



ARPA Professional Development Checklist

Recruit & Train Preschool and Infant/Toddler Teachers

Requirements – Recruitment Bonus - \$500	Date Completed
Eligibility Applications submitted to ELCIRMO by Provider	
Eligibility Applications submitted to ELCIRMO by Teacher/Director	
Background screening completed	
Completed 120 hours of employment & continued employment at a licensed child care provider at the time of application and payment	
Required documents submitted to ELCIRMO	

Requirements – DCF 45-hour Health & Safety Bonus - \$700	Date Completed
Eligibility Application submitted to ELCIRMO by Provider	
Eligibility Applications submitted to ELCIRMO by Teacher/Director	
DCF 45-hour Health & Safety training completed	
Required documents submitted to ELCIRMO	

ELIGIBILITY REQUIREMENTS for the Recruitment Bonus and the Health & Safety Bonus:

- All Early Learning Educators hired on or after July 1, 2022
- All requirements must be completed between July 1, 2022, and June 30, 2023. Requirements completed prior to July 1, 2022, will not be considered
- Complete ALL requirements listed above by June 30, 2023
- Submit required, documented proof that requirements were met with completed application



ARPA Professional Development Checklist

Recruit & Train Preschool and Infant/Toddler Teachers

Required Courses – CLASS Foundations Bonus - \$600 Infant/Toddler Track	Date Completed
Eligibility Application submitted to ELCIRMO by Provider	
Eligibility Application submitted to ELCIRMO by Teacher/Director	
Introduction to the CLASS Tool Training Requires Participation Kit (Choose Infant or Toddler Course) 3.75 hours, virtual course – Dates offered TBD	
Thinking and Thriving: Interactions for Early Learning 4 hours, virtual (50 per class) – Date offered TBD	
CLASS Support Kit - CLASS® Social and Emotional – Kit Required for this course 2 hours, virtual (25 per class) – Date offered TBD	
A CLASS Primer for Infant/Toddler Teachers 3-hour online course	
MyTeachstone Learn About CLASS Videos (All 12 must be taken): Infant: <ul style="list-style-type: none"> Learn about Relational Climate Learn about Teacher Sensitivity Learn about Facilitated Exploration Learn about Early Language Support Toddler: <ul style="list-style-type: none"> Learn about Positive Climate Learn about Negative Climate Learn about Teacher Sensitivity Learn about Regard for Child Perspectives Learn about Behavior Guidance Learn About Facilitation of Learning and Development Learn About Quality of Feedback Learn About Language Modeling 3-hour, online course	
Interactions of the Heart of Healing: Trauma-Informed Professional Development Series 6 hours, online course	
MyTeachstone Courses: <ul style="list-style-type: none"> Responding with Developmentally Appropriate Practice - 30 min. Your Favorite Teacher - 15 min. Observing Children's Cues - 15 min. Nurturing Attachment with Teacher Sensitivity - 20 min. Interactions at the Core: The Life-Changing Power of Interactions in any setting - 60 min. Total 2 hours 20 min., online courses	
Submit Required documents to ELCIRMO	



Recruit & Train Preschool and Infant/Toddler Teachers (continued from previous page)

ELIGIBILITY REQUIREMENTS for the CLASS Foundations Infant/Toddler Track Bonus:

- ALL Early Learning Educators
- All requirements must be completed between July 1, 2022, and June 30, 2023. Requirements completed prior to July 1, 2022, will not be considered
- Must select only one track, either Infant/Toddler or Preschool
- Complete ALL requirements listed above by June 30, 2023
- Submit completed eligibility application before enrolling in courses and provide all required documents and proof of completion



ARPA Professional Development Checklist

Recruit & Train Preschool and Infant/Toddler Teachers

Required Courses – CLASS Foundations Bonus - \$600 Preschool Track	Date Completed
Eligibility Application submitted to ELCIRMO by Provider	
Eligibility Application submitted to ELCIRMO by Teacher/Director	
MyTeachstone Class Foundations for Teachers 21 hours, online course. All the following must be completed: <ul style="list-style-type: none"> CLASS Primer for Teachers – online, 3 hours/0.3 CEUs Emotional Support for Teachers – 6 hours virtual/0.6 CEUs Classroom Organization for Teachers – 6 hours virtual/0.6 CEUs Instructional Support for Teachers – 6 hours virtual/0.6 CEUs 	
MyTeachstone Learn About CLASS Videos 2.5 hours, online course. All the following must be completed: <ul style="list-style-type: none"> Learn about Positive Climate Learn about Negative Climate Learn about Teacher Sensitivity Learn about Regard for Student Perspectives Learn about Behavior Management Learn about Productivity Learn about Instructional Learning Formats Learn about Concept Development Learn about Quality of Feedback Learn about Language Modeling 	
Submit Required documents to ELCIRMO	

ELIGIBILITY REQUIREMENTS for the CLASS Foundations Preschool Track Bonus:

- **ALL** Early Learning Educators
- Must select only one track, either Infant/Toddler or Preschool
- All requirements must be completed between July 1, 2022, and June 30, 2023. Requirements completed prior to July 1, 2022, will not be considered
- Complete ALL requirements listed above by June 30, 2023
- Submit completed eligibility application before enrolling in courses and provide all required documents and proof of completion

NOTE: Priority enrollment for the Infant/Toddler and Preschool CLASS Foundations bonus will be for new teachers hired on or after July 1, 2022; Teachers hired prior to July 1, 2022, may access these trainings/videos if there is availability.



ARPA Professional Development Checklist

Upskill Directors

Required Courses – Upskill Directors - \$750	Date Completed
Eligibility Application submitted to ELCIRMO by Provider	
Eligibility Application submitted to ELCIRMO by Teacher/Director	
A CLASS Primer for Leaders 2 hours, online course	
CLASS Group Coaching 12 – 2-hour classes	
Interactions of the Heart of Healing: Trauma-Informed Professional Development Series 6 hours, online course	
Submit Required documents to ELCIRMO	

ELIGIBILITY REQUIREMENTS for the Upskill Directors Bonus:

- ALL Early Learning Directors that are not eligible for the Child Success Grant may participate
- All requirements must be completed between July 1, 2022, and June 30, 2023. Requirements completed prior to July 1, 2022, will not be considered
- Complete ALL requirements listed above by June 30, 2023
- Submit completed eligibility application before enrolling in courses and provide all required documents and proof of completion

Early Learning/Child Care Provider Eligibility Application

Program Year 2022 - 2023

Indicate options for ARPA quality activities

Please print and fill out completely.

- ☐ a. Recruitment Bonus
- ☐ b. Health and Safety Bonus
- ☐ c. CLASS® Bonus - PreK
- ☐ d. CLASS® Bonus – Infant/Toddler
- ☐ e. Upskill Director Bonus

Early Learning/Child Care Provider

1. Provider Information

Legal Name of Provider and d/b/a Name: _____

P.O. Box/Mailing Address: _____

City/State/Zip: _____, FL _____ County: _____

Contact Person: _____ Phone: _____

Email: _____

License #: _____ Provider ID: _____

Provider Type (check all that apply):

- ☐ Licensed Family Home ☐ Licensed-Exempt Family Home
- ☐ Licensed Center ☐ Licensed-Exempt Center

2. Eligibility Criteria for each Early Learning/Child Care Provider

Does your program meet the following eligibility criteria requirements?

- ☐ Yes ☐ No Are you contracted with a local early learning coalition for SR and/or VPK services?
- ☐ Yes ☐ No Are you under investigation or been convicted of child care fraud?
- ☐ Yes ☐ No Are you on the Florida Child Care Food Program (CCFP) USDA Disqualified List?
- ☐ Yes ☐ No Have you had a contract with an early learning coalition terminated **and** eligibility revoked within the past five years?
- ☐ Yes ☐ No Have you submitted W-9 and direct deposit forms for payment?

Date Previously Submitted _____

3. Provider Attestation – *please read carefully before submitting*

Early Learning/Child Care Provider Attestations

I am submitting this application to qualify for and receive one or more of the ARPA Retention and Director Upskilling Bonuses and understand all monies received must be used for the bonuses awarded. I attest to the fact that the information I have provided in this application is true and accurate and understand if my application is incomplete or incorrect it may be returned to me. I have read over this application to ensure completeness and correctness and have made a copy of this application for my own records.

Signature of Authorized Provider Representative

Name: _____ Date: _____

Contact Phone: _____ Email: _____

☐ *I confirm that this electronic signature is to be the legally binding equivalent of my handwritten signature and that the data on this form is accurate to the best of my knowledge.*

Section below – for ELC/RCMA use only

4. Application Information Provided to/Processed by – *completed by ELC/RCMA staff*

- ☐ Yes ☐ No Is this application form complete?
- ☐ Yes ☐ No Have you verified the provider is not under investigation or been convicted of child care fraud?
- ☐ Yes ☐ No Have you verified that the provider is not on the Florida Child Care Food Program (CCFP) USDA Disqualified List?
- ☐ Yes ☐ No Have you verified your entity is the “home” coalition for this provider?

If all above responses are “yes,” this application form can be accepted.

Signature of Coalition/RCMA Representative

Signature: _____

Contact Name: _____ Date: _____

Contact Phone: _____ Email: _____

Contact Entity: ☐ Early Learning Coalition ☐ RCMA ☐ Other _____

Early Learning Educator/Director Bonus Application

Program Year 2022 - 2023

Please print and fill out completely.

Early Learning Educator/Director Application

1. Applicant Information – *Completed by provider teacher/staff member*

Legal Name: _____
First Name Middle I Last Name

Home Mailing Address: _____

City/State/Zip: _____, FL County _____

Phone (Cell): _____ Phone (Work): _____ Email: _____

Name of provider where you work: _____

Position/Title: _____ Start Date: _____

What age group(s) do you teach? (please check all that apply)

☐ Infants (0-12 months) ☐ Toddlers (13-36 months) ☐ Preschool (37 months–PreK) ☐ School age

How long have you worked in the field of early childhood?

☐ Less 2 years ☐ 2 – 5 years ☐ 6 – 10 years ☐ +10 years

2. Select Bonus – *More than one bonus can be submitted on each application form.*

Please note: More than one bonus can be submitted on each application form.

- ☐ Recruitment Bonus (\$500)¹
- ☐ Health and Safety Bonus (\$700)²
- ☐ CLASS® Bonus – PreK (\$600)³
- ☐ CLASS® Bonus – Infant/Toddler (\$600)³
- ☐ Upskill Director Bonus (\$750)³

\$ _____ **Total requested** (sum of all bonuses selected)

Tracking for Bonus Requests – maximum of five (5) available for qualifying individuals

☐ 1st request ☐ 2nd request ☐ 3rd request ☐ 4th request ☐ 5th request

¹Sponsoring provider must certify completion of requirements

²Applicant must submit training/completion certificate required for course

³ELC/RCMA must verify completion of required trainings and may require completion certificates to be submitted according to its local process.

3. Applicant's Affirmation Statement – *Please read carefully before submitting*

I am applying to receive funds for each bonus selected and I understand I am responsible for completing the eligibility requirements for each bonus submitted for reimbursement. I attest to the fact that the information I have provided in this application is true and complete.

Applicant Signature: _____ Date: _____

Print Name: _____ Email: _____

Contact Phone: _____

☐ I confirm that this electronic signature is to be the legally binding equivalent of my handwritten signature and that the data on this form is accurate to the best of my knowledge.

4. Provider Information **Completed by applicant's early learning / child care provider**

Legal Name of Provider: _____

P.O. Box/Mailing Address: _____

City: _____, FL Zip: _____ County: _____

Contact Name: _____ License/License Exempt #: _____

Contact Phone: _____ Contact Email: _____

5. Sponsoring Provider's Affirmation Statement – *Please read carefully before submitting*

Does the applicant meet the following eligibility criteria requirement for all bonuses?

☐ Yes ☐ No Is applicant a Florida resident?

☐ Yes ☐ No Does applicant have the sponsorship of your early learning/child care program?

☐ Yes ☐ No Is the applicant still employed at your early learning/child care program?

If no, applicant does not qualify for any bonus.

Does the applicant meet the following eligibility requirements for the Recruitment Bonus?

☐ Yes ☐ No ☐ N/A Has the applicant completed a background screening?

☐ Yes ☐ No ☐ N/A Has the applicant completed 120 hours of employment?

If all responses are yes, individual is eligible for the Recruitment Bonus.

I am sponsoring this applicant to receive the selected bonuses and for confirming the eligibility requirements for each bonus submitted for reimbursement. ***I understand all bonus monies received by me or my provider location will be given to the applicant*** for completing the selected bonus(es). I attest to the fact that the information I have provided in this application is true and complete.

Authorized Provider Representative

Signature: _____ Date: _____

Contact Name: _____ Contact Phone: _____

Email: _____

☐ I confirm that this electronic signature is to be the legally binding equivalent of my handwritten signature and that the data on this form is accurate to the best of my knowledge.

Sections below – for ELC/RCMA use only

6. Application Information Provided to/Processed by – **completed by ELC/RCMA staff**

- ☐ Yes ☐ No Did you obtain/inspect the approved sponsoring provider form (Attachment 2)?
- ☐ Yes ☐ No Does the sponsoring provider meet the listed eligibility criteria (Attachment 2)?
- ☐ Yes ☐ No Is this form complete (i.e., are all applicant and provider responses shown)?
- ☐ Yes ☐ No Does the applicant meet the eligibility criteria requirements for each bonus selected (refer to DEL Program Guidance 240.21, Appendix D)?
- ☐ Yes ☐ No ☐ N/A Was the training/completion certificate for the health and safety bonus submitted?
- ☐ Yes ☐ No Have you verified the applicant completed all required trainings for the CLASS® bonus according to the coalition/RCMA local process?
- ☐ Yes ☐ No Have you verified your entity is the “home” coalition for this provider/applicant?

If all above responses are yes or N/A, this application form can be accepted.

Only one box below can be checked per application.

- ☐ ELC processed this payment as **payable directly to the participant?**¹
- ☐ ELC processed this payment as **payable directly to the provider?**²

¹If paid directly to the qualifying participant, the ELC must collect the individual’s Form W-9.

²If paid directly to the sponsoring provider, payment will be included in the provider’s annual Form 1099 for tax reporting purposes.

Name: _____ Date: _____

Contact Phone: _____ Email: _____

Contact Entity ☐ Early Learning Coalition ☐ RCMA ☐ Other _____



ARPA Professional Development Checklist

Child Success Grants

Required Courses – Child Success Grant Bonus Segment 1 - \$500/Teacher \$600/Director Segment 2 - \$700/Teacher \$800/Director	Date Completed
Eligibility Application submitted to ELCIRMO by Provider	
Segment: CLASS Group Coaching 12 – 2-hour classes	
Segment 1: Submit required documents to ELCIRMO	
Segment 2: Interactions of the Heart of Healing: Trauma-Informed Professional Development Series 6 hours, online course	
Segment 2: Instructional Support Essentials Training for Teachers (ISS) 6.5 hours, virtual course (25 per class) Date offered TBD	
Segment 2: Instructional Support Strategies Training for Coaches (ISS) 6.5 hours, virtual course (16 per class) Date offered TBD	
Segment 2: Feedback Training for Coaches 6.5 hours, virtual course (16 per class) Date offered TBD	
Segment 2: Submit required documents to ELCIRMO	

ELIGIBILITY REQUIREMENTS for the Child Success Grant Bonus:

- **Contracted** SR and/or VPK providers at sites with a CLASS composite score below a 5 on the most recent assessment or without a CLASS composite score
- Early Learning Director must participate with staff
- All requirements must be completed between July 1, 2022, and June 30, 2023. Requirements completed prior to July 1, 2022, will not be considered
- Complete ALL requirements listed above by June 30, 2023
- Submit completed eligibility application before enrolling in courses and provide all required documents and proof of completion

Performance Bonus for Directors and Teachers

Requirements - \$500/Teacher \$600/Director	Date Completed
Eligibility Application submitted to ELCIRMO by Provider	
Must complete a minimum of one of the segments above to qualify and be eligible for the Child Success Grant Bonus	
Submit required documents to ELCIRMO	



ARPA Professional Development Checklist

CLASS Observer Director Training – CLASS Score less than 5.0

Required Course - \$1,200 each course (may complete up to 2 courses)	Completion Date
Eligibility Application submitted to ELCIRMO by Provider	
CLASS Observer Training - Infant	
CLASS Observer Training - Toddler	
CLASS Observer Training - PreK	
Submit required documents to ELCIRMO	

ELIGIBILITY REQUIREMENTS for the CLASS Observer Director Training Bonus:

- **Contracted** SR and/or VPK providers may apply for grants to pay VPK program directors or SR contracted directors with a CLASS composite score below a 5
- All requirements must be completed between July 1, 2022, and June 30, 2023. Requirements completed prior to July 1, 2022, will not be considered
- Complete ALL requirements listed above by June 30, 2023
- Submit required, documented proof that requirements were met

Early Learning/Child Care Provider Child Success and CLASS® Observer Grant Application

Program Year 2022 - 2023

Indicate grant applying for:

Please print and fill out
completely.

Child Success Grant (mark all that apply) –

- ☐ Professional Development Bonus - Segment 1
- ☐ Professional Development Bonus - Segment 2
- ☐ Performance Bonus
- ☐ CLASS® Observer Director Training Grant

PART A – to be completed before trainings

Early Learning/Child Care Provider

1. Provider Information

Legal Name of Provider and d/b/a

Name: _____

P.O. Box/Mailing Address: _____

City/State/Zip: _____, FL _____ County: _____

Contact Person: _____ Contact Phone: _____

Contact Email: _____

Provider ID: _____ CLASS Composite Score¹: (Pre-Training) _____

¹ If no score or previously exempt, write "None"

2. Eligibility Criteria for each Early Learning/Child Care Provider

Does your program meet the following eligibility criteria requirements?

☐ Yes ☐ No Are you contracted with a local early learning coalition for SR and/or VPK services?

If no, provider is not eligible for any grants

☐ Yes ☐ No Are you under investigation or been convicted of child care fraud?

☐ Yes ☐ No Are you on the Florida Child Care Food Program (CCFP) USDA Disqualified List?

☐ Yes ☐ No Have you had a contract with an early learning coalition terminated **and** eligibility revoked within the past five years?

☐ Yes ☐ No Have you submitted W-9 and direct deposit forms for payment?

Date Previously Submitted _____

3. Estimated Number of Employees Participating –

Please enter the estimated number of employees participating in each grant selected.

Child Success Grant:

Professional Development – Segment 1 (PD-1)

Directors _____

All Other Employees _____

Professional Development – Segment 2 (PD-2)

Directors _____

All Other Employees _____

Performance

Directors _____

All Other Employees _____

CLASS® Observer Grant:

Directors Infant/Toddler _____

Directors PreK _____

ELC/RCMA Use Only:

PD-1 Estimate

x \$600 \$ _____

x \$500 \$ _____

Total \$ _____

PD-2 Estimate

x \$800 \$ _____

x \$700 \$ _____

Total \$ _____

Performance

x \$600 \$ _____

x \$500 \$ _____

Total \$ _____

CLASS® Observer

x \$1200 \$ _____

x \$1200 \$ _____

Total \$ _____

4. Provider Attestation – *Part A Please read carefully before submission*

I am submitting this application to qualify for above-listed ARP Child Success and CLASS® Observer Grant(s). I attest to the fact that the information I have provided in this application is true and accurate and understand if my application is incomplete or incorrect it may be returned to me. ***I understand all bonus monies received by me or my provider location will be given to each employee*** for completing the selected bonus(es). I have read over this application to ensure completeness and correctness and have made a copy of this application for my own records.

Signature of Authorized Provider Representative

Name: _____ Date: _____

Contact Phone: _____ Email: _____

☐ *I confirm that this electronic signature is to be the legally binding equivalent of my handwritten signature and that the data on this form is accurate to the best of my knowledge.*

Sections below – *for ELC/RCMA use only*

5. Application Information Provided to/Processed by – ***completed by ELC/RCMA staff***

- ☐ Yes ☐ No Is this application form complete?
- ☐ Yes ☐ No Have you verified the provider has a current SR and/or VPK contract?
- ☐ Yes ☐ No Have you verified the providers current CLASS® score?
- ☐ Yes ☐ No Have you verified the provider is not under investigation or been convicted of child care fraud?
- ☐ Yes ☐ No Have you verified that the provider is not on the Florida Child Care Food Program (CCFP) USDA Disqualified List?
- ☐ Yes ☐ No Have you verified your entity is the “home” coalition for this provider?

If all above responses are “yes,” this application form can be accepted.

Estimated Child Success Grant Amount:

- Professional Development – Segment 1 (PD-1) _____
 - Professional Development – Segment 2 (PD-2) _____
 - Performance _____
- Total _____

Estimated CLASS Observer Grant Amount: Total _____

Signature of ELC/RCMA Representative

Signature: _____

Contact Name: _____ Date: _____

Contact Phone: _____ Email: _____

Contact Entity: ☐ Early Learning Coalition ☐ RCMA ☐ Other _____

Provider Name as submitted on Part A application:

1. List of Early Learning Employees completing professional development

Please list each employee, employee type (director, all others) and select bonus(es) –

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November 7, 2022

Child Success Grant Calculator

Professional Development – Segment 1 (PD-1)

- 1) # Directors _____ x \$600 = _____
2) # All Other Employees _____ x \$500 = _____
PD-1 subtotal (1 + 2) _____ (A)

Professional Development – Segment 2 (PD-2)

- 3) # Directors _____ x \$800 = _____
4) # All Other Employees _____ x \$700 = _____
PD-2 subtotal (3 + 4) _____ (B)

Performance

- 5) # Directors _____ x \$600 = _____
6) # All Other Employees _____ x \$500 = _____
Performance subtotal (5 + 6) _____ (C)

TOTAL CHILD SUCCESS GRANT (A + B + C) (I)

CLASS Observer Grant Calculator (Directors Only)

- 1) # Directors Infant/Toddler _____ x \$1,200 = _____
2) # Directors PreK _____ x \$1,200 = _____

TOTAL CLASS OBSERVER GRANT (1 + 2) (II)

TOTAL DUE PROVIDER (I + II)

Early Learning/Child Care Provider Attestations

I am submitting this application to qualify for and receive one or more of the above-listed ARP Act Child Success and CLASS® Observer Grant(s) and ***I understand all monies received by me or my provider location will be given to staff as bonuses indicated in Section 3.*** I attest to the fact that the information I have provided in this application is true and accurate and understand if my application is incomplete or incorrect it will be returned to me. I have read over this application to ensure completeness and correctness and have made a copy of this application for my own records.

Signature of Authorized Provider Representative

Name: _____ Date: _____

Contact Phone: _____ Email: _____

☐ I confirm that this electronic signature is to be the legally binding equivalent of my handwritten signature and that the data on this form is accurate to the best of my knowledge.

Sections below – for ELC/RCMA use only

2. Application Information Provided to/Processed by – *completed by ELC/RCMA staff*

- ☐ Yes ☐ No Did the provider submit, or do you have a completed, up to date IRS Form W-9 on file?
- ☐ Yes ☐ No If application contains Child Success Grant – Performance Bonuses, is the provider's CLASS composite above 4.99 or did it increase 0.50 points?
- ☐ Yes ☐ No Did you verify all employees listed in Part B, section 1 completed the required trainings for bonus(es) selected according to local processes?

If all above responses are yes, this application form can be accepted.

Name: _____ Date: _____

Contact Phone: _____ Email: _____

Contact Entity: ☐ Early Learning Coalition ☐ RCMA ☐ Other _____

Child Success Grant Amount: \$ _____ (OCA: ASCSG)

CLASS® Observer Grant Amount: \$ _____ (OCA: ASDTG)



ARPA Professional Development Checklist

Continuous Quality Improvement Grants

Requirements - \$19,800	Completion Date
Eligibility Application submitted to ELCIRMO by Provider	
Program must provide a minimum of 24 hours of training time including live coaching, live instruction, virtual instruction, individual and group instruction, and other competency-based skill development exercises.	
The director must participate in the training along with staff	
Funds can be used to cover any program costs, including compensating employees for their training time	
IMPORTANT: Must work directly with a Coach from ELCIRMO to develop and implement your plan	
Submit required documents to ELCIRMO	

ELIGIBILITY REQUIREMENTS for the Quality Improvement Grants:

- **Contracted** SR and/or VPK providers with a most recent CLASS® composite score of 5 or higher may apply for a grant of up to \$19,800 to develop/implement a program to strengthen practices that support effective interactions, strengthen business and leadership practices, support child assessment and screening with reliability, or other local priorities.
- All requirements must be completed between July 1, 2022, and June 30, 2023. Requirements completed prior to July 1, 2022, will not be considered
- Complete ALL requirements listed above by June 30, 2023
- Submit required, documented proof that requirements were met

Continuous Quality Improvement Grant Provider Application

The purpose of this funding is intended to positively affect outcomes for children at scale by improving adult-child interactions through training early learning teachers, staff, and administrators to support CLASS implementation at SR and/or VPK contracted providers with a CLASS composite score of 5 or higher.

SR and/or VPK contracted providers will have the opportunity to apply for funding to develop/implement a program to:

- Support effective interactions, and/or
- Strengthen business and leadership practices, and/or
- Support child assessment and screening with reliability, and/or
- Support other local priorities.

Providers must strategically target these efforts to support the needs of their programs, families, and staff.

I. Provider Information

Name of Provider: _____ Provider ID: _____

City/State/Zip: _____

Director: _____ Email: _____ Phone: _____

Contact Person (if different from Director): _____

Phone: _____ Contact email address: _____

II. Eligibility Criteria

Please enter the requested information below:

CLASS Observation Date: _____ CLASS Composite Score: _____

III. Training Plan

Please provide a brief overview of your training plan, including priorities, weekly goals, and planned outcomes.

Programs must provide a minimum of 24 hours of training time for directors and staff. Training can include live coaching, live or virtual instruction, individual and group instruction, and other competency-based skill development exercises. Please provide the following information about the course/training(s) to be utilized in your training plan.

Course Title	Course Provider/ Vendor	Course Description	Training Format (Live Coaching, Live Instruction, Virtual Coaching, Virtual Instruction, etc.)	Course Cost	Hours
Total Number of Hours (must equal 24 or more hours of training)					

Training Plan Start Date: _____

Training Plan End Date: _____

IV. Training Participants

Please list the name(s) of the program directors* that will attend the training.

*Directors must participate to ensure the entire programs benefits from the same preparation, work, and support.

Please list the names and position of staff that will attend the training.

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

V. Supports

Please provide a proposed budget below. Funds can be used to cover any program costs, including compensating employees for their training time.

Budget Line Item	Description/Justification	Proposed Budget
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
TOTAL		\$

VI. Provider Attestations:

I have read over this application to ensure completeness and correctness and have made a copy of this application for my own records.

Signature of Authorized Representative

Name: _____ Email: _____

Signature: _____ Date: _____

☐ I confirm that this electronic signature is to be the legally binding equivalent of my handwritten signature and that the data on this form is accurate to the best of my knowledge.

VII. Application Information Provided to/Processed by – completed by ELC/RCMA staff:

- ☐ Yes ☐ No Is this application form complete?
- ☐ Yes ☐ No Have you verified the provider has a current SR and/or VPK contract?
- ☐ Yes ☐ No Have you verified the providers current CLASS® score?
- ☐ Yes ☐ No Have you verified the provider is not under investigation or been convicted of child care fraud?
- ☐ Yes ☐ No Have you verified that the provider is not on the Florida Child Care Food Program (CCFP) USDA Disqualified List?
- ☐ Yes ☐ No Have you verified your entity is the “home” coalition for this provider?

If all above responses are “yes,” this application form can be accepted.

Signature of ELC/RCMA Representative

Signature: _____

Contact Name: _____ Date: _____

Contact Phone: _____ Email: _____

Contact Entity: ☐ Early Learning Coalition ☐ RCMA ☐ Other _____

CQI Grant Amount \$ _____ (OCA: ASQIG)



Early Learning Coalition

Indian River • Martin • Okeechobee

CRRSA Workforce Grant Application

CLASS Observer Training for Directors with a CLASS Composite Score 5.0 or higher

Legal Name: _____

Home Mailing Address: _____

Phone (Cell): _____ Phone (Work): _____

Email: _____

Name of provider where you work: _____

Position/Title: _____ Start Date: _____

What is the most recent CLASS Composite score for your center? _____

Which CLASS Observer Training are interested in? (Please check all that apply.)

- ☐ Infants (0-12 months)
- ☐ Toddlers (13-36 months)
- ☐ Preschool (37 months-PreK)

I am applying for training(s), and I have read and understand the eligibility requirements that I must complete in order to receive the bonus. I attest to the fact that the information I have provided in this application is true and complete.

Applicant Signature: _____

_____ Date: _____

☐ I confirm that this electronic signature is to be the legally binding equivalent of my handwritten signature and that the data on this form is accurate to the best of my knowledge.

FOR COALITION STAFF ONLY:

Date application received: _____

_____ Approved _____ Denied By: _____ Date: _____



CRRSA Workforce Grant Checklist

CLASS Observer Training for Directors with a CLASS Composite Score 5.0 or higher

Requirements - \$1,200	Completion Date
Submit application and receive prior approval to be added to the waitlist for selected trainings (maximum of 2 trainings may be completed)	
Complete one or two of the following CLASS Observer Trainings: <ul style="list-style-type: none"> • CLASS Observer Training – Infant • CLASS Observer Training - Toddler • CLASS Observer Training - Preschool 	
Submit required proof of completion to ELCIRMO	

IMPORTANT Additional Information:

- Enrollment in courses is on a “space available” basis. Priority is given to new directors and/or directors with a composite score less than 5.0
- Approved applications will be added to a waitlist in the order received. Directors will be notified if there is available space
- Director is eligible to receive a \$1,200 bonus for each training, up to a maximum of 2 trainings. The maximum bonus allowed will be \$2,400
- Director must submit proof of successful completion to receive the bonus



Early Learning Coalition

Indian River • Martin • Okeechobee

CRRSA Workforce Grant Application

CLASS Observer Training for Directors with a CLASS Composite Score 5.0 or higher

Legal Name: _____

Home Mailing Address: _____

Phone (Cell): _____ Phone (Work): _____

Email: _____

Name of provider where you work: _____

Position/Title: _____ Start Date: _____

What is the most recent CLASS Composite score for your center? _____

Which CLASS Observer Training are interested in? (Please check all that apply.)

- ☐ Infants (0-12 months)
- ☐ Toddlers (13-36 months)
- ☐ Preschool (37 months-PreK)

I am applying for training(s), and I have read and understand the eligibility requirements that I must complete in order to receive the bonus. I attest to the fact that the information I have provided in this application is true and complete.

Applicant Signature: _____

_____ Date: _____

☐ I confirm that this electronic signature is to be the legally binding equivalent of my handwritten signature and that the data on this form is accurate to the best of my knowledge.

FOR COALITION STAFF ONLY:

Date application received: _____

_____ Approved _____ Denied By: _____ Date: _____