiple risk factors including low parental education, chronic health conditions, teen parents, and other factors) and children with disabilities.

2. Describe how you will verify eligibility for the program (check all that apply).

Age: Birth certificate Other (specify: _____)

Residence in Chicago: _____

Income: CCAP qualification process Pay stub Tax Return

Other (specify: _____)

3. Will you conduct a parent interview as part of the application process for program participants?

Yes No

4. Will this interview be done in the parent's native language (or through a translator)

if the parent is not fluent in English? Yes No

CHICAGO: READY TO LEARN!



5. How will your organization prioritize program applicants to ensure that the neediest children are enrolled? If you have a “point system” for evaluating need, include a copy in the appendix.

6. **Center-based and Family Child Care Home programs:** Describe how your agency will monitor child attendance and the policies and procedures you will use to address and improve any instances of chronic absenteeism.

CHICAGO: READY TO LEARN!



7. Home based/home visiting programs: Describe the steps that will be taken to encourage families to participate in home visits and socializations/parent groups regularly, remain in the program, and allow sufficient time to make sustainable changes.

8. For Head Start applicants only: Describe how your agency will ensure that any child openings are filled within 30 days.

CHICAGO: READY TO LEARN!

Applicant: _____

Curriculum for Children



Both DFSS and CPS require that programs implement a research-based curriculum that is aligned with the Illinois Early Learning Standards (which are aligned with the Head Start Child Development and Early Learning Framework). Programs may supplement their primary curriculum with specific curriculum enhancements in order to effectively support children's achievement of identified school readiness goals.

1. Describe how your program has developed or will develop its school readiness goals for the preschoolers and/or infants and toddlers you will serve, including how parents were or will be involved in this process.

2. Specify what curriculum your program will use.

For infants and toddlers (if applicable): _____

For preschool age children (if applicable): _____

Please list any supplemental curricula or quality enhancement materials you will use.

| Name | Age Range | Focus (e.g., literacy, math) |
|------|-----------|------------------------------|
| | | |
| | | |
| | | |
| | | |
| | | |

CHICAGO: READY TO LEARN!



3. Describe how your organization's school readiness goals will be used to guide instruction and how these goals are integrated into the curriculum and supplemental curricular materials you will use. Include in your description how your curriculum supports development in all domains included in the Illinois Early Learning Standards and the Head Start Child Development and Early Learning Framework.

CHICAGO: READY TO LEARN!

4. For center-based and family child care homes: Describe how you will ensure that children engage in appropriate physical activity each day, including structured and guided physical activity, and that screen viewing time will be limited in accordance with the Joint Resolution of the City of Chicago Department of Public Health Commissioner and Chicago Board of Health on Chicago Child Day Care Center Standards (See www.cityofchicago.org/dam/city/depts/cdph/policy_planning/Board_of_Health/PP_ResolutionChgoChildDayCare1109.pdf).

CHICAGO: READY TO LEARN!

Applicant: _____

Screening and Assessment



1. Who will conduct developmental screenings for the children enrolled in your program? (Check all that apply)

Center-based /FCCH 0-3

- Teacher
- Infant-Toddler Specialist
- Education Manager
- Other (specify: _____)

Center-based /FCCH 3-5

- Teacher
- Supervisor (specify: _____)
- Education Manager
- Other (specify: _____)

Home Based/Home Visiting

- Home Visitor
- Education Manager/Supervisor
- Other (specify: _____)

2. Who will conduct vision and hearing screening?

3. How will your agency ensure that all required screenings are completed within 45 days of a child's enrollment?

4. Will parent permission be obtained for all screenings and assessments? Yes No

5. How will results of developmental, vision, and hearing screening be communicated to parents?

6. How will information obtained through screenings inform services for children?

CHICAGO: READY TO LEARN!



7. Who will complete the on-line assessments for the children enrolled in your program? (Check all that apply)

Center-based /FCCH 0-3

- Teacher
- Infant-Toddler Specialist
- Education Manager
- Other (specify: _____)

Center-based /FCCH 3-5

- Teacher
- Supervisor (specify: _____)
- Education Manager
- Other (specify: _____)

Home Based/Home Visiting

- Home Visitor
- Education Manager/Supervisor
- Other (specify: _____)

8. How will the results of the child assessments be communicated to parents?

9. How will the results be used to individualize instruction for children? (If you have a home based program, also describe how the results will be used to individualize your work with parents).

Please use next page if needed.

Question 9 continued.

Applicant: _____

Parent Engagement and Support



1. Describe your organization's plan to involve parents and families in their children's development and education. Include how you will ensure that:
 - Communication between home and the program will be regular, two way, meaningful, and when appropriate, in the parents' native language.
 - Parenting skills will be promoted and supported.
 - Parents will be supported in playing an integral role in assisting student learning.
 - Parents will be welcomed in the program, and their support and involvement will be sought.
 - Parents will be full partners in the decisions that affect children and families.

Please use next page if needed.

CHICAGO: READY TO LEARN!



Question 1 continued.

CHICAGO: READY TO LEARN!



2. List any parenting curricula or parent education materials your program will use.

3. Describe how your organization will ensure the cultural appropriateness of parent engagement services.

4. For Prevention Initiative only: Indicate the research-based parenting curriculum that will be used to address the seven designated areas of instruction listed below:
 - a. Child growth and development, including prenatal development.
 - b. Child birth and child care.
 - c. Family structure, function and management.
 - d. Prenatal and postnatal care for mothers and infants.
 - e. Prevention of child abuse.
 - f. The physical, mental, emotional, social, economic and psychological aspects of interpersonal and family relationships.
 - g. Parenting skill development.
 - Parents as Teachers
 - Healthy Families
 - Baby Talk
 - Other (describe: _____)

List any supplemental curriculum materials that will be used in the program.

CHICAGO: READY TO LEARN!

This section to be completed by Head Start/Early Head Start applicants only

HS

5. Describe your organization's policies and procedures for ensuring that families have opportunities to set and achieve education, health, career, well-being, and/ or other goals.

CHICAGO: READY TO LEARN!

HS

6. Describe the policies and procedures your organization has in place to ensure that families receive home visits as required for each program option and that those visits impact family planning and/or the child's education when appropriate.

Applicant: _____

IFSP/FPA and Case Management



For Prevention Initiative and Head Start/Early Head Start Applicants Only

Prevention Initiative programs serving infants and toddlers and all Head Start and/or Early Head Start are required to develop Individual Family Service Plans (or Family Partnership Agreements) with each family. In addition, Prevention Initiative programs must provide case management services.

Check here if your Prevention Initiative program will only serve children over age two; otherwise complete the questions below.

Individual Family Service Plans or Family Partnership Agreements

1. Describe how the needs of the family enrolled in the program will be assessed and how this information will be used to develop an Individual Family Service Plan or Family Partnership Agreement.

2. Describe how parents and families will be involved in making decisions regarding the goals and outcomes of their Individual Family Service Plan or Family Partnership Agreement.

CHICAGO: READY TO LEARN!



3. Describe how parents and families will be involved in making decisions regarding the goals and outcomes of their individual Family Service Plan or Family Partnership Agreement.

Case Management Services

4. Describe how the program will coordinate the Individual Family Service Plan or Family Partnership Agreement with plans that other community service providers have developed with or for the family.

CHICAGO: READY TO LEARN!



5. Describe the system for referring families to other service providers and following up on these referrals.

CHICAGO: READY TO LEARN!

Applicant: _____

Community Partnerships



1. List the partnerships your organization has, and briefly describe the services to be provided by these partners to participants

| Organization | Services provided | Formal Written Agreement? (Yes/No) |
|--------------|-------------------|------------------------------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Attach additional page if needed.

2. Describe how your agency will coordinate with other early childhood programs in the community to ensure that the maximum number of children receive high quality early learning services.

Applicant: _____

Transitions



1. Describe your organization's policies and procedures for facilitating transitions:
 - into the program;
 - between program options and/or classrooms; and
 - out of the program into other early childhood programs if child leaves before kindergarten.

2. *For programs serving preschool-aged children:* Describe your organization's approach to supporting children's transition into kindergarten.

For programs serving preschool-aged children: List the schools that children transitioning into kindergarten from your program most commonly attend. Indicate whether you have a formal collaboration (including a written plan) with each for facilitating children's transition.

| School | Address | Formal collaboration? |
|--------|---------|-----------------------|
| | | |
| | | |
| | | |
| | | |
| | | |

CHICAGO: READY TO LEARN!

HS PFA PI

3. *For programs serving infants and toddlers:* Describe how you will ensure that children aging out of your program will be enrolled in a high quality early childhood program at age three (i.e., the school year when they are at least three by September 1).

Applicant: _____

Health Services: Health, Oral Health, Mental Health, and Nutrition



for Head Start/Early Head Start Applicants

Optional for Preschool for All/Prevention Initiative Applicants

Medical Health Care:

1. Describe your organization's policy and protocol for ensuring that within 90 days of entry into the program:
 - all children and families have medical homes;
 - they receive follow-up treatment when recommended;
 - screenings, physicals and immunizations are up-to-date and recorded; and
 - parents are provided with information and educational opportunities about child health.

Describe any linkages your organization has with community health providers through which Head Start children and families will receive needed services (refer to Community Partnerships Form as applicable).

Oral Health Care:

2. Describe your organization's policy and protocol for ensuring that within 90 days of entry into the program:
 - all children and families have dental homes;
 - they receive follow-up treatment when recommended;
 - screenings and oral health records are up-to-date and recorded; and
 - parents are provided with information and educational opportunities about the importance of oral health.

Describe any linkages your organization has with community oral health providers through which Head Start children and families will receive needed services (refer to Community Partnerships Form as applicable).

Mental Health:

3. Describe your organization's policy and procedures for ensuring that children and families with mental health needs are observed, and, if necessary are referred to mental health professionals. Describe any linkages your organization has with community mental health providers through which Head Start children and families will receive needed services (refer to Community Partnerships Form as applicable).

CHICAGO: READY TO LEARN!

Staff Qualifications



Agency/Applicant: _____

Support Staff and Supervisory Staff

| Title | Education | Experience | Certification(s) if any | Other qualifications if any | Salary Range | Responsibilities |
|--|------------------|-----------------------------|-------------------------|-----------------------------|--------------------|--|
| <i>Example: Health Coordinator</i> | <i>LPN or RN</i> | <i>2 yrs pediatric care</i> | <i>LPN or RN</i> | <i>none</i> | <i>\$30-35,000</i> | <i>Maintain health records, conduct hearing/vision screening, conduct health checks on children, consult with teachers and family workers on health issues</i> |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

Attach additional pages if needed.

CHICAGO: READY TO LEARN!



Direct Service Staff Qualifications (classrooms staff, home visitors, family support workers)

| Title | Education | Experience | Certification(s) if any | Other qualifications if any | Salary Range | Notes (optional) |
|--|----------------------------------|---|---|--|--------------------|---|
| <i>Example: Teacher, preschool- bilingual classrooms</i> | <i>B.A. in ECE or equiv.</i> | <i>None required, 2 yrs preferred</i> | <i>Type 04 with bilingual endorsement</i> | <i>Bilingual in Spanish/ English</i> | <i>\$38-45,000</i> | <i>10 months per year; only at XYZ site</i> |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

Attach additional pages if needed.

CHICAGO: READY TO LEARN!

Applicant Name: _____

Human Resources: Staffing Pattern, Supervision, and Professional Development Form



1. Provide an organizational chart in the Appendix.

Staffing pattern for classrooms

2. Indicate the staffing pattern for classrooms below. (If staffing pattern varies across the day or across sites, add rows to describe each pattern.)

| Age of children | What part of day (or all day/entire class time) | Maximum # of children | Staff present by title | Notes |
|-----------------------------|---|-----------------------|-------------------------------------|-----------------------------|
| <i>Example: 6w-15 m</i> | <i>Entire day</i> | <i>8</i> | <i>Bilingual in Spanish/English</i> | <i>Only at the XYZ site</i> |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

3. Describe your organization’s system to ensure that qualified staff are always in the classroom with children, including provisions for substitute teachers and aides and for filling staff vacancies in a timely manner.

CHICAGO: READY TO LEARN!



Caseloads for home visitors and family support staff (complete if applicable)

4. Indicate the caseloads for staff below. (If staffing pattern varies across sites, add rows to describe each pattern.)

| Staff position title | Average Caseload | Maximum Caseload | Notes |
|----------------------|------------------|------------------|-------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Supervision

5. Describe how program managers (e.g., site administrators, program area coordinators, etc.) will supervise the program. Include a description of how often direct service staff (teachers, home visitors, and family support staff) will meet individually or in a group with their supervisor.

Staff Recruitment

6. Describe your organization's plan to attract and retain qualified staff who have the ability to implement a high-quality, comprehensive program.

CHICAGO: READY TO LEARN!



Professional Development

7. Applicants with center-based and/or Family Child Care Home programs: Your organization must have a plan for implementing a system of regular observation of classroom/FCCH quality, focusing on teacher-child interaction.

What tool(s) will you use to conduct observations? (Check all that apply)

| Instrument | Who will complete rating? | How Often? |
|---|---------------------------|------------|
| Preschool Classrooms | | |
| <input type="checkbox"/> CLASS | | |
| <input type="checkbox"/> ELLCO | | |
| <input type="checkbox"/> ECERS | | |
| <input type="checkbox"/> Other (Specify: _____) | | |
| Infant-Toddler Classrooms | | |
| <input type="checkbox"/> Toddler CLASS | | |
| <input type="checkbox"/> Infant CLASS (when it becomes available) | | |
| <input type="checkbox"/> ITERS | | |
| <input type="checkbox"/> Other (Specify: _____) | | |
| Family Child Care Homes | | |
| <input type="checkbox"/> FFCERS | | |
| <input type="checkbox"/> Other (Specify: _____) | | |

8. Describe how information from these observations will inform your agency's professional development efforts.

CHICAGO: READY TO LEARN!



9. Will your staff participate in professional development offered by DFSS and/or the CPS Community Partnership Program? Yes No

10. Describe your plan for providing substitutes so that staff can attend professional development activities.

11. Describe other specific professional development activities that will be provided to meet the staff members' individual needs, including collaborations with other organizations. Include how your agency will ensure that each staff member has a written, individualized professional development plan.

CHICAGO: READY TO LEARN!



12. Describe how your organization's professional development plan will address issues of language and cultural diversity within your program(s).

CHICAGO: READY TO LEARN!

Applicant Name: _____

Organizational History and Experience Form



1. Give a brief history of your agency. Include evidence that demonstrates familiarity with the neighborhoods and families your organization serves.

2. Describe your organization's past experience and accomplishments in providing service to young children.

CHICAGO: READY TO LEARN!



3. List any accreditations or other standards that your organization meets, including, if applicable, each center's rating in the Quality Rating System. (Attach evidence of these credentials in your appendix.)

| Center Name & Address | Accreditation | QRIS Rating |
|-----------------------|---------------|-------------|
| | | |
| | | |
| | | |
| | | |
| | | |

Agency-level accreditations (please list)

4. Provide in the appendix:

- A copy of your DFCS license (or proof of license-exempt status) for each proposed site.
- *If you are a current DFSS Head Start delegate or partner agency, include a copy of your most recent performance letters from DFSS.*

Note: reviewers for PFA/PI may have access to the last three years of Community Partnership Program records on the performance of existing programs.

5. Optional: Provide an explanation of any past negative findings by DFSS and/or CPS and how these issues have been addressed in your program.

CHICAGO: READY TO LEARN!



6. Provide a brief biography (2-5 sentences) of your organization's key leadership staff, including the head of the organization, chief fiscal officer, chief program officer, and other leadership staff that will be responsible for ensuring the program is effectively administered. Include a 1-2 page resume (or job description if position is vacant) for each in the appendix.

CHICAGO: READY TO LEARN!

Applicant Name: _____

Record-Keeping, Monitoring and Self-Assessment



1. How will your program maintain records for participating children and families? Check all that apply. (Note: Items in italics are applicable only to Head Start/Early Head Start applicants.)

| Paper Files | | Computerized Management Information System (Specify: <input type="checkbox"/> COPA <input type="checkbox"/> Other : _____) | |
|-------------|--|---|--|
| | Enrollment records | | Enrollment records |
| | Eligibility documentation | | Eligibility documentation |
| | Immunizations and physicals | | Immunizations and physicals |
| | Dental exams | | Dental exams |
| | Records of referrals & follow up | | Records of referrals & follow up |
| | Screening results | | Screening results |
| | Assessment results | | Assessment results |
| | Family Partnership Agreement | | Family Partnership Agreement |
| | Attendance | | Attendance |
| | Records of staff meetings regarding individual child/family | | Records of staff meetings regarding individual child/family |
| | <i>Bi-annual home visits for children enrolled in center-based and family child care home programs</i> | | <i>Bi-annual home visits for children enrolled in center-based and family child care home programs</i> |
| | IEP/IFSP | | IEP/IFSP |
| | Case Notes | | Case Notes |
| | Lesson Plans | | Lesson Plans |
| | Staff qualifications | | Staff qualifications |
| | Professional development plans | | Professional development plans |
| | Staff meeting minutes | | Staff meeting minutes |
| | Board meeting minutes and approvals | | Board meeting minutes and approvals |
| | <i>Parent Policy Committee meeting minutes and approvals</i> | | <i>Parent Policy Committee meeting minutes and approvals</i> |
| | <i>Trainings for Board, Parent Policy Committee, and parents</i> | | <i>Trainings for Board, Parent Policy Committee, and parents</i> |

CHICAGO: READY TO LEARN!



2. Describe your system for ensuring that reports on program progress (both service delivery and child and family outcomes) are provided to management, governing bodies, and parents, and are available for review by DFSS and/or CPS.

3. Describe how your organization will ensure that all facilities meet health and safety standards.

CHICAGO: READY TO LEARN!



6. Describe the process by which an annual self-assessment of both program implementation and child and family outcomes will be used to develop an annual program improvement plan.

Applicant Name: _____

Governance



For Head Start/Early Head Start Applicants Only

1. Describe the systems your organization has in place to ensure that your organization's governing structure is in accordance with best practices. Include in this discussion how board members are chosen, what professional development and training board members receive, and what role they play in your organization's decision-making, fund-raising, and parent, family, and community engagement agenda.

CHICAGO: READY TO LEARN!

HS

2. Describe how your organization will involve families, parent committees, policy councils, and/or governing bodies in the oversight and decision-making necessary to maintain and continuously improve the quality of your program(s).

Applicant Name: _____

Fiscal Capacity



Section I: Audit

Regarding your organization's last fiscal audit:

Did your latest completed audit include a qualified audit opinion? Yes No

If yes, what was the qualified audit opinion?

Has the qualified opinion(s) been completely resolved? Yes No

If no, explain why the qualified opinion has not been completely resolved.

Did your last completed audit include any disallowances of questioned costs? Yes No

If yes, what were the disallowances or questioned costs?

Have the disallowances been completely resolved? Yes No

If no, explain why the disallowances have not been completely resolved.

Did your last completed audit include any internal control or audit compliance findings? Yes No

If yes, what were the internal control or audit compliance findings?

CHICAGO: READY TO LEARN!



Have the internal control or audit compliance findings been completely resolved? Yes No

If no, explain why the internal control or audit compliance findings have not been completely resolved.

Did any of your organization's last three fiscal years end with an overall negative balance? Yes No

If yes, explain the reasons for the negative balance and how your organization has corrected the situation.

Section II: Fiscal Policies and Procedures

1. How does your agency manage its fiscal operations?

Internal staff (Provide a resume of your chief fiscal officer in the appendix)

External contractor (Provide a summary of the contractor's qualifications in the appendix)

2. Describe your organization's policies and procedures to ensure adequate fiscal monitoring and internal controls.

CHICAGO: READY TO LEARN!



3. Describe your organization's approach to allocating costs across revenue streams.

4. Head Start/Early Head Start Applicants Only:

Does your organization have sufficient cash reserves or other resources to operate the proposed program(s) for at least three months prior to receiving reimbursement? Yes No

Provide evidence of these resources in the appendix.

5. Optional: Describe how your agency will use private or foundation contributions (cash or in-kind) to help enhance the quality of your program.

CHICAGO: READY TO LEARN!

e. Other Expenses: \$

| Item | Explanation and/or cost calculation | Amount |
|--------------|-------------------------------------|--------|
| | | \$ |
| | | \$ |
| | | \$ |
| | | \$ |
| | | \$ |
| | | \$ |
| | | \$ |
| | | \$ |
| | | \$ |
| | | \$ |
| | | \$ |
| | | \$ |
| | | \$ |
| | | \$ |
| Total | | \$ |

2. Provide a breakout by funding source of matching cash and/or in-kind resources. The total of the matching resources must equal at least 33% of the amount requested from DFSS for Head Start and Early Head Start services.

| Cash/In-Kind | Funding Source | Expense (Describe) | Amount per year |
|--------------|----------------|--------------------|-----------------|
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| Total | | | \$ |

3. Provide an estimate of the total additional funding from these sources that will be used to support the program, if applicable:

| Funding Stream | Anticipated Amount per year |
|---|-----------------------------|
| Child Care Assistance Program (CCAP) | \$ |
| Preschool for All from CPS (proposed) | \$ |
| Prevention Initiative from CPS (proposed) | \$ |
| USDA Child & Adult Food Program | \$ |

CHICAGO: READY TO LEARN!

Appendix List Form

| Check all that are attached: | HS/EHS | PFA | PI |
|--|--------|-----|----|
| Head Start/ Early Head Start Budget Summary (SF 424a) | | | |
| Proof of non-profit status, if applicable | | | |
| Copies of child care licenses (or evidence of license-exempt status or certification that facilities meet school board regulations for nonpublic school sites) | | | |
| Proof of accreditation(s) and/or Quality Rating System rating(s) | | | |
| Organizational chart | | | |
| Resumes of key agency leadership staff (or job descriptions if position is vacant) | | | |
| Independent Auditor's Report and audited balance sheet for most recent three fiscal years | | | |
| Board of Director's approval for applications | | | |
| Parent Policy Committee approval for application (if current Head Start/Early Head Start delegate) | | | |
| Evidence of sufficient cash reserves or other resources to operate the proposed program for at least three months prior to receiving reimbursement | | | |
| Documentation of participation in or eligibility for the USDA Child & Adult Care Food Program | | | |
| Certificate of Insurance | | | |
| Copy of official Articles of Incorporation for organization | | | |
| Performance letter from DFSS for most recent year (if current delegate) | | | |
| Letters of commitment from proposed child care partners, if applicable | | | |
| CPS Certifications and Assurances | | | |
| Letters of support (optional—maximum of five) | | | |

CHICAGO: READY TO LEARN!

Additional text space if needed.

CHICAGO: READY TO LEARN!

Additional text space if needed.

CHICAGO: READY TO LEARN!

Additional text space if needed.

CHICAGO: READY TO LEARN!

Additional text space if needed.

CHICAGO: READY TO LEARN!

Additional text space if needed.

