

APPLICATION FOR MONTGOMERY COUNTY
CHILD CARE IN PUBLIC SPACE

Please submit a spiral or notebook bound application no larger than a 1-inch binder and clearly label and sequence your responses and attachments according to the application outline below.

Each written application will be scored for ranking purposes using a point system with 100 points total as the maximum possible score. Please note the number of points possible indicated next to each part of the application.

ALL PAGES OF YOUR PROPOSAL MUST BE NUMBERED*

PART A: QUALIFICATIONS OF APPLICANT (0 points)

Page 1

1. Give the legal name of the applicant(s), individual(s) or organization, mailing address, phone number, fax number, email address, and contact person. Please include the entity's status with the State Department of Assessments and Taxation.
2. Include a statement of the applicant's experience in child care or related field. **Page 2**
3. List all other programs currently operated by the applicant, including the name of the program(s), address(es), hours of operation, ages and number of children served, name of site director(s), web address and, if applicable, the name(s) and phone number(s) and email addresses of the building manager(s). **Page 3**
4. Attach three **signed** current letters of professional reference. If possible, include at least one from a parent-client. All references must be signed by draftee. **Pages 4,5,6**

PART B: SCOPE (25 points)

1. Philosophy and Objectives: (9 points)

Page 7

Describe the philosophy and objectives of the proposed program.

2. Ages and Number of Children: (9 points)

Page 8

Explain in detail the proposed numbers and ages of the children to be served in the proposed program. Additionally, clearly detail **AND** diagram how the space will be configured to accommodate the children in the space.

3. Operation of the Program: (2 points)

Page 9

State the days, months and hours of operation including half-days, holidays, summer and inclement weather policy including emergency closures policy and procedures.

4. Special Populations: (3 points)

Page 10

Describe specifically how the proposed program will:

- a) Accommodate children who need part-time or occasional care;
- b) Recruit and accommodate children whose parents receive subsidies from the County (DHHS) and the State;
- c) Serve and accommodate children and families with special needs;
- d) Accommodate children and their families who have Limited English Proficiency (LEP).

5. Proposed time line (2 points)

Page 11

Provide a proposed time line for start-up so that the program can be fully operational by the August 2017.

PART C: BUDGET (25 points)

1. Proposed Fee Schedule (5 points)

Page 12

A proposed fee schedule including a breakdown for :

- full-day;
- half-day;
- drop-in-care (by week and day)

Also list the following fees:

- late fees;
- registration fees;
- and all other fees and discounts, including a statement related to any available scholarships.

2. Start-up budget (may use 13a, 13b, etc.) (10 points)

Page 13

3. Operating budget (may use 14a, 14b, etc.) (10 points)

Page 14

For both the start up and operating budgets, please include an explanation of how budget shortfalls will be addressed if proposed budget is not met. As well, as describe what will happen with profits/surplus if proposed budget is exceeded.

PART D: PERSONNEL (15 points)

1. **Job Descriptions and Qualifications: (5 points)** **Page 15**
Include a job description and required qualifications for **each** position of proposed child care staff.
2. **Staff Salary Ranges and Benefits: (2 points)** **Page 16**
Provide staff salary ranges and benefits, by position.
3. **Support of on-going Professional Development: (2 points)** **Page 17**
Describe how your organization supports on-going Professional Development for staff. Include your organization's staff development plan.
4. **MSDE Staffing Pattern: (2 point)** **Page 18**
Complete and submit a MSDE staffing Pattern Form to show daily proposed staff coverage for each proposed age group.
5. **Staff orientation: (1 point)** **Page 19**
Describe what is shared at your program's staff orientation.
6. **Written Staff Personnel Policies-Handbook: (2 points)** **Attachment #1**
7. **Grievance Policy: (1 point)** **Page 20**

PART E: PARENT ENGAGEMENT (10 points)

1. A sample flyer and/or advertisement for the proposed program.(1 point) **Page 21**
2. The marketing and advertising plan for the proposed program.(1 point) **Page 22**
3. The philosophy of the role of parents in the proposed child care center. (2 points)
Page 23
4. Describe opportunities for parent engagement within the center. (2 points) **Page 24**
5. A sample program evaluation form as well as the schedule of use.(2 points) **Page 25**
6. A sample enrollment contract. (1 points) **Page 26**
7. Your program's written parent handbook. (1 points) **Attachment #2**

PART F: PROGRAM PLAN (20 points)

Provide program information, including:

1. **Early Childhood Curriculum: (5 points) (may use 28a, 28b, etc.)** **Page 28**
Discuss which early childhood curriculum would be utilized in the proposed program. Include in your discussion why you choose the particular curriculum and how it will be implemented in the proposed program.
2. **Special Program Features: (1 point)** **Page 29**
Discuss additional program features, curriculum design or innovation that will supplement the chosen curriculum.
3. **Schedule of daily activities: (5 points)** **Page 30**
For **each** proposed age group:
 - Provide a schedule of daily activities including transitions and delineating student and teacher directed activities.
4. **Lesson Plan: (6 points) (may use 27a, 27b, etc.)** **Page 31**
Include a sample lesson plan for **each** proposed age group.
5. **Field trips and exploration of the community: (1 point)** **Page 32**
A describe field trips and exploration in the community, including method of transportation and fees. Additionally, describe what alternative arrangements will be made for children who cannot participate on the field trip.
6. **Behavior Management Policy: (1 point)** **Page 33**
Describe your organization's behavior management policy **AND** plan for how it is communicated to parents **AND** staff.
7. **Food Service: (1 point)** **Page 34**
Description of food service to be offered: (snack menus, breakfast or lunch plan, etc.). Please include a completed MSDE menu plan*. Additionally, describe how food allergies and religious considerations will be addressed and accommodated. *Current programs may use their current menu plans.

PART G: ACCREDITATION (5 points)

1. Experience and/or History: (3 points)

Page 34

Describe experience with a state or nationally recognized accreditation process.

2. Timeline for implementation: (2 points)

Page 35

Provide a detailed timeline to implement a state or nationally recognized accreditation system for the proposed program.

PART H: OTHER (REQUIRED, NOT SCORED)

1. Attach a copy of applicant's non-profit, tax-exempt status, if applicable. For for-profit organization, enclose a statement stating your filing status. (This item is for information purposes only)

Page 36

2. Statement of Financial Responsibility:

Attachment #3

- a. Include past two years of financial statements.

3. Proprietary Information:

Attachment #4

3. Insurance coverage: submit a statement about proposed insurance coverage for this program.

Attachment #5

4. Certification:

Attachment #6

Information contained in this proposal and all copies submitted become the property of the Montgomery County, Maryland, and are subject to the Maryland Public Information Act. **Please indicate at time of submission if any portions of your application are proprietary or confidential, or otherwise subject to non-disclosure under the Maryland Public Information Act.**

ATTACHMENTS:

- Staff Handbook
- Parent Handbook
- Statement of Financial Responsibility
- Proprietary Information form
- County Insurance Requirements
- Certification

Statement of Financial Responsibility

1. Is the applicant a subsidiary of or affiliated with any other organizations(s), corporation(s), or any other firm(s)?

YES_____

NO_____

If yes, list each such organization, corporation or firm by name and address; specify the applicant's relationship, and identify the officers, directors or trustees common to the applicant:

2. Describe the plan for financing the program, if funds for the leasing of the facility and operating the program will be obtained from sources other the applicant's funds.

3. List sources and amount of cash available to meet equity requirements of the proposed venture:

a. in banks (include names, addresses, telephone numbers and amounts)

b. by loans from affiliated or associated organization, corporation, or firms (include names, addresses, telephone numbers and amounts)

Application Attachment #3 cont.

4. List the names and addresses of all bank references

5. Financial condition of applicant -- **attach previous two years of financial statements.**

6. Bankruptcy:

Has the applicant or, if applicable, the parent corporation or any subsidiary or affiliated corporation of the applicant or said parent corporation, or other interested parties been adjudged bankrupt, either voluntarily or involuntarily, within the past ten years?

YES_____

NO_____

If yes, give date, place and under what name:

7. Personal Interest: Does any member of the governing body of Montgomery County, Maryland, to which the accompanying application is being made, or any officer or employee of the aforesaid County who exercises any functions or responsibilities in connection with the carrying out of the project under which the program covered by the applicant's proposal is being made available, have any direct or indirect personal interest in the applicant?

YES_____

NO_____

8. If the applicant wishes, additional statements can be attached as evidence of the applicant's qualifications and/or financial responsibility.

NOTIFICATION OF PROPRIETARY INFORMATION

Please use this form to identify proprietary and **financial information** included in your application for child care space at the _____ Child Care Facility which is not Public Information.

Name of Applicant _____

Indicate specific pages or attachments which are proprietary financial information:

Signature _____

Date _____

Please return this form with your application.

INSURANCE REQUIREMENTS

Prior to the signing of the license agreement, the tenant must obtain, at their own cost and expense, and keep in force and effect until the termination of the license agreement, the following insurance, with the insurance company/companies licensed and qualified to do business in the State of Maryland, evidenced by the certificate of insurance.

Workmen's Compensation

Statue limits and the following limits:

Bodily injury by accident, \$100,000 each accident
Bodily injury by disaster, \$500,000 policy limits
Bodily injury by disaster, \$100,000 each employee

Commercial General Liability

Minimum \$1,000,000 limit combined single limit for bodily injury and property damage per occurrence, including the following coverages; contractual liability, premise and operations and independent contractors.

Automobile Liability

Bodily injury -- \$500,000 each person, \$1,000,000 each occurrence.
Property damage -- \$300,000 each occurrence.
Policy must cover owned automobiles, hired automobiles and non-owned automobiles.

Additional Insured

Montgomery County Government must be named as an additional insured on all liability policies.

Policy Cancellation

Sixty days written notice of cancellation or material change in any of the policies is required. The tenant must notify the Department of Facilities and Services of any cancellation of material changes.

Certificate Holder

Montgomery County Government
Division of Risk Management
101 Monroe Street, 15th Floor
Rockville, Maryland 20850

CERTIFICATION

I (We) _____
Certify that this applicant's Statement of Qualifications and Financial Responsibility and the attached information of the applicant's qualification and financial responsibility are true and correct.

I (We) also agree to comply with conditions stated in Montgomery County Real Estate License for child care space and that the scope of services as submitted in this completed application will be adhered to.

Name

Title

Address

City, State and Zip

Signature

Date