



Early Learning Scholarship Childcare Provider Agreement

The goal of the Early Learning Scholarship is to increase access to high-quality care for children in low and moderate-earning families in Nebraska. Funding is being made available to providers engaged in the delivery of quality early learning environments and experiences for young children. Participating childcare providers provide ongoing learning, continuous quality improvement, and support their early childhood professional workforce through improvements in wages and benefits.

The Early Learning Scholarship is intended to support working families in meeting the high cost of quality care for children in full-day/full-year settings or attending wrap-around care blended with a public-school program.

Eligibility for Childcare Center and Family Childcare Homes:

Childcare providers interested in participating in the Early Learning Scholarship opportunity must meet the following qualifications:

- Licensed and in good standing
- Offer full-time, year-round services, or wrap-around care blended with a public-school program
- Programs must have a contract (or be willing to obtain a contract) with the Nebraska
 Department of Health and Human Services to provide care for families on childcare
 subsidy and must be serving at least one child (or be willing to serve children) on subsidy
- Implementing or planning to implement a social-emotional curriculum such as the Pyramid Model, Second Steps, etc.
- Providing Infant/Toddler Care
- Programs must have (or will agree to put) a process into place to ensure that potentially
 eligible families have applied or have been denied state-subsidized dollars before a
 scholarship is awarded
- Agree to provide and maintain systems for detailed records of tuition assistance provided to eligible families, including attendance records
- Agree to provide the required data for a collective evaluation
- Agree to keep completed family applications for the scholarship program current and on file
- Agree to submit monthly reimbursement forms to Buffalo County Community Partners' Program Manager
- Regular communication with Buffalo County Community Partners' Program Manager

Address:	City _		Stat	e	Zip	
Email Address:						-
Phone Number:						
	Provider Ir	nformation				
Mark One:	Mark One:	Number of ch	ildren enrol	led by age g	roup:	
Licensed Child Care Center	Nonprofit For profit Nonprofit		Infant	Toddler	Preschool	School Age
Licensed Family Home I	For profit Nonprofit For profit	Full-time				
Licensed Family Home II	For profit	Part-time				
Step Up to Quality Rating (mark one): Not Enrolled in Step Up to Quality Step 1 Step 2 Step 3 Step 4		Years of service: Total program enrollment:				
Step 5	ional hours	Number of cu (under 200% subsidy):	-			served
vening/overnight/weekend)? Yes No		Number of currently enrolled children receiving state childcare subsidy:				
		Number of c		rently recei	ving privately	funded
		Number antic Learning Scho		ceive Tuitio	n Assistance/	Early
not currently enrolled in Step Up to	Quality, do you have a plan	to enroll in the ne	ear future?			

How will you provide information and outreach to attract low to moderate income working families?						
What are your plans to continue to increase quality in your program?						
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Provider agrees to provide, as requested, aggregated data and information regarding: Numbers of low-income children served full-time (break out by ages served) Retention of children in the program Exit information on reason for leaving program Annual parent satisfaction survey Race and ethnicity of children served Funding allocated per eligible child Kindergarten readiness/individual children's development and growth. Level of quality as measured by Step Up to Quality Teacher pay and benefits Teacher education and training levels Teacher retention Exit information Satisfaction survey annually						
Provider Commitment: I/We agree to promote the Early Learning Scholarship to our stakeholders and agree that any funding from the Early Learning Scholarship will only be used for low-income children served to our program on a full-time basis. I/We agree to continue improving the quality of our program per the Step Up to Quality standards. I understand that by submitting this agreement that I agree to allow information contained within this document to be shared for purposes of data collection, evaluation, and measuring outcomes. I understand that the information contained will be confidential, secured, protected, and not sold to any third party for any purpose.						
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Date

Director/Owner