



## First Steps Four-Year-Old Kindergarten (4K) 2019-2020 Application for NEW Providers

South Carolina First Steps 4K is now accepting applications for 2019-2020 from private (non-school district) preschool providers seeking to participate in the South Carolina Child Early Reading Development and Education Program (4K) to serve eligible 4K children residing in the following eligible districts:

Abbeville, Aiken, Allendale, Anderson 2, Anderson 3, Anderson 5, Bamberg 1, Bamberg 2, Barnwell 19, Barnwell 29, Barnwell 45, Berkeley, Cherokee, Chester, Chesterfield, Clarendon 1, Clarendon 2, Clarendon 3, Calhoun, Colleton, Darlington, Dillon 3, Dillon 4, Dorchester 04, Edgefield, Fairfield, Florence 1, Florence 2, Florence 3, Florence 4, Florence 5, Georgetown, Greenwood 50, Greenwood 51, Greenwood 52, Hampton 1, Hampton 2, Horry, Jasper, Kershaw, Laurens 55, Laurens 56, Lee, Lexington 02, Lexington 03, Lexington 4, Marion, Marlboro, McCormick, Newberry, Oconee, Orangeburg 3, Orangeburg 4, Orangeburg 5, Richland 1, Saluda, Spartanburg 3, Spartanburg 4, Spartanburg 6, Spartanburg 7, Sumter, Union, Williamsburg, and York 1.

This innovative program was created to expand high-quality 4K to eligible children in both public and private settings. To be eligible, the provider must, at a minimum:

- Be approved, licensed or registered and in good standing by the South Carolina Department of Social Services;
- Have the licensing capacity to serve at least 10 four-year-old children in a classroom setting;
- Have the facility capacity to serve at least 10 eligible students in a class, but not more than 20 four-year-old students;
- Comply with all state and local health and safety laws and codes;
- In legal operation for a period of one year or more;
- Have no founded regulatory violations relating to child supervision, compliance with ratios, or serious health and safety issues in the three-month period before approval is granted.

Attached, please find the ***First Steps 4K Provider Application***. Before completing the application, it is important that you familiarize yourself with the requirements outlined in the ***First Steps 4K Guidelines***.

This document and other resources are available on the First Steps website at <http://scfirststeps.org/first-steps-4k-provider>

*Completed First Steps 4K Provider Applications should be submitted to:*

Martha Strickland, State Director First Steps 4K  
SC First Steps to School Readiness  
1300 Sumter Street, Suite 100  
Columbia, SC 29201

This request for applications does not commit SC First Steps to award a grant or to pay any costs incurred in the preparation of an application. SC First Steps reserves the right to accept or reject any or all applications received as a result of this grant request, and to negotiate with all qualified applicants. SC First Steps also reserves the right to waive or modify any procedure requirement stated in the application process or 4K Guidelines. Any questions, please call us at 1-877-621-0865.

We look forward to the prospect of working with you and your program during the coming school year.

Enclosure

## 2019-2020 SC FIRST STEPS 4K NEW PROVIDER APPLICATION

Please type or neatly print all requested information:

PROGRAM INFORMATION	
Center Name:	County:
Name of School District in Which Your Center is Located:	
Name of Owner:	Name of Director:
Physical Address of Center:	
Mailing Address (if different from above):	
Phone ( ) _____	Director's E-mail:
Fax ( ) _____	Cell phone(if applicable):
Facility Type: <input type="checkbox"/> Approved <input type="checkbox"/> Licensed <input type="checkbox"/> Registered <b>CHECK ALL THAT APPLY →</b>	<input type="checkbox"/> ABC Level A+ <input type="checkbox"/> Private Non-Profit <input type="checkbox"/> Private For-Profit <input type="checkbox"/> ABC Level A <input type="checkbox"/> Faith-Based <input type="checkbox"/> Head Start <input type="checkbox"/> ABC Level B+ <input type="checkbox"/> Military Program <input type="checkbox"/> Other: _____ <input type="checkbox"/> ABC Level B <input type="checkbox"/> ABC Level C
Is your center accredited by an outside entity? <input type="checkbox"/> No <input type="checkbox"/> NAEYC <input type="checkbox"/> OTHER ACCREDITATION: _____	
Years in Operation (Check one) <input type="checkbox"/> Less than 12 months <input type="checkbox"/> 1 - 2 years <input type="checkbox"/> 3 - 4 years <input type="checkbox"/> 4 - 5 years <input type="checkbox"/> 7 - 8 years <input type="checkbox"/> 8 - 9 years <input type="checkbox"/> More than 10 years	
What are your hours of operation? (Days and times)	
Does your center own a bus? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does your center provide transportation to and from the center? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does your center propose to request transportation reimbursement for FS 4K students? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you provide before- and after-school care in your center? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have a current regular license from DSS Child Care Licensing? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have any pending citations? Or CAP? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>**If yes, attach CAP plan.</b>	
Do you participate in the Child and Adult Care Food Program? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>*Attach copy of menus for 2 weeks</b>	
Is your center participating in other early childhood programs, pilots or quality enhance initiatives? <input type="checkbox"/> No <input type="checkbox"/> Yes, list:	
Enrollment Information ****Please submit a current copy of your child care license or registration (front and back) with this application. ****	
Total number of children you are licensed to enroll by DSS Licensing : _____	
Check and specify the number of children currently enrolled in your facility by age:	
<input type="checkbox"/> 0-12 months _____ <input type="checkbox"/> 13 months- 2 _____ <input type="checkbox"/> 2 _____ <input type="checkbox"/> 3 _____ <input type="checkbox"/> 4 _____ <input type="checkbox"/> 5 _____ <input type="checkbox"/> 6-12 _____	
What is the square footage of the proposed 4K classroom? _____ Must be at least 350 sq. ft. (350 sq. ft. is the minimum for 10 four year olds, 700 sq. ft. is the minimum for 20 four year olds)	
Are children currently enrolled in your center eligible for free- and reduced-lunch (185% of federal poverty)?	
<input type="checkbox"/> Yes – estimate of how many: _____ <input type="checkbox"/> No	
Are children currently enrolled in your center eligible for Medicaid? <input type="checkbox"/> Yes, estimate how many: _____ <input type="checkbox"/> No	
Do you accept SC Vouchers? <input type="checkbox"/> Yes <input type="checkbox"/> No   If NO, are you willing to accept SC Vouchers? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you currently serve children with identified special needs? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is your facility or classroom accessible to children and adults with physical disabilities? <input type="checkbox"/> Yes <input type="checkbox"/> No All buildings must be ADA compliant.	

**CURRICULUM**

The research-based curricula currently approved for use within First Steps 4K classrooms are High/Scope, Creative Curriculum and Montessori.

Please indicate your PROPOSED curriculum for use in the 4K classroom:

High/Scope Cognitively Oriented Curriculum     Montessori     Creative Curriculum by Teaching Strategies

**ASSESSMENT INFORMATION**

Please briefly describe any formal assessment and/or developmental screening methods currently in place within your program. Include the name of any instruments utilized.

How do you currently report children’s progress to their parents?

**PARENT INVOLVEMENT INFORMATION**

Do you currently provide an orientation meeting for parents/guardians?  Yes  No

Do you currently provide parent education information or activities?  Yes  No

If yes, describe the types of parenting programs/activities you offer. If you provide parent education materials and/or literacy materials, please give examples:

Does the center currently do any transition planning or activities for children entering public 5K?  Yes  No  
If yes, please describe:

**INDOOR AND OUTDOOR ENVIRONMENT**

Do you have a sink located in the 4K classroom?  Yes  No    Warm water? Yes  No

Is a bathroom located in the 4K classroom?  Yes  No

Briefly describe the 4K playground (including size and equipment):

**TECHNOLOGY INFORMATION**

Is there a working computer for use by teachers and children in the proposed 4K classroom?  Yes  No

Check all that apply to 4K classroom: Desktop \_\_\_\_\_ Laptop \_\_\_\_\_ Tablet \_\_\_\_\_

Is there current access to the internet in the proposed 4K classroom?  Yes  No

Is there WIRELESS internet access in the proposed 4K classroom?  Yes  No

Does the Director work with Word and Excel documents?     Yes     No

Do you scan, save as PDFs, and email documents from your center?     Yes     No

Do you receive and send faxes from your center?     Yes     No

## PERSONNEL QUALIFICATIONS

**INSTRUCTIONS:** Complete the chart on current personnel or personnel that you proposed to be employed in the 4K class. The qualifications of 4K Staff should support the Lead Teacher and Instructional Assistant positions outlined in the 4K Guidelines, Section 7.0 Personnel and Training.

\*\*\*Submit copies of transcripts and certifications on your Proposed 4K Lead Teacher(s) and Instructional Assistant(s) for the 4K class.

	<b>Director</b>	<b>4K Lead Teacher</b>	<b>4K Assistant</b> (if class will have over ten 4K students)
<b>Name</b>			
Length of employment by center			
Number of years working with children under the age of 6			
<b>Highest level of education completed, SPECIFY DEGREE(s) and area of specialization</b> (ex. BA in Early Childhood Education)			
List any Early Childhood Education or Child Development Certification and/or Specialized Training			
Working towards any additional degree? Name the degree and the anticipated completion date.			
<b>Proposed</b> salary for 4K staff? Hourly rate for 7.5 hrs day/ OR annual salary for 180 school days	X		

TRAINING INFORMATION- Please check if the proposed staff has participated in formal training on the following topics within the last two years(leave blank if not ):			
<b>Creative Curriculum</b>	<input type="checkbox"/> DIRECTOR	<input type="checkbox"/> LEAD TEACHER	<input type="checkbox"/> ASSISTANT
<b>GOLD™ by Teaching Strategies®</b>	<input type="checkbox"/> DIRECTOR	<input type="checkbox"/> LEAD TEACHER	<input type="checkbox"/> ASSISTANT
<b>High/Scope Curriculum</b>	<input type="checkbox"/> DIRECTOR	<input type="checkbox"/> LEAD TEACHER	<input type="checkbox"/> ASSISTANT
<b>Agas and Stages Questionnaire (ASQ)</b>	<input type="checkbox"/> DIRECTOR	<input type="checkbox"/> LEAD TEACHER	<input type="checkbox"/> ASSISTANT
<b>Emergent Literacy</b>	<input type="checkbox"/> DIRECTOR	<input type="checkbox"/> LEAD TEACHER	<input type="checkbox"/> ASSISTANT
<b>Teaching Children of Poverty</b>	<input type="checkbox"/> DIRECTOR	<input type="checkbox"/> LEAD TEACHER	<input type="checkbox"/> ASSISTANT
<b>Conscious Discipline</b>	<input type="checkbox"/> DIRECTOR	<input type="checkbox"/> LEAD TEACHER	<input type="checkbox"/> ASSISTANT

I am submitting an application to enroll as an approved South Carolina First Steps to School Readiness 4K Provider. I verify that all information in this application is correct and true. I am duly authorized to bind my agency/corporation should my agency/corporation be awarded a contract. By the submission of this application, I acknowledge that we will comply fully with the program requirements outlined in the First Steps 4K Guidelines.

\_\_\_\_\_  
Center Name

\_\_\_\_\_  
Signature of Authorized Agent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Authorized Agent

**This application must be complete and accurate.**

**A validation visit will be conducted by First Steps 4K Staff to verify all information reported in this application.**

**Incomplete applications will not be considered for approval.**

**The 2019-2020 4K Provider Application AND all of the following documents must be submitted to South Carolina First Steps 4K at the same time:**

- Copy of front and back of current child care license or registration.
- Complete print-out of center's page from [www.scchildcare.org](http://www.scchildcare.org) (DSS licensing site). Provide documentation of resolved citations if any are listed as pending on the website.
- Copy of Transcripts and/or certificates on each proposed 4K Lead Teacher and/or proposed 4K Assistant. If current staff is completing additional coursework (e.g. ECD 101 or a degree) to meet staff qualifications outlined in the 4K Guidelines, provide documentation.
- Copy of 2 weeks of menus