

*Attachment I*

STATEMENT OF WORK, STATEMENT OF DELIVERABLES, METHOD OF PAYMENT

**A. MAJOR PROGRAM GOALS**

1. To prepare children for success in school; to involve parents as their child's first teacher and to support family skill building; to provide an integrated, seamless system of quality services that is research-based and developmentally appropriate.

**B. SERVICE AREA LIMITS**

1. Services are limited to children and families residing in Citrus, Dixie, Gilchrist, Levy and Sumter Counties, Florida.

**C. SERVICES TO BE PROVIDED**

1. Program:
  - a. The Provider shall provide School Readiness services to children birth to 13 years of age (year round with the exception of Coalition approved holidays) in accordance with the State of Florida's licensing and registration, Chapter 411.01, Florida Statutes, the Child Care Development Fund, the Coalition's Early Learning Program Operating Procedure as revised or amended and all applicable local fire and health and safety standards. School Readiness services provided to birth to kindergarten children must enhance the age appropriate progress of each child in the development of the following School Readiness skills:
    - i. Compliance with rules, limitations and routines
    - ii. Ability to perform tasks
    - iii. Interaction with adults
    - iv. Interactions with peers
    - v. Ability to cope with challenges
    - vi. Self-help skills
    - vii. Ability to express the child's needs
    - viii. Verbal communication skills
    - ix. Problem-solving skills
    - x. Following of verbal directions
    - xi. Demonstration of curiosity, persistence and exploratory behavior
    - xii. Interest in books and other printed materials
    - xiii. Paying attention to stories
    - xiv. Participation in art and music activities
    - xv. Ability to identify colors, geometric shapes, letters of the alphabet, numbers and spatial and temporal relationships
  - b. The Provider shall provide a healthy and safe environment for the School Readiness program.
    - i. Classrooms (indoor and outdoor) shall be equipped with appropriately sized furniture and equipment and developmentally appropriate materials.
    - ii. Classrooms shall be clean and attractive.
    - iii. The Provider shall maintain a process to replace or repair material as needed.
    - iv. The indoor and outdoor environments shall be designed to allow teachers to supervise the children at all times.
    - v. Classrooms (indoor and outdoor) shall be inspected for hazards prior to every use.
    - vi. Classrooms (indoor and outdoor) shall be appropriately sized for each group of children.

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- vii. Classrooms shall include individual storage space for children's belongings.
  - viii. Each classroom shall include a teacher who is certified in First Aid and Infant-Child CPR, and Adult CPR as applicable.
  - ix. Each classroom shall maintain and utilize a schedule for sanitizing materials as appropriate to the age group.
  - x. Toilet and hand-washing facilities shall be easily accessible to staff and children.
  - xi. Teachers shall wash their hands and children's hands frequently throughout the day with soap and running water.
  - xii. Soiled clothing shall be changed as needed and diapers are changed promptly.
  - xiii. Personal items such as bottles, pacifiers, cups, etc., shall be labeled with the child's name.
  - xiv. Teachers shall maintain an accurate attendance utilizing a portable attendance record at all times. Children's arrivals and departures shall be indicated on the portable attendance promptly. The teacher shall be aware of the number of children in the classroom at all times.
  - xv. A communication system shall be designed to allow teachers to call for immediate assistance.
  - xvi. Menus for meals and snacks shall be appropriate for children and are approved on a regular basis, as applicable.
  - xvii. All perishable items provided by the facility shall be stored properly.
  - xviii. Food shall be ready to be served when children are seated. Teachers shall provide pleasant meal times that allow for social experiences.
  - xix. Children shall engage in appropriate feeding practices. Appropriate bottle feeding procedures shall be followed.
  - xx. Teachers shall be aware of appropriate information related to special needs, parental preferences and allergies of children in their care. Information shall be confidentially posted in a place that is easy to access in an emergency.
- c. The Provider shall utilize a Coalition-approved developmentally appropriate curriculum designed to enhance the age appropriate progress of children in attaining the performance standards adopted by the Agency for Workforce Innovation as the Provider's main curriculum. The Provider is authorized to utilize supplemental curricula.
- i. Teachers shall have access to a variety of planning resources including materials to create classroom displays.
  - ii. Teachers shall post and follow the daily classroom routines.
  - iii. The daily routine shall provide an opportunity for independent play, small group activities, large group activities, outdoor activities and quiet/rest time.
  - iv. Teachers shall develop, follow and maintain weekly lesson plans.
  - v. Teachers shall be trained to utilize the curriculum identified as the provider's main curriculum.
  - vi. Lesson plans shall include literacy, math, music and movement, art/creative, fluid play, and outdoor activities, as appropriate to the age group.
  - vii. Lesson plans shall promote physical, social and emotional development.
  - viii. An appropriate system to identify the individual needs of every child shall be implemented and documented.
  - ix. Teachers shall plan, implement, and document activities relating to the individual needs of every child.
  - x. Teachers shall provide an opportunity for transition activities.
  - xi. Activities to promote character development shall be offered as appropriate to the age group.

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- xii. Classroom experiences shall encourage children to become increasingly independent, to interact with each other in a positive manner, to learn to solve problems, to make choices to build positive self-esteem, and to cooperate with each other.
- xiii. Teachers shall be trained to follow the program's teacher code of conduct, to redirect children displaying undesirable behavior, to utilize logical consequences where applicable, to set clear and consistent rules in the classroom, to demonstrate fair treatment of all children regardless of race, gender, disability, etc., to speak to children at eye level and on an individual basis, to provide physical warmth to children, to respond to infant vocalization and sounds, to use children's names frequently, to initiate verbal and physical play, to respond to child-initiated play, to utilize a variety of teaching techniques, to appropriately greet children individually and assist children in joining the group, to appropriately facilitate children's departure, to speak conversationally and sing with children, to ask open-ended questions, and to model good health practices.
- xiv. The indoor classroom shall include cultural diversity, open spaces for crawling, and protected space for play, as appropriate to the age group.
- xv. The indoor classroom shall be arranged in themed or interest centers, as appropriate to the age group. Shelves and other items shall be labeled with words and pictures, diaper areas shall be equipped with stimulating items, appropriate items to promote literacy and items to enhance fine and gross motor skills shall be available. Children's work shall be displayed.
- xvi. The indoor classroom shall be arranged to facilitate a variety of activities and a variety of group sizes.
- xvii. The outdoor environment shall include a variety of experiences.
- d. The Provider shall offer a parent involvement and education program.
  - i. The Provider shall encourage a home-school connection through available resource materials for parents.
  - ii. The Provider shall develop and schedule a variety of parent involvement activities. Documentation of the outcomes of scheduled parent involvement is maintained.
  - iii. The Provider shall offer parents unlimited access to their children when they are in the Provider's care.
  - iv. Teachers shall communicate on a daily/weekly or monthly basis with parents providing information related to classroom activities, events, and lesson plans.
  - v. Teachers shall document meetings with parents to discuss their child's progress in order to determine future educational plans.
  - vi. Teachers shall maintain documentation of efforts to encourage parents to utilize the program's resource lending library.
- e. The Provider shall offer a staff development program.
  - i. The Provider shall require and maintain documentation of staff members' completion of state mandated training.
  - ii. The Provider shall require and maintain documentation of staff members' background screening results.
  - iii. The Provider shall employ eligible staff members only. An eligible staff member is a member who has met all mandated requirements.
  - iv. The Provider shall ensure that sufficient credentialed staff members are present to meet mandated requirements.

- v. The Provider shall ensure that a staff member holding a Director's credential is present to meet mandated requirements.
  - vi. Teachers shall be trained to implement classroom curricula and develop appropriate lesson plans.
  - vii. The Provider and teacher shall develop and maintain long term staff development plans designed to meet desired education credentials. The long term plans are evaluated, reviewed and updated at least annually.
  - viii. The provider shall require and document staff members' completion of annual in service training hours. Twelve (12) in service hours per year for credentialed staff, twenty (20) in service hours for non-credentialed staff are required.
  - ix. The Provider shall establish and implement a policy to cross train support staff to substitute in the classroom in the event of a lead teacher's sudden illness or absence.
  - x. The Provider shall implement and document a system to evaluate the effectiveness of teachers through periodic classroom observations.
  - f. The Provider shall maintain adult to child ratios in accordance with ELCNC-25 School Readiness Provider Observation Tool FAQ, as amended.
  - g. The Provider shall post the days and hours of operation.
  - h. The Provider shall maintain compliance with state licensing requirements, if applicable, or the Coalition's Health and Safety Inspections (non-licensed and licensed-exempt providers).
    - i. The Provider shall post state licensing audit inspections in a conspicuous location. License-exempt providers shall post inspections conducted by the appropriate religious agency.
    - ii. The Provider shall notify the Coalition when a licensing violation is noted during an inspection in accordance with ELPOP, as amended.
2. Administration:
- a. The Provider shall document School Readiness services provided on the monthly Enrollment/Attendance Certification Form for School Readiness children.
  - b. The Provider shall document proof of School Readiness services through the use of child sign in and out records. Providers shall utilize the Coalition's approved sign in and out sheet [Exhibit IX] or utilize an individual reporting process with the same information. The records must include parent signatures of child attendance on a daily basis. Documentation must include the following: The Provider name, the child's legal name, month and year, the date and time the child arrives and departs, the signature of the person responsible for dropping off and/or picking up the child and daily emergency contact number/s. The record must include School Readiness children only. The record must support the totals on the summary attendance sheets submitted to the Coalition.
  - c. The Provider shall develop and implement a policy to collect assessed parent fees prior to the implementation of School Readiness services.
  - d. The Provider shall notify the Coalition when parent fees become delinquent.
  - e. The Provider shall notify parents when School Readiness services are suspended due to delinquent parent fees.
  - f. The Provider shall notify the Coalition when a child has an unexcused absence for five (5) consecutive days with no contact from the parent. This requirement is related to a child's continued eligibility for School Readiness services and is not related to the Provider's requirement to report absences under the Rilya Wilson Act.
  - g. The Provider shall attend provider meetings facilitated by the Coalition.
  - h. The Provider shall maintain a Continuity of Operations Plan.

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- i. The Provider shall maintain documentation of staff training with regard to the Continuity of Operations Plan.
- ii. The Provider shall regularly update parent emergency contact information.
- iii. The Provider shall maintain a system to notify parents and the Coalition of the execution of the Continuity of Operations Plan.
- iv. The Provider shall provide a copy of the Continuity of Operations Plan to parents and the Coalition and update appropriately.
- i. The Provider shall follow the policies and procedures outlined in the Coalition's Early Learning Program Operating Procedures as amended (available on the Coalition's website @ [www.elc-naturecoast.org](http://www.elc-naturecoast.org)).

**D. SCHEDULE AND DESCRIPTION OF DELIVERABLES:**

- 1. Eighty five percent (85%) of children achieve appropriate developmental progress as indicated in by the Coalition's pre-and post assessment results.
- 2. The Provider's compliance rate with program regulations is above eighty five percent (85%) as documented on the Provider Observation Tool.
- 3. One hundred percent (100%) of the Provider's Enrollment/Attendance Certification Forms are submitted by the second (2<sup>nd</sup>) working day of the month.
- 4. Eighty five percent (85%) of the assessed parent fees are collected.
- 5. One hundred percent (100%) of delinquent parent fees are reported to the Coalition within thirty (30) days from the date the fees become delinquent.
- 6. One hundred percent (100%) of parents, with the exception of parents of children enrolled under protective services, with delinquent fees are suspended from receiving School Readiness services and are notified of such suspensions.
- 7. One hundred percent (100%) of unexcused absences in excess of five (5) consecutive days are reported to the Coalition by the end of the fifth (5<sup>th</sup>) consecutive day.
- 8. The Provider maintains a one hundred percent (100%) compliance rate with state licensing regulations and health and safety regulations as evidenced on licensing inspection reports and/or the Coalition's Health and Safety Inspections and follow-up inspections.
- 9. The Provider attends a minimum of eighty three percent (83%) of the monthly provider meetings facilitated by the Coalition.
- 10. One hundred percent (100%) of the School Readiness Provider Quarterly Reports are submitted in accordance with the Coalition's Early Learning Program Operating Procedure.

**E. REPORTS**

- 1. The Provider shall submit the School Readiness Provider Quarterly Report in accordance with the Coalition's Early Learning Program Operating Procedure, as amended.
- 2. The Provider shall submit other information requested by the Coalition, the Agency for Workforce Innovation and federal representatives.

**F. METHOD OF PAYMENT**

- 1. School Readiness services payment shall be based upon the negotiated fixed rate per child per day provided that, if the Provider's rate is reduced, reimbursement under this agreement shall be reduced accordingly and that reimbursement shall not exceed the Coalition's maximum rates.

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The classrooms indicated in the following charts are included in this Agreement. All children enrolled in the Provider's School Readiness Program must receive School Readiness services in one of the identified classrooms in order to receive payment in accordance with the above statement.	<b>Infant Classrooms (INF) &lt;12 MTH</b>	<b>Full Time Daily Rate</b>	<b>Part Time Daily Rate</b>

<b>Toddler Classrooms (TOD) 12&lt;24 MTH</b>	<b>Full Time Daily Rate</b>	<b>Part Time Daily Rate</b>	<b>Toddler Classrooms (2YR) 24&lt;36 MTH</b>	<b>Full Time Daily Rate</b>	<b>Part Time Daily Rate</b>

<b>Preschool Classrooms (PRE3) 36&lt;48 MTH</b>	<b>Full Time Daily Rate</b>	<b>Part Time Daily Rate</b>	<b>Preschool Classrooms (PRE4) 48&lt;60 MTH</b>	<b>Full Time Daily Rate</b>	<b>Part Time Daily Rate</b>

<b>Preschool Classrooms (PRE5) 60&lt;72 MTH</b>	<b>Full Time Daily Rate</b>	<b>Part Time Daily Rate</b>	<b>School Age Classrooms (SCH) In School</b>	<b>Full Time Daily Rate</b>	<b>Part Time Daily Rate</b>
<b>Special Needs Rate</b>	<b>Full Time Daily Rate</b>	<b>Part Time Daily Rate</b>			
<b>All Age Groups</b>					

**G. REIMBURSEMENTS**

1. The Coalition shall reimburse the Provider for School Readiness services provided to eligible clients prepared from the information submitted on the Enrollment/Attendance Certification Form, or the sign in and out sheets for School Readiness children, and in accordance with the Coalition's reimbursement policies and procedures. In order to receive payment, the sign in and sign out sheets must meet the minimum requirements stated earlier.
2. The Coalition, shall reimburse the Provider for up to twelve holidays in accordance with the Holiday Schedule in Exhibit II. The Provider may request in writing a revision to the standard Holiday Schedule, thirty (30) days in advance of the holiday.
3. The Coalition shall make payments by the fifteenth (15<sup>th</sup>) working day of each month for services provided in the previous month pending available funding. The Provider understands that the June payment each year will likely occur between the 15<sup>th</sup> and 31<sup>st</sup> working day of the following month.
4. The Coalition shall provide a copy of the processed School Readiness Child Care Certificate to the Provider.
5. The Provider shall provide the Coalition with a fully signed Child Care Certificate in order to consider a claim for reimbursement based upon the content of the certificate. If a claim for reimbursement is received in the absence of a fully signed Child Care Certificate, payment for services will be denied. The Provider may appeal the decision within sixty (60) days through the Coalition's Provider Adjustment and Dispute process.
6. Providers must submit payment disputes to the Coalition within 60 days of payment. Disputes must be documented in the format prescribed by the Coalition.

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**H. MONITORING**

1. The Provider shall permit persons duly authorized by the Coalition, State and/or Federal personnel to inspect any records, papers, documents, facilities, goods, and services of the Provider, which are relevant to this Agreement and to interview any clients and employees of the Provider to assure the satisfactory performance of the terms and conditions of this Agreement.
2. The Provider shall comply with the Coalition's Early Learning Program Operating Procedures, as amended including the Coalition's random monitoring through Program Observation visits, Health and Safety Inspections and Attendance Audits.
3. The Provider shall supply all reports and/or access to information concerning the School Readiness program requested by the Coalition, state and/or federal agencies, as necessary for the purpose of monitoring.

**I. CORRECTIVE ACTION**

1. Corrective action shall be taken to correct identified deficiencies, produce recommended improvements or demonstrate deficiencies or findings that are either invalid or do not warrant action. The Provider will be advised in writing about the requirements necessary to correct any non-compliance problems. If appropriate, as determined by the Coalition, the Provider may be required to submit a corrective action plan, including the dates when any corrective action will be completed. Failure to comply with a corrective action plan may lead to the probation and/or termination of this Agreement in accordance with the Coalition's Early Learning Program Operating Procedure, as amended.

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## Attachment II

### ASSURANCES AND CERTIFICATIONS

The grantor will not award a grant where the Grantee has failed to accept the ASSURANCES AND CERTIFICATIONS contained in this section. In performing its responsibilities under this agreement, the Grantee hereby certifies and assures that it will fully comply with the following:

- A. Assurances – Non-Construction Programs (SF 424 B)
- B. Debarment and Suspension Certification (29 CFR Part 98)
- C. Certification Regarding Lobbying (29 CFR Part 93)
- D. Drug free Workplace Certification (29 CFR Part 94)
- E. Nondiscrimination & Equal Opportunity Assurance (29 CFR Part 37)

By signing the agreement, the Provider is providing the above assurances and certifications as detailed below:

- A. ASSURANCES – NON-CONSTRUCTION PROGRAMS. NOTE: Certain of these Assurances may not be applicable to your project or program. If you have questions, please contact the Grantor agency.

As the duly authorized representative of the applicant, I certify that the applicant:

1. Will give the awarding agency, the Comptroller General of the United States, and if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.
2. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. 1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex in educational programs; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. 794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. 6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255) as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616) as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) Sections 523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. 290 dd.3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights act of 1968 (42 U.S.C. 3601 et seq.) as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and (j) the requirements of any other non-discrimination statute(s) which may apply to the application.
3. Will comply with the provisions of the Hatch Act (U.S.C. 1501-1508 and 7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.

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4. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. 276a to 276a7), the Copeland Act (40 U.S.C. 276c and 18 U.S.C. 874, and the Contract Work Hours and Safety Standards Act (40 U.S.C. 327-333), regarding labor standards for federally assisted construction sub-agreements.
5. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in flood plains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. 1451 et. seq.); (f) conformity of Federal actions to State (Clear Air) Implementation Plans under Section 176(c) of the Clear Air Act of 1955, as amended (42 U.S.C. 7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended, (P.L. 93-523); and (h) protection of endangered species under the Endangered Species Act of 1973, as amended, (P.L. 93-205).
6. Will cause to be performed the required financial and compliance audits in accordance with the single Audit Act Amendments of 1996 and OMB Circulars such as A-21, A-87, A-102, OMB A-110, A-122, and OMB A-133, "Audits of States, Local Governments, and Non-Profit Organizations."
7. Will comply with all applicable requirements of all other Federal laws, executive order, regulations and policies governing this program.

**B. CERTIFICATION REGARDING DEBARMENT, SUSPENSION, AND OTHER RESPONSIBILITY MATTERS – PRIMARY COVERED TRANSACTION.**

The prospective Provider certifies to the best of its knowledge and belief, that it and its principals:

1. Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;
2. Have not within a three-year period preceding this proposal been convicted or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
3. Are not presently indicted or otherwise criminally or civilly charged by a government entity (Federal, State or local) with commission of any of the offenses enumerated in paragraph (1)(b) of this certification; and,
4. Have not within a three-year period preceding this application/proposal had one or more public transactions (Federal, State, or local) terminated for cause of default.

Where the prospective Provider is unable to certify to any of the statements in this certification, such prospective Provider shall attach an explanation to this proposal [or plan].

**C. CERTIFICATION REGARDING LOBBYING – Certification for Contracts, Grants, Loans, and Cooperative Agreements.**

The undersigned (i.e. Provider) certifies, to the best of his or her knowledge and belief, that:

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No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment or modification of any Federal contract, grant, loan or cooperative agreement.

If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employees of Congress, or employee of a Member of Congress in connection with this Federal contract, grant, loan or cooperative agreement, the undersigned shall complete and submit Standard Form – LLL, “Disclosure Form to Report Lobbying,” in accordance with its instructions.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S.C. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

**D. CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS.**

Pursuant to the Drug-Free Workplace Act of 1988 and its implementing regulations codified at 29 CFR 948, Subpart F. I, the undersigned Provider attests and certifies that the Provider will provide a drug-free workplace by the following actions.

1. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the Provider's workplace and specifying the actions that will be taken against employees for violation of such prohibition.
2. Establishing an ongoing drug-free awareness program to inform employees concerning:
  - a. The dangers of drug abuse in the workplace.
  - b. The policy of maintaining a drug-free workplace.
  - c. Any available drug counseling, rehabilitation and employee assistance programs.
  - d. The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.
3. Making it a requirement that each employee to be engaged in the performance of the contract be given a copy of the statement required by paragraph 1.
4. Notifying the employee in the statement required by paragraph 1 that, as a condition of employment under the contract, the employee will:
  - a. Abide by the terms of the statement.
  - b. Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five (5) calendar days after such conviction.
7. Notifying the agency in writing ten (10) calendar days after receiving notice under subparagraph 4b., from an employee or otherwise receiving actual notice of such conviction. We will provide such notice of convicted employees, including position title, to every Grant officer on whose Grant activity the convicted employee was working. The notice shall include the identification number(s) of each affected contract/Grant.
8. Taking one of the following actions, within thirty (30) calendar days of receiving notice under subparagraph 4b., with respect to any employee who is so convicted
  - a. Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973 as amended.

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- b. Requiring such employee to participate satisfactorily in drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State or local, health, law enforcement or other appropriate agency.
- 9. Making a good faith effort to continue to maintain a drug-free workplace through implementation of this entire certification.

The following are the sites for the performance of work done in connection with the specific contract including street address, city, county, state and zip code:

Check ( ) if there are workplaces on file that are not identified here.  
 Check ( ) if an additional page was required for the listing of the workplaces.

The Provider will inform the Coalition of any changes.

**E. NONDISCRIMINATION & EQUAL OPPORTUNITY ASSURANCE:**

As a condition to the Provider, the Provider assures that it will comply fully with the nondiscrimination and equal opportunity provisions of the following laws:

(1) Section 188 of the Workforce Investment Act of 1998 (WIA) which prohibits discrimination against all individuals in the United States on the basis of race, color, religion, sex, national origin, age disability, political affiliation, or belief, and against beneficiaries on the basis of either citizenship/status as a lawfully admitted immigrant authorized to work in the United States or participation in any WIA Title I B financially assisted program or activity;

(2) Title VI of the Civil Rights Act of 1964, as amended, which prohibits discrimination on the basis of race, color and national origin;

(3) Section 504 of the Rehabilitation Act of 1973, as amended, which prohibits discrimination against qualified individuals with disabilities;

(4) The Age Discrimination Act of 1975, as amended, which prohibits discrimination on the basis of age; and

(5) Title IX of the Education Amendments of 1972, as amended, which prohibits discrimination on the basis of sex in educational programs.

The Provider also assures that it will comply with 29 CFR Part 37 and all other regulations implementing the laws listed above. This assurance applies to the grant applicant's operation of the WIA Title I – financially assisted program or activity, and to all agreements the grant applicant makes to carry out the WIA Title I – financially assisted program or activity. The Provider understands that COALITION and the United States have the right to seek judicial enforcement of the assurance.

\_\_\_\_\_  
 Signature of Authorized Representative

\_\_\_\_\_  
 Name and Title of Authorized Representative

\_\_\_\_\_  
 Provider Facility

\_\_\_\_\_  
 Date

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Attachment III

SWORN STATEMENT PURSUANT TO SECTION 287.133(3)(A),  
FLORIDA STATUTES, ON PUBLIC ENTITY CRIMES

THIS FORM MUST BE SIGNED AND SWORN TO IN THE PRESENCE OF A NOTARY PUBLIC OR OTHER OFFICIAL AUTHORIZED TO ADMINISTER OATHS.

1. This sworn statement is submitted by \_\_\_\_\_  
for the Provider whose business address is : \_\_\_\_\_  
and (if applicable) its Federal Employer Identification Number (FEIN) is \_\_\_\_\_ (If the entity has no FEIN, include the Social Security Number of the individual signing this sworn statement: \_\_\_\_\_.)
2. I understand that a "public entity crime" as defined in Paragraph 287.133(1)(g), Florida Statutes, means a violation of any state and federal law by a person with respect to and directly related to the transaction of business with any public entity or with an agency or political subdivision of any other state or of the United States, including, but not limited to, any bid or Contract for goods and services to be provided to any public entity or any agency or political subdivision of any other state or of the United States and involving antitrust, fraud, theft, bribery, collusion, racketeering, conspiracy or material misrepresentation.
3. I understand the "convicted" or "conviction" as defined in Paragraph 287.133(1)(b), Florida Statutes, means a finding of guilt or a conviction of a public entity crime, with or without an adjudication of guilt, in any federal or state trial court of record relating to charges brought by indictment or information after July 1, 1989, as a result of a jury verdict, non-jury trial, or entry of a plea of guilty or nolo contendere.
4. I understand that an "affiliate" as defined in Paragraph 287.133(1)(a), Florida Statutes, means:
  - a. A predecessor or successor of a person convicted of a public entity crime; or
  - b. An entity under the control of any natural person who is active in the management of the entity who has been convicted of a public entity crime. The term "affiliate" included those officers, directors, executives, partners, shareholders, employees, members and agents who are active in the management of an affiliate. The ownership by one person of shares constituting a controlling interest in another person, or a pooling of equipment or income among persons when not for fair market value an arm's length agreement, shall be a prima facie case that one person controls another person. A person who knowingly enters into a join venture with a person who has been convicted of a public entity crime in Florida during the proceeding 36 months shall be considered an affiliate.
5. I understand that a "person" as defined in Paragraph 287.133(1)(e), Florida Statutes, means any natural person or entity organized under the laws of any state or of the United States with the legal power to enter into a binding contract and which bids or applies to bid on contracts for the provision of goods and services let by a public entity, or which otherwise transacts or applies to transact business with a public entity. The term "person" includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in management of an entity.
6. Based on information and belief, the statement, which I have marked below, is true in relation to the entity submitting this sworn statement. [Indicate which statement applies.]

\_\_\_\_\_ Neither the entity submitting this sworn statement, nor any of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, nor any affiliate or the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989.

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\_\_\_\_\_ The entity this sworn statement, or one or more of its officers, directors, executives, partners, shareholders, employees members, or agents who are active in the management of the entity, or an affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989.

\_\_\_\_\_ The entity submitting this sworn statement, or one or more of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, or an affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989. However, there has been a subsequent proceeding before a Hearing Officer of the State of Florida, Division of Administrative Hearings and the Final Order entered by the Hearing Officer determined that it was not in the public interest to place the entity submitting this sworn statement on the convicted vendor list. [Attach a copy of the final order]

I UNDERSTAND THAT THE SUBMISSION OF THIS FORM TO THE CONTRACTING OFFICER FOR THE PUBLIC ENTITY IDENTIFIED IN PARAGRAPH 1 (ONE) ABOVE IS FOR THAT PUBLIC ENTITY ONLY AND, THAT THIS FORM IS VALID THROUGH DECEMBER 31 OR THE CALENDAR YEAR IN WHICH IT IS FILED. I ALSO UNDERSTAND THAT I AM REQUIRED TO INFORM THE PUBLIC ENTITY PRIOR TO ENTERING INTO A CONTRACT IN EXCESS OF THE THRESHOLD AMOUNT PROVIDED IN SECTION 287.017, FLORIDA STATUTES, FOR CATEGORY TWO OF ANY CHANGE IN THE INFORMATION CONTAINED IN THIS FORM.

\_\_\_\_\_  
(Signature)

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Personally known \_\_\_\_\_

Or produced identification \_\_\_\_\_

Notary Public - State of \_\_\_\_\_

My commission expires: \_\_\_\_\_

\_\_\_\_\_  
(Printed typed or stamped  
Commissioned name of notary public)

Form PUR 7068 (Rev. 06/18/92)

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**Attachment IV  
Notarized Statement of Private Child Care Rates**

CHILD CARE FACILITY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: FL ZIP CODE: \_\_\_\_\_

HOURS OF OPERATIONS: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_ DAYS OF OPERATIONS: \_\_\_\_\_

**RATES CHARGED FOR CHILD CARE**

Please complete the following charts for each classroom included in the School Readiness Agreement. List a classroom name or identifier for each age group under the age group heading and one rate for all classrooms in the age category under the Full Time and Part time Daily Rate columns. Please do not fill in shaded areas.	<b>Infant Classrooms (INF) &lt;12 MTH</b>	<b>Full Time Daily Rate</b>	<b>Part Time Daily Rate</b>

<b>Toddler Classrooms (TOD) 12&lt;24 MTH</b>	<b>Full Time Daily Rate</b>	<b>Part Time Daily Rate</b>	<b>Toddler Classrooms (2YR) 24&lt;36 MTH</b>	<b>Full Time Daily Rate</b>	<b>Part Time Daily Rate</b>

<b>Preschool Classrooms (PRE3) 36&lt;48 MTH</b>	<b>Full Time Daily Rate</b>	<b>Part Time Daily Rate</b>	<b>Preschool Classrooms (PRE4) 48&lt;60 MTH</b>	<b>Full Time Daily Rate</b>	<b>Part Time Daily Rate</b>

<b>Preschool Classrooms (PRE5) 60&lt;72 MTH</b>	<b>Full Time Daily Rate</b>	<b>Part Time Daily Rate</b>	<b>School Age Classrooms (SCH) In School</b>	<b>Full Time Daily Rate</b>	<b>Part Time Daily Rate</b>
<b>Special Needs Rate</b>	<b>Full Time Daily Rate</b>	<b>Part Time Daily Rate</b>			
<b>All Age Groups</b>					

\_\_\_\_\_  
PRINT NAME AND TITLE OF AUTHORIZED REPRESENTATIVE

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

PERSONALLY APPEARED BEFORE ME, the undersigned authority, \_\_\_\_\_ who, after being sworn by me, produced identification or is personally known by me, affixed his/her signature in the space provided above on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
[Notary Public Signature]

My commission expires: \_\_\_\_\_

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# Attachment V

Form <b>W-9</b> (Rev. October 2007) Department of the Treasury Internal Revenue Service	<h2 style="margin: 0;">Request for Taxpayer Identification Number and Certification</h2>	Give form to the requester. Do not send to the IRS.
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Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return)	
	Business name, if different from above	
	Check appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ ----- <input type="checkbox"/> Exempt payee <input type="checkbox"/> Other (see instructions) ▶	
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	City, state, and ZIP code	
List account number(s) here (optional)		

**Part I Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

**Note.** If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

	Social security number : : : : : : : : :
	OR
	Employer identification number : : : : : : : : :

**Part II Certification**

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. citizen or other U.S. person (defined below).

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. See the instructions on page 4.

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶
------------------	----------------------------	--------

**General Instructions**

Section references are to the Internal Revenue Code unless otherwise noted.

**Purpose of Form**

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

**Note.** If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,

- The U.S. grantor or other owner of a grantor trust and not the trust, and
- The U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

**Foreign person.** If you are a foreign person, do not use Form W-9. Instead, use the appropriate Form W-8 (see Publication 515, *Withholding of Tax on Nonresident Aliens and Foreign Entities*).

**Nonresident alien who becomes a resident alien.** Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

**Example.** Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity not subject to backup withholding, give the requester the appropriate completed Form W-8.

**What is backup withholding?** Persons making certain payments to you must under certain conditions withhold and pay to the IRS 28% of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

**Payments you receive will be subject to backup withholding if:**

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the Part II instructions on page 3 for details),
3. The IRS tells the requester that you furnished an incorrect TIN,

4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or

5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See the instructions below and the separate Instructions for the Requester of Form W-9.

Also see *Special rules for partnerships* on page 1.

## Penalties

**Failure to furnish TIN.** If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

**Civil penalty for false information with respect to withholding.** If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

**Criminal penalty for falsifying information.** Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

**Misuse of TINs.** If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

## Specific Instructions

### Name

If you are an individual, you must generally enter the name shown on your income tax return. However, if you have changed your last name, for instance, due to marriage without informing the Social Security Administration of the name change, enter your first name, the last name shown on your social security card, and your new last name.

If the account is in joint names, list first, and then circle, the name of the person or entity whose number you entered in Part I of the form.

**Sole proprietor.** Enter your individual name as shown on your income tax return on the "Name" line. You may enter your business, trade, or "doing business as (DBA)" name on the "Business name" line.

**Limited liability company (LLC).** Check the "Limited liability company" box only and enter the appropriate code for the tax classification ("D" for disregarded entity, "C" for corporation, "P" for partnership) in the space provided.

For a single-member LLC (including a foreign LLC with a domestic owner) that is disregarded as an entity separate from its owner under Regulations section 301.7701-3, enter the owner's name on the "Name" line. Enter the LLC's name on the "Business name" line.

For an LLC classified as a partnership or a corporation, enter the LLC's name on the "Name" line and any business, trade, or DBA name on the "Business name" line.

**Other entities.** Enter your business name as shown on required federal tax documents on the "Name" line. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on the "Business name" line.

**Note.** You are requested to check the appropriate box for your status (individual/sole proprietor, corporation, etc.).

### Exempt Payee

If you are exempt from backup withholding, enter your name as described above and check the appropriate box for your status, then check the "Exempt payee" box in the line following the business name, sign and date the form.

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Generally, individuals (including sole proprietors) are not exempt from backup withholding. Corporations are exempt from backup withholding for certain payments, such as interest and dividends.

**Note.** If you are exempt from backup withholding, you should still complete this form to avoid possible erroneous backup withholding.

The following payees are exempt from backup withholding:

1. An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2),
2. The United States or any of its agencies or instrumentalities,
3. A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities,
4. A foreign government or any of its political subdivisions, agencies, or instrumentalities, or
5. An international organization or any of its agencies or instrumentalities.

Other payees that may be exempt from backup withholding include:

6. A corporation,
7. A foreign central bank of issue,
8. A dealer in securities or commodities required to register in the United States, the District of Columbia, or a possession of the United States,
9. A futures commission merchant registered with the Commodity Futures Trading Commission,
10. A real estate investment trust,
11. An entity registered at all times during the tax year under the Investment Company Act of 1940,
12. A common trust fund operated by a bank under section 584(a),
13. A financial institution,
14. A middleman known in the investment community as a nominee or custodian, or
15. A trust exempt from tax under section 664 or described in section 4947.

The chart below shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 15.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt payees except for 9
Broker transactions	Exempt payees 1 through 13. Also, a person registered under the Investment Advisers Act of 1940 who regularly acts as a broker
Barter exchange transactions and patronage dividends	Exempt payees 1 through 5
Payments over \$600 required to be reported and direct sales over \$5,000 <sup>1</sup>	Generally, exempt payees 1 through 7 <sup>2</sup>

<sup>1</sup>See Form 1099-MISC, Miscellaneous Income, and its instructions.

<sup>2</sup>However, the following payments made to a corporation (including gross proceeds paid to an attorney under section 6045(f), even if the attorney is a corporation) and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, and payments for services paid by a federal executive agency.

## Part I. Taxpayer Identification Number (TIN)

**Enter your TIN in the appropriate box.** If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are a single-member LLC that is disregarded as an entity separate from its owner (see *Limited liability company (LLC)* on page 2), enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

**Note.** See the chart on page 4 for further clarification of name and TIN combinations.

**How to get a TIN.** If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local Social Security Administration office or get this form online at [www.ssa.gov](http://www.ssa.gov). You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at [www.irs.gov/businesses](http://www.irs.gov/businesses) and clicking on Employer Identification Number (EIN) under Starting a Business. You can get Forms W-7 and SS-4 from the IRS by visiting [www.irs.gov](http://www.irs.gov) or by calling 1-800-TAX-FORM (1-800-829-3676).

If you are asked to complete Form W-9 but do not have a TIN, write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

**Note.** Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

**Caution:** A disregarded domestic entity that has a foreign owner must use the appropriate Form W-8.

## Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if items 1, 4, and 5 below indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). Exempt payees, see *Exempt Payee* on page 2.

**Signature requirements.** Complete the certification as indicated in 1 through 5 below.

**1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983.** You must give your correct TIN, but you do not have to sign the certification.

**2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983.** You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

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**3. Real estate transactions.** You must sign the certification. You may cross out item 2 of the certification.

**4. Other payments.** You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

**5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions.** You must give your correct TIN, but you do not have to sign the certification.

**What Name and Number To Give the Requester**

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account)	The actual owner of the account or, if combined funds, the first individual on the account <sup>1</sup>
3. Custodian account of a minor (Uniform Gift to Minors Act)	The minor <sup>2</sup>
4. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee <sup>1</sup>
b. So-called trust account that is not a legal or valid trust under state law	The actual owner <sup>1</sup>
5. Sole proprietorship or disregarded entity owned by an individual	The owner <sup>3</sup>
For this type of account:	Give name and EIN of:
6. Disregarded entity not owned by an individual	The owner
7. A valid trust, estate, or pension trust	Legal entity <sup>4</sup>
8. Corporate or LLC electing corporate status on Form 8832	The corporation
9. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
10. Partnership or multi-member LLC	The partnership
11. A broker or registered nominee	The broker or nominee
12. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity

<sup>1</sup>List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

<sup>2</sup>Circle the minor's name and furnish the minor's SSN.

<sup>3</sup>You must show your individual name and you may also enter your business or "DBA" name on the second name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

<sup>4</sup>List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules for partnerships* on page 1.

**Note.** If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

**Secure Your Tax Records from Identity Theft**

Identity theft occurs when someone uses your personal information such as your name, social security number (SSN), or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

Call the IRS at 1-800-829-1040 if you think your identity has been used inappropriately for tax purposes.

Victims of identity theft who are experiencing economic harm or a system problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

**Protect yourself from suspicious emails or phishing schemes.** Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to [phishing@irs.gov](mailto:phishing@irs.gov). You may also report misuse of the IRS name, logo, or other IRS personal property to the Treasury Inspector General for Tax Administration at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at: [spam@uce.gov](mailto:spam@uce.gov) or contact them at [www.consumer.gov/idtheft](http://www.consumer.gov/idtheft) or 1-877-IDTHEFT(438-4338).

Visit the IRS website at [www.irs.gov](http://www.irs.gov) to learn more about identity theft and how to reduce your risk.

**Privacy Act Notice**

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons who must file information returns with the IRS to report interest, dividends, and certain other income paid to you, mortgage interest you paid, the acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA, or Archer MSA or HSA. The IRS uses the numbers for identification purposes and to help verify the accuracy of your tax return. The IRS may also provide this information to the Department of Justice for civil and criminal litigation, and to cities, states, the District of Columbia, and U.S. possessions to carry out their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You must provide your TIN whether or not you are required to file a tax return. Payers must generally withhold 28% of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to a payer. Certain penalties may also apply.

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**Attachment VI**  
**Certification of Developmentally Appropriate Curricula**

The Early Learning Coalition of the Nature Coast requires the use of Coalition approved curricula. In Section 1 list the main curricula you utilize. In Section 2 indicate the performance standard/domain that is addressed by each curriculum.  
Please complete one form for each School Readiness classroom.

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

Section 1:

	<u>Curriculum</u>	<u>Publisher</u>
A.		
B.		
C.		
D.		
E.		

Section 2: Indicate the performance standard/domain that is addressed by each curriculum

	A.	B.	C.	D.	E.
Physical Health	—	—	—	—	—
Approaches to Learning	—	—	—	—	—
Social and Emotional Development	—	—	—	—	—
Language and Communication	—	—	—	—	—
Emergent Literacy	—	—	—	—	—
Cognitive Development and General Knowledge	—	—	—	—	—
Motor Development	—	—	—	—	—
Parental Involvement	—	—	—	—	—
Character Development	—	—	—	—	—

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

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

City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Tel: \_\_\_\_\_

Authorized Representative signature: \_\_\_\_\_

Contractor Initials \_\_\_\_\_ Coalition Initials \_\_\_\_\_ 19

**Attachment VII  
Continuity of Operations Plan  
(COOP)**

CHILD CARE FACILITY: \_\_\_\_\_  
\_\_\_\_\_

PHYSICAL ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

CITY: \_\_\_\_\_ STATE: FL ZIP CODE: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

HOURS OF OPERATIONS: \_\_\_\_\_ DAYS OF OPERATIONS: \_\_\_\_\_

This Continuity of Operations Plan (COOP) establishes policy and guidance to ensure the safety of students enrolled in the Early Learning program in the event that an emergency threatens or incapacitates program operations, and requires the relocation of children and personnel. The Provider may and is encouraged to substitute a COOP that is designed to meet the individual need of the Provider's Early Learning program in place of this template plan.

The primary and alternate contacts responsible for the execution and implementation of this Continuity of Operations plan are as follows:

Primary Contact

\_\_\_\_\_  
Name \_\_\_\_\_

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

\_\_\_\_\_  
Fax: \_\_\_\_\_

\_\_\_\_\_  
E-mail: \_\_\_\_\_

Alternate Contact

\_\_\_\_\_  
Name \_\_\_\_\_

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

\_\_\_\_\_  
Fax: \_\_\_\_\_

\_\_\_\_\_  
E-mail: \_\_\_\_\_

**Security and Essential Data**

A. ~~The Provider will insure evacuation route plans are posted in all areas accessed by the students, parents, public and staff. In addition, the Provider will ensure one evacuation route sign is posted on the wall in a highly visible location for each room, including the front lobby.~~

B. ~~The Provider maintains a Drive-Away Kit that includes the parent, guardian, and emergency contact information for each child enrolled in the program, the emergency contact information for each staff member, the Coalition's regular and emergency contact information, cell phones and/or other types of communication, and a first aid kit.~~

Contractor Initials \_\_\_\_\_

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**Evacuation Team**

A. The Evacuation Team will ensure the evacuation of all students and personnel. The Evacuation Team members are as follows:

Name & Title Home Address	Contact Information
	Home Phone: _____ Cell Phone: _____ E-mail: _____
	Home Phone: _____ Cell Phone: _____ E-mail: _____
	Home Phone: _____ Cell Phone: _____ E-mail: _____

**COOP Execution**

A. In an event so severe that normal operations are interrupted, the local school system is closed due to a countywide emergency event, or if such an incident appears imminent and it would be prudent to evacuate the Early Learning program as a precaution, the Provider may activate the Continuity of Operation Plan.

B. When the event allows for sufficient time for the Provider to evacuate the Early Learning program through parent pick up the following process will occur. The Evacuation Team members will:

1. Secure a list of all children present in the building.
2. Secure a list of parent, guardian, or emergency contact information for each child.
3. Contact each parent, guardian or emergency contact and notify them that the students are being evacuated and immediate pick up of their child is required.
4. Maintain a parent pick up progress list that will document which parents have been contacted, which parents have not been contacted, and which parents have picked up their children.
5. Notify the Coalition of the activation of the COOP. Notification shall be in the form of a phone call, fax, email, or in person.
6. Notify the Coalition when all students have been evacuated. Notification shall be in the form of a phone call, fax, email, or in person.
7. Notify parents and the Coalition when COOP is deactivated and business has returned to normal. Notification shall be in the form of a phone call, fax, email, or in person.

C. When the event does not allow for sufficient time for the Provider to evacuate the Early Learning program through parent pick up the following process will occur. The Evacuation Team will:

1. Notify teachers to prepare children for evacuation to the following re-location site:

\_\_\_\_\_

2. Secure a list of all children present in the building.
3. Secure Drive Away Kits.
4. Instruct teachers to secure their portable attendance records.
5. Facilitate the evacuation of the building including the following:
  - a. Request assistance from local law enforcement if necessary

Contractor Initials \_\_\_\_\_

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- b. ~~Organize the transportation of students and personnel to the re-location site maintaining a re-location progress list that indicates which children and personnel are present at the re-location site and which children and personnel are awaiting re-location.~~
- c. ~~Ensure cell phones and/or other types of communication are available to personnel at the re-location site and personnel awaiting re-location.~~
- d. ~~Ensure teachers utilize their portable attendance records and are aware of the children in their custody.~~
- e. ~~Contact each parent, guardian or emergency contact and notify them that the students have been evacuated from the Early Learning program to the re-location site and immediate pick up of their child is required.~~
- 8. ~~Notify the Coalition of the activation of the COOP. Notification shall be in the form of a phone call, fax, email, or in person.~~
- 9. ~~Notify the Coalition when all students have been evacuated. Notification shall be in the form of a phone call, fax, email, or in person.~~
- 10. ~~Notify parents and the Coalition when COOP is deactivated and business has returned to normal. Notification shall be in the form of a phone call, fax, email, or in person.~~

### Parent Assistance

- A. ~~In the event the emergency or disaster causes the provider to remain closed for a prolonged period of time the provider shall notify parents of School Readiness and/or Voluntary Pre-Kindergarten children of their right to transfer their child to another program. Notification shall be in writing and shall include relevant contact information for the Early Learning Coalition of the Nature Coast.~~

### Re-Opening

- A. ~~The provider shall ensure that all essential services are available prior to re-opening. Essential services are defined as all services required by governing agencies including but not limited to Child Care Licensing, the Fire Marshal, and the Health Department.~~

### Training and Awareness

- A. ~~The Provider will train staff members on the activation of the COOP plan at least once a year.~~
- B. ~~The Provider will encourage parent awareness of the COOP through parent handbooks or special notices that will describe the following:~~
  - a. ~~The members of the Evacuation Team~~
  - b. ~~The re-location site in the event students must be evacuated from the Early Learning program.~~
  - c. ~~The process for evacuating students as described above~~
  - d. ~~The process for parents to request assistance in finding alternative Early Learning services during the COOP activation.~~
  - e. ~~The process for notifying parents when the COOP has been deactivated.~~

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Coalition Initials \_\_\_\_\_ 22

**Attachment VIII**  
Early Learning Coalition of the Nature Coast (Child Care)  
Electronic Funds Transfer

**Authorization Agreement for Automatic Deposit of Child Care Provider Payments**

This form authorizes Capital City Bank as the official Financial Agent of the Early Learning Coalition of the Nature Coast (Child Care), to deposit child care provider payments directly into the bank account listed below, and if necessary, reverse any incorrect credit entries made in error related to Early Learning of the Nature Coast (Child Care). I agree to resubmit this form immediately if this bank or bank account changes or if I decide to stop direct deposit.

*Check One:*  New Application       Change Direct Deposit Information

*Child Care Provider Information: (please print clearly)*

Name of Provider or Business: _____	
Mailing Address: _____	City: _____ State: ____ Zip _____
Daytime Telephone Number (352) _____	
Provider Identification Number _____	SSN _____

*Information on Financial Institution*

Name of Bank _____
Bank's City _____ State _____ Zip _____
Telephone Number of Bank (____) _____
Account information ( <i>Check One</i> ): <input type="checkbox"/> Checking      OR <input type="checkbox"/> Savings
Bank Transit/Routing Number _____
<i>(Ask bank for the transit/routing number for direct deposit)</i>
<u><i>Bank Customer Information:</i></u>
Bank Account Number _____
Name of bank Account Holder ( <i>Please print clearly</i> ) _____
<b><i>Please attach voided check to this application</i></b>

Signature of Authorized Representative \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Contractor Initials \_\_\_\_\_ Coalition Initials \_\_\_\_\_ 23



Attachment IX

Early Learning Coalition of the Nature Coast
Serving Citrus – Dixie – Gilchrist – Levy – Sumter Counties
School Readiness Agreement Signature Authority Form

The following individuals are authorized by \_\_\_\_\_,
(Print Business Name)

to sign legal documents included in the School Readiness Agreement and/or other documents related to the
implementation of the School Readiness program:

COMPLETE SECTION A OR SECTION B

SECTION A

Employee Name

List any restrictions in authorization

Four horizontal lines for entering employee names and restrictions.

This Signature Authority had been authorized by \_\_\_\_\_, and will
remain in effect until repealed or amended in writing. (Print Business Owner/President/Legal Agent Name)

I hereby certify that I am the legal owner, president, or agent of the above named business and that in addition to me
the above named individuals are authorized to sign legal documents included in the School Readiness Agreement
and/or other documents related to the implementation of the School Readiness program.

Owner/President/Agent Signature Title Date

SECTION B

This Signature Authority had been authorized by \_\_\_\_\_,
and will remain in effect until repealed or amended in writing. (Print Business Owner/President/Legal Agent Name)

I hereby certify that I am the legal owner, president, or agent of the above named business and that I am the only
authorized individual to sign legal documents included in the School Readiness Agreement and/or other documents
related to the implementation of the school readiness program.

Owner/President/Agent Signature Title Date

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Personally known \_\_\_\_\_ Or produced identification \_\_\_\_\_

Notary Public - State of \_\_\_\_\_ My commission expires: \_\_\_\_\_

Notary Signature (Printed typed or stamped Commissioned name of notary public)
Contractor Initials \_\_\_\_\_ Coalition Initials \_\_\_\_\_ 24



**Attachment X**  
**Early Learning Coalition of the Nature Coast**  
Serving Citrus – Dixie – Gilchrist – Levy – Sumter Counties

**Quality Initiative Program Terms and Conditions**

1. The Early Learning provider understands that participation in Quality Initiative programs is contingent upon an executed School Readiness Provider Agreement and/or the Statewide VPK Provider Agreement.
2. The Early Learning provider understands that if the School Readiness Provider Agreement is placed on probation the Provider's participation in the Quality Initiative programs will be suspended.
3. The Early Learning provider understands that if the provider's VPK program is placed on probation as a result of low readiness rates as documented in the Florida Kindergarten Readiness Screener the Provider's participation in the Quality Initiative program will be suspended.
4. The Early Learning provider understands that if the Provider collects less than 85% of their assessed parent fees the Provider will be suspended from participating or completing a Quality Initiative program.
5. The Early Learning provider understands that financial support to purchase materials, equipment and other non consumable items must be returned to the Coalition if the Provider does not fulfill the requirements of the program, the provider's School Readiness agreement is in a probation status for more than three months, or the early learning contract/agreement is terminated within five years of the completion of the quality initiative.
6. The Early Learning provider understands that all funds awarded must be supported appropriately with a signed and dated receipt and/or packing slip. Failure to submit acceptable receipts and or packing slips will result in the requirement for the provider to return funds to the Coalition equal to the amount of the unsupported expenditure.
7. The Early Learning provider understands that the Coalition must request prior approval from the Coalition's funding agency for any item that cost \$1,000 or more. Further, the Early Learning provider understands that the prior approval may cause a delay in the processing of the Quality Initiative application.
8. The Early Learning provider understands that the Coalition offers the following process for the purchase of material under Quality Initiative awards:  
Reimbursement: Reimbursements for expenses (that are already paid for by the provider) that are supported by a signed and dated receipt and/or packing slip. Reimbursements are made directly to the Early Learning provider.

\_\_\_\_\_  
Early Learning Provider Name

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Owner/Director Signature

\_\_\_\_\_  
Date

Contractor Initials \_\_\_\_\_

Coalition Initials \_\_\_\_\_ 25



Early Learning Coalition of the Nature Coast  
Serving Citrus-Dixie-Gilchrist-Levy-Sumter Counties

State of Florida )  
County of \_\_\_\_\_ )

\_\_\_\_\_ [name], upon oath states:

1. I am the \_\_\_\_\_ of \_\_\_\_\_ (name of facility), located at \_\_\_\_\_ (address of facility), \_\_\_\_\_ (city), \_\_\_\_\_ FL (state),
2. I certify that: I do / I do not (circle as applicable) transport school readiness children in the course of business at the above facility.

I understand that in future, if transportation is provided as part of my Early Learning program, Business Automobile Liability with minimum limits of \$500,000 per occurrence for Bodily Injury and Property Damage is required in accordance with Early Learning Program Operating Procedures (available on the Coalition's website at [www.elc-naturecoast.org](http://www.elc-naturecoast.org) ) I will provide a copy of the Certificate of Business Automobile Liability Insurance to the Early Learning Coalition of the Nature Coast for review and record as per ELPOP requirements. \_\_\_\_\_ (initial)

3. I certify that: I am / I am not (circle as applicable) required by Florida Law to maintain Workers' Compensation insurance.

I understand that in future, if Workers' Compensation coverage for employees in my Early Learning program is indicated, it must meet legal requirements for employees in my SIC code(s) in accordance with Early Learning Program Operating Procedures (available on the Coalition's website at [www.elc-naturecoast.org](http://www.elc-naturecoast.org) ) I will provide a copy of the Certificate of Workers Compensation Insurance to the Early Learning Coalition of the Nature Coast for review and record as per ELPOP requirements. \_\_\_\_\_ (initial)

Dated: \_\_\_\_\_ [Signature of affiant]

Notary Public

State of \_\_\_\_\_ )  
County of \_\_\_\_\_ )

Subscribed and sworn to before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
[Signature and Seal of Notary Public]

My commission expires: \_\_\_\_\_ [date].

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## Exhibit I

### Individual Non-Disclosure Form Individual Non-Disclosure and Confidentiality Certification Form

I understand that I will or may be exposed to certain confidential information pertaining to the Agency for Workforce Innovation for School Readiness programs, which has been made available to my employer, for the limited purpose of performing its public duty pursuant to the Project Grant Award. These confidential records may include but not be limited to, social security numbers, parent/child(ren), payment, child care provider, household demographics and resource and referral, which are private and confidential and may not be disclosed to others. In order to perform my duties associated with the assessment and reporting requirements set forth in the School Readiness Act, I am requesting an approved username, password, and additional instructions for accessing the Enhanced Field System (EFS), the Statewide Reporting System (SRS), and the Simplified Point of Entry/Unified Waiting List (SPE/UWL) (hereinafter referred to as "the Systems"). Prior to receiving such means of access, I acknowledge and agree to abide by the following standards for the receipt and handling of confidential record information.

1. I shall not disclose my username, password or other information needed to access the Systems to any party, nor shall I give any other individual access to this information.
2. If I should become aware that any other individual, other than an authorized employee, may have obtained or has obtained access to my username, password or other information needed to access the Systems, I shall immediately notify my supervisor and/or the System Administrator/Security Officer.
3. I shall not share with anyone any other information regarding access to the Systems unless I am specifically authorized by the Coalition and/or Partnership.
4. I shall not access or request access to any social security numbers or other confidential information unless such access is necessary for the performance of my official duties.
5. I shall not disclose any individual record data to any parties who are not authorized to receive such data except in the form of reports containing only aggregate statistical information compiled in such a manner that it cannot be used to identify the individual(s) involved.
6. I shall retain the confidential data only for that period of time necessary to perform my duties. Thereafter, I shall either arrange for the retention of such information consistent with both the federal or State record retention requirements or delete or destroy such data.
7. I have either been trained in the proper use and handling of confidential data or have received written standards and instructions in the handling of confidential data from the Coalition and/or the Agency for Workforce Innovation. I shall comply with all the confidential safeguards contained in such training, written standards, or instructions, including but not limited to, the following: a) protecting the confidentiality of my username and password; b) securing computer equipment, disks, and offices in which confidential data may be kept; and c) following procedures for the timely destruction or deletion of confidential data.

Contractor Initials \_\_\_\_\_

Coalition Initials \_\_\_\_\_ 27

8. I understand that if I violate any of the confidentiality provisions set forth in the written standards, training, and/or instructions, my user privileges will be immediately suspended or terminated. I further acknowledge that applicable state law may provide that any individual who discloses confidential information in violation of any provision of that section may be subject to a fine and/or period of imprisonment and dismissal from employment. I have been instructed that if I violate the provisions of the law, I may receive one or more of these penalties.
  
9. Should I have any questions concerning the handling or disclosure of confidential information, I shall immediately ask my supervisor and be guided by his/her response.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Employee Name: \_\_\_\_\_

Print Employer Name: \_\_\_\_\_

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

\_\_\_\_\_

Work Telephone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Exhibit II

Holiday Schedule  
2011-2012

HOLIDAY
Independence Day-7/04/11
Labor Day-9/06/11
Veteran's Day-11/11/11
Thanksgiving-11/24/11
Day After Thanksgiving-11/25/11
Christmas Eve-observed 12/23/11
Christmas Day-observed-12/26/11
New Year's Day-observed 1/02/12
Martin Luther King Jr. Day-1/16/12
President's Day-2/20/12
Good Friday-4/06/12
Memorial Day-5/28/12

If the holiday falls on a Saturday the holiday is observed on the Friday preceding the holiday.  
If the holiday falls on a Sunday the holiday is observed on the Monday following the holiday.

I understand that if I wish to observe a Saturday or Sunday holiday in a way other than described above, I will be required to submit an amendment to the Early Learning Coalition of the Nature Coast 30 days prior to the holiday.

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Provider Facility

\_\_\_\_\_  
Date

Contractor Initials \_\_\_\_\_

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EXHIBIT VIII

THE FOLLOWING SAMPLE UNLIMITED PARENTAL ACCESS POLICY HAS BEEN DRAFTED BY THE EARLY LEARNING COALITION OF THE NATURE COAST. THIS POLICY HAS NOT BEEN UTILIZED OR TESTED. IT IS STRONGLY RECOMMENDED THAT PROVIDERS DRAFT AN UNLIMITED PARENTAL ACCESS THAT ADDRESSES THE NEEDS OF THE FACILITY, PAST EXPERIENCES OF THE FACILITY, AND ANY SPECIAL CIRCUMSTANCES THAT MAY BE UNIQUE TO THE FACILITY.

# Sample

## Unlimited Parental Access Policy and Statement of Understanding

In accordance with state and federal mandates it is the policy of \_\_\_\_\_ (Facility Name) \_\_\_\_\_ to provide custodial parents/guardians unlimited access to their children during their attendance at \_\_\_\_\_ (Facility Name) \_\_\_\_\_.

Custodial parents/Guardians may pick up and drop off their children during normal enrollment hours without any restriction.

In an effort to maintain the security of all children this Unlimited Parental Access Policy does not automatically provide custodial parents/guardians the unlimited right to enter into their child's classroom. Custodial parents will receive authorization to enter into their child's classroom on an individual basis.

I hereby certify that I have read and understand the Unlimited Parental Access Policy stated above.

\_\_\_\_\_  
Custodial Parent/ Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Custodial Parent/ Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Provider Signature

\_\_\_\_\_  
Date

Contractor Initials \_\_\_\_\_

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**Exhibit IX  
Monthly Sign In/Out Sheet**

<b>Provider Name:</b>			
<b>Child's Legal Name:</b>			
<b>Month:</b>		<b>Year:</b>	

<b>Date</b>	<b>Time</b>	<b>Parent Signature</b>	<b>Time</b>	<b>Parent Signature</b>	<b>Emergency Contact</b>
1					
2					
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Contractor Initials \_\_\_\_\_

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