

EARLY CHILDHOOD EDUCATION QUESTIONNAIRE

Name of Academy: _____

Name of Program: _____

Address of Program (if different than Academy): _____

Telephone Number: _____ Fax Number: _____

Program Administrator: _____

Funding Source: _____

Insurance Carrier: _____

Brief Description of Program:

Will the Academy directly employ all early childhood education program staff? YES NO

If yes, please list the current staff positions that will have job duties related to the program, if any, and a brief description of those duties.

1.

2.

3.

4.

If yes, please list any position(s) that will be created to staff the program, if any, and a brief description of the duties of the position(s).

1.

2.

3.

4.

If the Academy will not directly employ all early childhood education program staff (e.g. the Academy will contract with a third-party organization to operate the program), please write the organization's name below.

Has the Academy entered into a written agreement with the above organization to provide services for this program?

YES NO

If no, when does the Academy anticipate entering into an agreement? _____

Has the Academy notified its insurance carrier of the addition of this program? YES NO

Has the Academy verified that its insurance carrier will provide coverage for this program? YES NO

Will the operation of this program comply with the single site restrictions contained in the Revised School Code for public school academies? YES NO

Has the Academy received a license or approval to operate this childcare program from the State of Michigan? YES NO

If yes, please attach a copy of the license/approval.

If no, please describe what actions the Academy has taken to receive a license/approval, if any, and the anticipated date of licensure/approval.

Signed: _____

Board President or Designee

Date