

## PROGRAM PARTNER ASSURANCES FOR ACADEMIC APPROVAL FOR 2016-2017

Check all that apply:

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Type III Child Care Center | <input type="checkbox"/> Early Head Start | <input type="checkbox"/> NSECD           |
| <input type="checkbox"/> Charter School             | <input type="checkbox"/> Head Start       | <input type="checkbox"/> School District |

Community Network/Parish Name: \_\_\_\_\_

Program Partner Center or School: \_\_\_\_\_

Program Partner Chief Administrator: \_\_\_\_\_

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

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

Primary Contact Name and Title: \_\_\_\_\_

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

My organization will comply with all provisions of State Board of Elementary and Secondary Education (BESE) Bulletin 140 – *Louisiana Early Childhood Care and Education Network* and my organization will:

### MEMBERSHIP IN THE COMMUNITY NETWORK

- Participate fully in the Early Childhood Care and Education Community Network as provided in Chapter 3 of Bulletin 140, including:
  - o Designate an individual to serve as the primary point of contact between this organization and the Community Network Lead Agency.
  - o Respond to communication from the Louisiana Department of Education (Department) Office Early Childhood and the Community Network Lead Agency when requested.

### PARTICIPATION IN THE EARLY CHILDHOOD CARE AND EDUCATION ACCOUNTABILITY SYSTEM

- Participate fully in the Early Childhood Care and Education Accountability System as provided in Chapter 5 of Bulletin 140, including:
  - o Support administrators, teachers and other staff to use BESE Bulletin 136—*The Louisiana Standards for Early Childhood Care and Education Programs Serving Children Birth-Five Years, CLASS, and GOLD* or an approved alternate assessment;
  - o Ensure that all required information for classrooms containing children from birth to five years is entered in the *GOLD* online system. I understand that even if my organization is not using the *GOLD* assessment, certain information such as teacher credentials, curriculum and class ratios is still required to be entered for all classrooms.
  - o Cooperate with the Lead Agency in my Community Network to identify all sites/classrooms to be observed with the *CLASS* Toddler and *CLASS* PreK tools.
  - o Participate in *CLASS* observations, specifically allowing two *CLASS* observations for each Toddler and PreK classroom.
  - o Allow third party observations to occur.

- Meet with each teacher to provide written results and feedback from local observations within five business days of receiving the information.
- Provide teachers with support to improve their interactions and instruction, including use of curriculum and assessment, in order to help prepare more children for kindergarten.
- Verify through the Department’s verification process the site-level data that has been reported to the Department for the Performance Profile.

**PARTICIPATION IN THE COORDINATED ENROLLMENT PROCESS**

- Count all publicly-funded birth to age five children currently being served in this program as of October 1 and February 1 of each school year and submit to the Lead Agency as required by the State.
- Participate fully in the Community Network’s Coordinated Enrollment Process as provided in Chapter 7 of Bulletin 140 including:
  - A coordinated information campaign through which the Community Network informs families about the availability of publicly-funded programs serving children ages birth to five years;
  - A coordinated eligibility determination through which the Community Network coordinates enrollment, eligibility criteria, and waiting lists to ensure that families are referred to other available publicly-funded early childhood programs should they be ineligible for or unable to access their primary choice;
  - A coordinated application process through which the Community Network conducts a unified application process so families can easily indicate their enrollment choices for publicly-funded programs; and
  - A matching based on family preference through which the Community Network enrolls at-risk children, using available public funds and based upon stated family preferences.
- Inform parents and caregivers that they may request that the Department review the placement of their child resulting from the coordinated enrollment process as indicated in Bulletin 140.

*By my signature below, I am indicating agreement with all of the aforementioned requirements.*

\_\_\_\_\_  
Signature of Chief Administrator for Program Partner Organization

\_\_\_\_\_  
Date

\_\_\_\_\_  
Chief Administrator Title

\_\_\_\_\_  
Name of Center/School

\_\_\_\_\_  
Chief Administrator Telephone number

\_\_\_\_\_  
Chief Administrator Email address