

State of Maine

DEPARTMENT OF EDUCATION

Application for the Approval of 4-Year Old Early Childhood Program
As defined in MRSA-20A;Chapter 206, SubChapter II: 4502:9

PART I: GENERAL INFORMATION

This application is an [ ] Individual [ ] Consolidated application. [ ] Community Partnership

Administrative Unit(s) (City, Town, SAD, CSD, RSU):

(If this is a consolidated application, indicate all units that are participating.)

Superintendent Information

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Application Contact Person

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

The fiscal agent for a consolidated application is: \_\_\_\_\_

If this is a Community Partnership, please list any partnering agencies:

Date of planned opening: \_\_\_\_\_ Estimated opening enrollment: \_\_\_\_\_

Physical location of program: \_\_\_\_\_

I (we) certify that the information contained in this application is true and accurate to the best of my (our) knowledge.

\* \_\_\_\_\_
SUPERINTENDENT SIGNATURE SCHOOL ADMINISTRATIVE UNIT DATE FILED

\*\* \_\_\_\_\_
EXECUTIVE DIRECTOR COMMUNITY PARTNERHIP PROGRAM DATE FILED

\* If this is a consolidated application, the superintendent of each participating unit must sign.
\*\*If this is a community partnership application, the Executive Director of the partnering agency must also sign.

FOR INFORMATION CALL:
Janine Blatt, Early Childhood Consultant
624-6632 or janine.blatt@maine.gov

RETURN ORIGINAL TO:
Janine Blatt, Early Childhood Consultant
Department of Education
146 State House Station, Augusta, ME 04333

Effective: September 1, 2008

## PART II: PROGRAM DESCRIPTION – 4-year old program

### A. Need Statement:

- Description of geographic area to be served.
- The needs to be strengthened in your geographic area.
- Number of children anticipated to be served through the program.

### B. Coordination

- Describe the level of coordination with local early care and education programs to determine the impact of a public four year old program on other programs in your geographic area (i.e. Child Care, Nursery School)
  - ❖ **Your local Child Care Resource Development Center can give you the names of community programs in your area:**  
<http://www.maine.gov/dhhs/occhs/devcenters.htm>
- Based on family need, have you considered partnering with a community agency to meet the needs of working families for an extended day in order to minimize the number of daily transitions for young children?
- How have you worked with your area Head Start grantee in order to identify preschool services already available to eligible resident children through any local Head Start options?
- How will you work with your area Head Start grantee to assure that federal funds for Head Start are being maximized and fully utilized?
  - ❖ **This application must contain documentation of coordination efforts which includes: Memorandum of Understanding with area Head Start Program**
- Describe the coordination with your local Child Development Services Regional Site (CDS)
  - ❖ **All applications must include a letter of support from the Regional CDS Board of Directors or Regional Site Coordinator documenting participation in the program planning and implementation, including how the local CDS site and school special education services will work together**
- For those partnering with a community agency: Is the community program an approved CDS site?
- Please include any other documentation of coordination efforts (i.e. Letters of support from area community programs, meeting notices/minutes.)

### C. Program Implementation:

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

2. Describe how your four year old program will address:

A. **Class size and Teacher: Child ratios**

B. **Staff Qualifications**

Please list all instructional staff positions (teachers and educational technicians)  
(Copies of certification and licensure are required for community based agencies.)

**POSITION/JOB ASSIGNMENT:**

**CERTIFICATION STATUS:**

List other personnel who will support the program, the nature of their effort or contribution.

C. **Professional Development**

Based on your need statement and staff qualifications. How will efforts be coordinated?

D. **Enrollment**

- Will the program be available to all children within the geographic area served?
- If not, will there be enrollment criteria? If so, please list criteria and include any plan for increasing capacity to open enrollment.
- If you are partnering with a community agency, how will the enrollment process work?

**E. Curriculum**

- How will the program use Maine’s Early Learning Guidelines to inform classroom practice? ([www.maine.gov/dhhs/occhs/publications.htm](http://www.maine.gov/dhhs/occhs/publications.htm).)
- How will the program address curriculum and inclusive practice?

**F. Environment**

Include information about:

- Physical space, both indoor and outdoor ( ie. sq feet available per child; playground accommodations), fire marshal approval for serving four year olds,
- Hours of operation
- Daily schedule.

**G. Family Outreach and Parent Involvement**

Describe family outreach and support programs plus the level of parent involvement planned for the program.

**H. Screening/Referral**

Describe the program process for vision, hearing and any other health or developmental screening.

**I. Nutrition**

Describe snack or meal components

**J. Transportation**

- Describe your transportation procedures.  
As per Title 20-A MRSA, Chapter 215, schools must provide transportation for students, a part of or the whole distance, to and from the public four year old program.
- Please refer to NHTSA (National Highway Safety Agency (<http://www.nhtsa.dot.gov/>) for federal guidelines.
  - For the safe transportation of pre-school age children in school buses (<http://www.nhtsa.dot.gov/people/injury/buses/guide1999/prekfinal.htm> );
  - For the proper use of child safety restraint systems (CSRSs) on school buses (<http://www.nhtsa.dot.gov/people/injury/buses/busseatbelt/index.html>)
  - For the guideline for choosing the correct school bus for transporting pre-school age children ([http://nhtsa.gov/people/injury/buses/choosing\\_schoolbus/pre-school-bus\\_01.html](http://nhtsa.gov/people/injury/buses/choosing_schoolbus/pre-school-bus_01.html) ).
  - A public four year old program in partnership with Head Start must adhere to the Head Start Transportation and Safety Requirements found in 45 CFR Part 1310.

**For specific information about transportation requirements/procedures contact:**

**Richard Soules, DOE Transportation Specialist at 624-6684 or [Richard.J.Soules@maine.gov](mailto:Richard.J.Soules@maine.gov)**

**K. Transitions**

- How will the program facilitate the transition of children from preschool to kindergarten

**L. Evaluation Procedures**

- What criteria will you adopt to measure program outcomes and the success of experiences offered for children and families?

**PART III : PARTNERSHIP PROGRAMS**

**(To be completed by schools which operate in a community partnership or contractual relationship)**

Provide a full description of how your partnership will work, inclusive of the above information as well as a memorandum of understanding. Include a total program budget which includes each partner’s contribution.

When a community partner operates with a distinct licensure (i.e. DHHS child care license), this requirement is applicable to the public preschool partnership. DOE program approval does NOT replace this requirement.

**Part IV:****Please reference: Accounting Handbook and Model Chart of Accounts:**<http://www.maine.gov/education/data/handbook/handbookmenu.htm>**Program Budget - School**

Expenditure Accounts (Accounting Handbook, 2005 Edition)

<b>Function/Object</b>	<b>Personnel Services 1000</b>	<b>Benefits 2000</b>	<b>Purchased Services 3000-5000</b>	<b>Instructional Supplies 6000</b>	<b>Equipment 7000</b>	<b>Other Costs 8000</b>	<b>Total</b>
1000 Instruction							
2000 Support Services (Student and Staff)							
2210 Support Services (Improvement of Instruction)							
2700 Student Transportation							
3100 Food Services Operations							
Total							

**Program Budget - Community Agency**

Expenditure Accounts (Accounting Handbook, 2005 Edition)

<b>Function/Object</b>	<b>Personnel Services 1000</b>	<b>Benefits 2000</b>	<b>Purchased Services 3000-5000</b>	<b>Instructional Supplies 6000</b>	<b>Equipment 7000</b>	<b>Other Costs 8000</b>	<b>Total</b>
1000 Instruction							
2000 Support Services (Student and Staff)							
2210 Support Services (Improvement of Instruction)							
2700 Student Transportation							
3100 Food Services Operations							
Total							

**Program Budget - Total**

Expenditure Accounts (Accounting Handbook, 2005 Edition)

<b>Function/Object</b>	<b>Personnel Services 1000</b>	<b>Benefits 2000</b>	<b>Purchased Services 3000-5000</b>	<b>Instructional Supplies 6000</b>	<b>Equipment 7000</b>	<b>Other Costs 8000</b>	<b>Total</b>
1000 Instruction							
2000 Support Services (Student and Staff)							
2210 Support Services (Improvement of Instruction)							
2700 Student Transportation							
3100 Food Services Operations							
Total							

**Part IV  
Budget Explanation**

**(Provide an explanation of each function and object code.)**

Line

Column

Explain

**REVENUE:** If schools are using other than local funds, please identify the source and type of funds.