



Early Learning Coalition of the Nature Coast

Serving Citrus-Dixie-Gilchrist-Levy-Sumter Counties

Provider Alert #43

Date: September 22, 2008
Subject: Joint Advisory Council Meeting- Teacher Incentive Payment (TIP) Program

On September 22, 2008 the Joint Advisory Council met to continue their work to revise the Teacher Incentive Payment Program.

During the meeting the Advisory Council reviewed the results of the TIP Program surveys that were recently conducted. The Advisory Council noted that teachers most often indicated that increased wages, caring work environments, and additional training would increase the retention of early learning teachers. As a result, the Advisory Council directed staff to establish a provider workgroup to determine how the Teacher Incentive Payment Program could be revised to focus on the three areas.

If you would like to serve on the Provider Workbook please complete the form below and return it to the Coalition by September 29, 2008. You may email the form to sbosanko@elc-naturecoast.org, fax the form to 352-563-5933, or mail the form to 1564 North Meadowcrest Blvd. Crystal River Florida, 34429.

It is important to note the following:

- The work involved in this workgroup will likely be extensive and will likely result in a complete revision to the TIP Program.
- The meetings will be held in a central location in Dunnellon.
- The workgroup must include representatives from all types of providers and from all counties in the Nature Coast region.
- Providers are strongly encouraged to register teachers to serve on the workgroup.
- In an effort to establish a manageable workgroup, as it relates to the number of members, providers will be limited to two representatives per School Readiness Agreement.

If you have any questions or concerns please contact me at sbosanko@elc-naturecoast.org or 352-563-9939 Ext. 224.

Thank you,

Sonya Bosanko
Executive Director



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

**Teacher Incentive Payment Program
Provider Workgroup Registration**

Facility Name: _____ County: _____

Type of Facility:

Licensed Center

Licensed Gold Seal

Licensed Exempt Center

Family Child Care

Gold Seal Family Child Care

Public School

Registered FCCH

Facility Capacity: _____ Number of Teachers: _____ Approximate # of teachers who participated in the TIP Program in the past: _____

The following representatives will serve on the Teacher Incentive Payment Program Workgroup:

Name: _____ Position: _____

Name: _____ Position: _____

The most convenient meeting days and times are as follows:

Please indicate all days that are convenient

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Please indicate all times that are convenient

8:00AM-10:00AM

10:00AM-12:00PM

12:00PM-2:00PM

2:00PM-4:00PM

4:00PM-6:00PM

6:00PM-8:00PM

Note: Meeting dates and times will be determined by establishing the date and time that the highest number of representatives can attend.

Please indicate the preferred method to receive meeting notifications, meeting agendas, and other information related to the Teacher Incentive Payment Program Provider Workgroup:

Email: _____
Representative # 1 Representative # 2

U.S. Mail: _____
Street City Zip Code

Please return this registration form on or before September 29, 2008 through one of the following methods:

Email: sbosanko@elc-naturecoast.org

Fax: 352-563-5933

U.S. Mail: 1564 North Meadowcrest Blvd. Crystal River, Florida 34428