



LOUISIANA DEPARTMENT OF EDUCATION

Dear Program Partner:

Each year early childhood community network program partners must sign and submit Program Partner Assurances indicating that they will comply with Bulletin 140, the Louisiana Early Childhood Care and Education Network. In addition, renewal of Academic Approval for Type III early learning centers is contingent upon submission of these assurances.

Bulletin 140 requires that each publicly-funded program in Louisiana participate in its community network, the early childhood care and education accountability system, and the coordinated enrollment process. Failure of any publicly-funded program to submit signed Program Partner Assurances and to comply with Bulletin 140 may result in the loss of its public funding.

In order to remain in compliance with Bulletin 140, you must submit the 2018-2019 Program Partner Assurances that are attached to this notice to the Louisiana Department of Education no later than **Friday, May 4, 2018**.

Signed Program Partner Assurances may be submitted in any of the following ways:

1. **Use the following directions to sign and submit the assurances electronically (THIS IS THE PREFERRED METHOD); OR**
2. Print, sign, scan and return by email to ECAssurances@la.gov with your center's name in the subject line; OR
3. Print, sign and fax to (225) 342-4180, Attention: Academic Approval; OR
4. Print, sign and mail to:
Louisiana Department of Education
Attention: Provider Certification
P.O. Box 2510
Baton Rouge, LA 70821

If you have any questions regarding the submission of these assurances, please email ECAssurances@la.gov.

Sincerely,

A handwritten signature in black ink, appearing to read "Jenna Conway".

Jenna Conway
Assistant Superintendent, Early Childhood

Louisiana Believes

DIRECTIONS FOR SUBMITTING ASSURANCES ELECTRONICALLY

The assurances are in a fillable .pdf format. If you choose to sign your assurances electronically, follow these instructions carefully so that your assurances will be submitted correctly:

1. Clicking on the signature box will pull up a “Sign Document” box. If you have already created an electronic signature, choose it from the drop down, enter your password, and skip to #3.
2. If you have not created a signature, you should do so by completing the following:
 - a. From the “Sign As” drop down box, select “New ID”
 - b. Select “A new digital ID I want to create now”
 - c. Click “Next”
 - d. Select “New PKCS#12 digital ID file”
 - e. Click “Next”
 - f. Complete the form
 - g. Click “Next”
 - h. Create and confirm a password (this prohibits others from using your electronic signature)
 - i. Click “Next”
 - j. Click “Finish”
3. Once you have created your signature, you will be prompted to enter your password and click “sign”.
4. You will then be prompted to save your signed document.
5. After you have saved it, you will enter the date, your title, position, name of your school or center, email address, and phone number.
6. Click the green button at the bottom to submit your assurances.
7. Select “Default email application”
8. You should follow any further instructions given by the online submission system until your email has been sent.

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2018-2019 PROGRAM PARTNER ASSURANCES

Instructions: These assurances are to be submitted by all Program Partners. Complete submission will be used to issue Academic Approval to Type III early learning centers. Program Partners must fill in all blanks and initial each page where indicated. Incomplete assurances will not be accepted.

PROGRAM PARTNER INFORMATION:

CHECK ALL THAT APPLY TO YOUR SITE:

- | | | |
|---|---|---|
| <input type="checkbox"/> Type III Child Care Center | <input type="checkbox"/> School District | <input type="checkbox"/> Charter School |
| <input type="checkbox"/> Nonpublic School/NSECD | <input type="checkbox"/> Early Head Start | <input type="checkbox"/> Head Start |

Community Network/Parish Name: _____

Program Partner Center or School Name: _____

District or Site Code: _____ CCAP Provider No. (if applicable): _____ License No. (if applicable): _____

Program Partner Chief Administrator: _____

Physical Address: _____

Mailing Address: _____

Primary Contact Name and Title: _____

Telephone: _____ Email: _____

MY ORGANIZATION WILL COMPLY WITH ALL PROVISIONS OF STATE BOARD OF ELEMENTARY AND SECONDARY EDUCATION (BESE) BULLETIN 140 – LOUISIANA EARLY CHILDHOOD CARE AND EDUCATION NETWORK AND MY ORGANIZATION WILL:

MEMBERSHIP IN THE COMMUNITY NETWORK

- Participate fully in the Early Childhood Care and Education Community Network as provided in Chapter 3 of Bulletin 140, including:
 - Designation of an individual to serve as the primary point of contact between this organization and the Community Network Lead Agency; and
 - Responding to communication from the Louisiana Department of Education (Department) Office Early Childhood and the Community Network Lead Agency when requested.

PARTICIPATION IN THE EARLY CHILDHOOD CARE AND EDUCATION ACCOUNTABILITY SYSTEM

- Participate fully in the Early Childhood Care and Education Accountability System as provided in Chapter 5 of Bulletin 140, including:
 - Support administrators, teachers and other staff to use BESE Bulletin 136—*The Louisiana Standards for Early Childhood Care and Education Programs Serving Children Birth-Five Years*, CLASS®, and GOLD® or an approved alternate assessment;

- Ensure that all required information for classrooms containing children from birth to five years is entered in the *GOLD*® online system. I understand that even if my organization is not using the *GOLD*® assessment, certain information such as teacher credentials, curriculum and class ratios is still required to be entered for all classrooms;
- Cooperate with the Lead Agency in my Community Network to identify all sites/classrooms to be observed with the *CLASS*® Toddler and *CLASS*® pre-K tools, unless my site serves infants only or was not open prior to October 1, and to identify all infant classrooms;
- Participate in *CLASS*® observations, specifically allowing two *CLASS*® observations for each Toddler and pre-K classroom, unless my site serves infants only or was not open prior to October 1;
- Allow third party observations to occur, unless my site serves infants only or was not open prior to October 1;
- Meet with each teacher to provide written results and feedback from local observations within five business days of receiving the information;
- Provide teachers with support to improve their interactions and instruction, including use of curriculum and assessment, in order to help prepare more children for kindergarten;
- Verify through the Department’s verification process the site-level data that has been reported to the Department for the Performance Profile;
- Participate in any required improvement planning process approved by BESE and implemented by the Department;
- I understand that all lead teachers in full day type III early learning centers hired into their role prior to July 1, 2017 must obtain their early childhood ancillary certificate by July 1, 2019; and all lead teachers in full day type III early learning centers hired into their role on or after July 1, 2017 must obtain their early childhood ancillary certificate within 24 months from their date of hire; and
- I understand that, pursuant to Bulletin 140, beginning with the 2016-2017 school year, publicly-funded sites rated as “unsatisfactory,” as defined in LAC 28:XCI.509, for two school years in any consecutive three school year period, shall lose their public funding and have their academic approval terminated.

PARTICIPATION IN THE COORDINATED ENROLLMENT PROCESS

- Count all publicly-funded birth to age five children currently being served in this program as of October 1 and February 1 of each school year and submit to the Lead Agency as required by the State.
- Participate fully in the Community Network’s Coordinated Enrollment Process as provided in Chapter 7 of Bulletin 140 including:
 - A coordinated information campaign through which the Community Network informs families about the availability of publicly-funded programs serving children ages birth to five years;
 - A coordinated eligibility determination through which the Community Network coordinates enrollment, eligibility criteria, and waiting lists to ensure that families are referred to other available publicly-funded early childhood programs should they be ineligible for or unable to access their primary choice;
 - A coordinated application process through which the Community Network conducts a unified application process so families can easily indicate their enrollment choices for publicly-funded programs; and
- A process for matching based on family preference through which the Community Network enrolls at-risk children, using available public funds and based upon stated family preferences.
- Inform parents and caregivers that they may request that the Department review the placement of their child resulting from the coordinated enrollment process as indicated in Bulletin 140.

SCHOOL READINESS TAX CREDIT ELECTION (YOU MUST SELECT ONE):

- Yes, if eligible, I elect to participate in the School Readiness Tax Credit Program.
- No, I elect not to participate in the School Readiness Tax Credit Program.

By my signature below, I am indicating agreement with all of the requirements listed above.

Signature of Chief Administrator for Program Partner Organization

Date

Chief Administrator Title

Name of Center/School

Chief Administrator Telephone number

Chief Administrator Email address

INITIAL HERE _____