



ON MY WAY PRE-K Pilot Grant Program
Provider Agreement Form
2020-21



Pre-K Provider Name: _____

Pre-K Provider Address _____ City _____ Zip Code _____

I, _____, (insert your name) as an authorized representative of the On My Way Pre-K program located at the above address, will ensure that my Pre-K program will: (please initial each provider option that is applicable):

_____ Participate as an enrolled Regular On My Way Pre-K provider for the following ON MY WAY PRE-K program dates

_____, 2020 to _____, 2021 (min. 53 weeks)
(Program start date) (Program end date)

AND/OR

_____ Participate as an enrolled Limited Eligibility On My Way Pre-K provider for the following ON MY WAY PRE-K program dates

_____, 2020 to _____, 2021 (min 34 weeks/
(Program start date-not before 7/19/2020) (Program end date-no later than 6/5/2021) max 46 weeks)

_____ I understand that the reimbursement rates for Limited Eligibility On My Way Pre-K for all programs will be \$147.82/week for 25 or more hours of attendance (full time) and \$73.91/week for less than 25 hours of attendance (part time)

Adherence to applicable laws, rules and policies:

As an approved On My Way Pre-K provider, my program agrees to: (please initial each)

_____ Comply on a continuing basis with all laws, rules, policies and directives for participation established by the State of Indiana and Family and Social Services (FSSA).

_____ Provide pre-K early education services to eligible 4-year-old children with an On My Way Pre-K Grant for the hours/days/weeks per year as indicated on the ON MY WAY PRE-K Provider Information Form and confirm that the information included on the ON MY WAY PRE-K Provider Information Form is accurate and complete.

_____ Maintain program eligibility throughout the pre-K program year as defined by IC 12-17.2-7.2-2 and comply with all licensing requirements for your program auspice.

_____ Report immediately any changes in eligibility status, including the loss of national or regional accreditation, to the Office of Early Childhood and Out-of-School Learning (OECOSL).



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- _____ Acknowledge that grants are not transferrable to other children. If a child with an On My Way Pre-K grant withdraws from my pre-K program prior to the program end date, I understand I will be paid through the week the child last attended.
- _____ Participate in all required trainings and all mandatory meetings with the State or representatives of the State. These meetings may be held face to face and/or remotely via webinar or teleconference.
- _____ Participate in all classroom assessments and technical supports given to enhance classroom environments, classroom organization and teacher-child interactions in On My Way Pre-K classrooms and provide all necessary documentation to OECOSL within the required timeframes specified by OECOSL.
- _____ Participate in all site visits and quality assurance activities conducted by the State or representatives of the State, including fiscal auditing activities with regard to the On My Way Pre-K Grant program and pre-K program activity monitoring.
- _____ Allow families of children enrolled in the pre-K program to visit at any time my program is in operation.
- _____ Assist county teams, project managers and FSSA with marketing and recruitment of eligible families and children for On My Way Pre-K grants.

Family Engagement and Child Attendance

As an approved On My Way Pre-K provider, my program agrees to: **(please initial each)**

- _____ Maintain a minimum of monthly contact with families enrolled in my program prior to the beginning of the grant year. Remind families of my program's start date, any necessary paperwork deadlines needed by my program, and any important information concerning the On My Way Pre-K program year. If I am unable to contact family due to disconnected phone numbers or returned mail, I will contact OECOSL or my local intake to verify contact information or for alternate contacts.
- _____ Offer parental engagement and involvement activities in my pre-K program in alignment with the Family Engagement Framework adopted by the Indiana Early Learning Advisory Council (ELAC).
- _____ Complete the Indiana Early Childhood Family Engagement Toolkit Self-Assessment adopted by the Indiana Early Learning Advisory Council (ELAC) within required timeframes. Programs will share self-assessment information as requested by OECOSL.
- _____ Maintain records of each On My Way Pre-K family's participation in family engagement activities and submit records as required by OECOSL.
- _____ Assist families with minimum attendance requirements of attending at least 85% of the days pre-K is offered for On My Way Pre-K enrolled children. Family engagement activities should include information on the importance of attendance and programs are encouraged to keep parents informed about whether they are meeting attendance requirements. Parents must be informed of my program's policy once all personal days have been depleted.



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_____ Promote children’s social-emotional and behavioral health and eliminate or severely limit the use of expulsion, suspension, and other exclusionary discipline practices. Exclusionary measures should be used only as a last resort in extraordinary circumstances where there is a determination of a serious safety threat that cannot otherwise be reduced or eliminated by the provision of reasonable modifications. OECOSL must be informed and approve any expulsion, suspension or other exclusionary discipline practices.

_____ Inform OECOSL within five (5) business days of an On My Way Pre-K child being withdrawn.

_____ If developmental delays or reasons to suspect a disability are observed by the parents or teachers during the pre-K program year, assist families in obtaining information and/or referral to the public school where the parent resides (if parent chooses) for an educational evaluation and determination of eligibility for special education services.

_____ Provide resources and materials to assist families in meeting the requirement to read to their children each week.

_____ Be individually responsible and accountable for the completion, accuracy and validity of all reports or documents submitted by my program, my program’s employees or my program’s agents. I understand that the submission of false claims, statements and documents or the concealment of material fact will be grounds for ineligibility to participate as an ON MY WAY PRE-K provider and prosecution under applicable State Law.

Participation in Kindergarten Readiness Assessment and Research Studies

As an approved On My Way Pre-K provider, my program agrees to: **(please initial each)**

_____ Administer the kindergarten readiness assessment adopted by the state board of education for children enrolled as On My Way Pre-K students, as required.

_____ Complete any required registration and training to correctly administer the kindergarten readiness assessment adopted by the state board of education within timeframes required.

_____ Participate in any On My Way Pre-K studies including participation in on-site student and classroom assessments conducted by the external evaluator, surveys, focus groups or teacher completed student assessments as needed and provide all necessary documentation to OECOSL within the required timeframes.

Attendance and Payments

Conduent is under contract with the State of Indiana to provide an automated e-Child Care system that provides timekeeping and recording of attendance of State authorized On My Way Pre-K attendees as well as provide the State’s reimbursement for the OMW attendees to On My Way providers. Conduent is also required to furnish equipment for the use by On My Way providers and maintain that equipment.

As an approved On My Way Pre-K provider, my program agrees to: **(please initial each)**



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- _____ Assure that my Pre-K location has appropriate electrical wiring for equipment needed for attendance and payments.
- _____ Complete paperwork correctly for the Point of Service (POS) machine, including the provider agreement packet with a cancelled check, for timely payments from Conduent.
- _____ Assure families are swiping for attendance and payment accurately OR all attendance is correctly entered electronically and approved in a timely manner by parents.
- _____ Assure that the **Regular On My Way Pre-K** rate listed on the *On My Way Pre-K Provider Form* is correct and includes all fees associated with additional requirements for my On My Way Pre-K program.
- _____ Understand that maximum county reimbursement rates for **Regular On My Way Pre-K** are posted on FSSA's website and programs will be reimbursed the lesser of the amount declared on the provider form or the On My Way Pre-K county market rate.

Additionally, by my signature below, I understand that:

- I attest that I have received, read and will comply with the FSSA Privacy Compliance policies. Grantee is hereby authorized by the State to create, receive, maintain, and/or transmit Personally Identifiable Information (meaning personal information as collectively defined in IC 4-1-6-1 and IC 4-1-11-3, "PII") on the State's behalf pursuant to and consistent with the Services performed under this Grant. Grantee will not use or further disclose PII except as expressly permitted by this Grant or as required by law. Grantee agrees to comply with all State laws regarding data privacy, the FSSA Privacy Compliance policies, OECOSL directives regarding data privacy, and applicable FERPA provisions as defined in 20 U.S.C § 1232g; 34 CFR Part 99.
- I shall not bill or be paid to provide pre-K services for my own child(ren), stepchild(ren) or child(ren) whom I am the legal guardian
- My pre-K program will only be paid for pre-K services provided at the address listed on the grant and Provider Information Form.
- Failure to comply with the conditions of this agreement may result in the termination of eligibility to receive payment through the On My Way Pre-K grant program;
- Providing false or misleading information on any documentation required by On My Way Pre-K, including but not limited to the application for enrollment, child attendance records, child assessment data or other study related data, claim forms and the Provider Information Form, may result in the termination of eligibility to receive payment through the On My Way Pre-K program and repayment of funds received to date;
- Any over-payments or payments received for services not rendered will result in a required repayment to the State and the State shall pursue all available remedies to obtain repayment.
- This agreement may be terminated by FSSA immediately without cause upon written notice.
- This agreement may be terminated by the provider with sixty (60) days written notice.

(Printed Name)

(Program Name)

(Signed Name)

(Date)