

**2019**  
**APPLICATION FOR MONTGOMERY COUNTY**  
**HEALTH AND HUMAN SERVICES**  
**CHILD CARE IN PUBLIC SPACE PROGRAM**

Please submit a spiral or notebook bound application no larger than a 1-inch binder. 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 **110 Points for Parts A-F (1<sup>st</sup> Round Submission)** and **140 points Parts A-J (2<sup>nd</sup> round submission)** 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 APPLICATION MUST BE NUMBERED**

**PART A: APPLICANT INFORMATION (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.

**Page 2**

2. 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 and web address.

**Page 3,4,5**

3. Attach three **signed** current letters of professional reference. Include at least one from a parent-client. All references **must be signed by draftee**. (NO EXCEPTIONS)

**PART B: APPLICANT QUALIFICATIONS (30 points)**

**1. Child Care Experience (10 points)**

**Page 6**

Include a statement of the applicant's experience in child care or related field.

**2. Philosophy and Objectives: (10 Points)**

**Page 7**

Describe the educational/child development philosophy and objectives of the proposed program. *Please include a discussion on school readiness goals/philosophy.*

**3. Business and Marketing Plan (10 Points)**

**Page 8**

Describe your organization's business and marketing plan.

**PART C: FISCAL RESPONSIBILITY/VIABILITY (30 points)**

**1. Proposed Funding Source(s) (5 points)** **Page 9**  
Specifically indicate and discuss where funding for the start up and operations will come from.

**2. Start-up budget (may use 10a, 10b, etc.) (10 points)** **Page 10**  
Include up to 3 months of start up costs.

**3. Operating budget (may use 11a, 11b, etc.) (10 points)** **Page 11**

*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. Also, please describe what will happen with profits/surplus if proposed budget is exceeded.*

**4. 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.

**5. Past 2 year's of business financial statements (Not Scored)** **Attachment # 1**

**PART D: PERSONNEL (20 points)**

**1. Job Descriptions and Qualifications: (5 points)** **Page 13**  
Include a job description and required qualifications for **each** position of proposed child care staff.

**2. Support of On-going Professional Development: (5 points)** **Page 14**  
Describe how your organization supports on-going Professional Development for staff including participation in Maryland Child Care Credential Program. **Please include your organization's staff development plan template.**

**3. Staff Salary Ranges and Benefits: (5 points)** **Page 15**  
Provide staff salary ranges and benefits for all child care positions.

**4. Staff orientation and Training: (5 points)** **Page 16**  
Describe what is reviewed and shared at your program's staff orientation.

**PART E: PROGRAM PLAN (15 points)**

**1. Early Childhood Curriculum: (5 points) (may use 17a, 17b, etc.) Page 17**

Discuss which early childhood curriculum would be utilized in the proposed program. Include in your discussion why your organization choose the curriculum and how it will be implemented in the proposed program. Discuss hoe the curriculum supports your program’s school readiness goals/philosophy.

**2. Lesson Plan: (5 points) (may use 18a, 19b, etc.) Page 18**

Include a sample lesson plan for **each** proposed age group.

**3. Schedule of daily activities: (5 points) Page 19**

For **each** proposed age group:

- Provide a schedule of daily activities including transitions and delineating student and teacher directed activities.

**PART F: QUALITY CHILD CARE INDICATORS (15 points)**

**A. ACCREDITATION (5 points)**

**1. Experience and/or History: Page 20**

Describe your organization’s experience with a state or nationally recognized education accreditation process.

*Incumbent provider, please attach a copy of your current Accreditation Certification.*

*New applicants, if you operate other programs, please provide a copy of the current Accreditation Certification for EACH program.*

**2. Timeline for Implementation:**

Provide a detailed timeline to implement Maryland State Department of Education Accreditation (MSDE) or National Association Educating Young Children ( NAEYC) Accreditation for the proposed program within 3 years.

**B. MARYLAND EXCEL (5 points)**

**1. Participation, Experience and/or History:**

**Page 21**

Describe your organization's participation and experience with the Maryland EXCELS program.

*Incumbent provider, please attach a copy of your current Maryland EXCELS Certification.*

*New applicants, if you operate other programs, please provide a copy of the current Maryland EXCELS Certification for EACH program.*

**2. Timeline for Implementation:**

Provide a detailed timeline to enroll the proposed program into the Maryland EXCELS program and publish at a Level 3 within 2 years.

**C. MARYLAND CREDENTIAL PROGRAM ( 5 points)**

**1. Participation, Experience and/or History:**

**Page 22**

Describe your organization's participation and experience with the Maryland Child Care Credential Program.

**PART G: PROGRAM OPERATIONS (10 Points)**

**1. Program Calendar: (2 points)**

**Page 23**

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

**2. Ages and Number of Children: (3 points)**

**Page 24**

Explain in detail the proposed numbers and ages of the children that will 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. Special Populations: (2 points)**

**Page 25**

*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 subsidy/scholarship from the County (DHHS) and the State;
- c) Serve and accommodate children with special needs;
- d) Accommodate children and their families who are English Language Learners (ELL).

**4. Proposed time line (1 point)**

**Page 26**

Provide a proposed time line for start-up so that the program can be fully operational by the **July 2020**.

**\*\*Incumbent providers, please submit a transition timeline if your organization is not chosen as the child care provider for the location.\*\***

**5. MSDE Staffing Pattern: (2 point)**

**Page 27**

Complete and submit a MSDE staffing Pattern Form to show daily proposed staff coverage (including breaks) for each proposed age group. Please discuss how breaks and staff absences are covered.

**PART H: EDUCATIONAL PLAN (12 points)**

**1. Special Program Features: (5 point)**

**Page 28**

Discuss additional program features, curriculum design or innovation that will supplement the chosen above discussed curriculum.

**\*\* FOR UP COUNTY REGIONAL SERVICES CENTER APPLICATION ONLY\*\***

**All applicants should be able to speak to how their program will also be able to meet MSDE's Prekindergarten Expansion Quality Benchmarks and Programmatic Plan Requirements.**

**2. Behavior Management Policy: (5 points)**

**Page 29**

Describe your organization's behavior management philosophy and policy **AND** discuss how it is communicated to parents **AND** staff.

**3. Field trips and exploration of the community: (1 point)**

**Page 30**

Describe field trips and exploration in the community, including method of transportation and fees (if applicable).

Additionally, describe what alternative arrangements will be made for children who cannot participate in the field trip.

**4. Food Service: (1 point)**

**Page 31**

Provide a description of the food service to be offered: (snack menus, breakfast or lunch plan, etc.). Additionally, describe how food allergies and religious considerations will be addressed and accommodated. Submit proposed or current menu plan. You may use the MSDE menu template.

**PART I: PARENT ENGAGEMENT (5 points)**

**Page 32**

1. Discuss your program's philosophy of the role of parents. Discuss opportunities for parent engagement in the proposed child care center

**PART J: CONTRACTS AND HANDBOOKS (3 points)**

1. Provide a sample program enrollment contract. **(1 point)** **Page 33**
2. Provide your program's written parent handbook. **(1 point)** **Page 34**
3. Provide your program's written staff handbook **(1 point)** **Page 35**

**-END OF SCORED APPLICATION-**

**ATTACHMENTS:**

- 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:

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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.

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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)

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

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**Application Attachment #1 cont.**

4. List the names and addresses of all bank references

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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:

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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, 15<sup>th</sup> 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

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.**