

2020-2021 Preschool-Aged At-Risk Assurances

READ COMPLETELY BEFORE SIGNING.

A signed copy of these assurances must be scanned and emailed, mailed or faxed by April 3, 2020 to be considered for funding. The signature page signed by the Superintendent certifies the applicant's agreement to the following sets of assurances.

For the duration of the 2020-2021 performance period, the district shall:

1. Provide a nondiscriminatory program.
2. Use fiscal control and accounting procedures to ensure proper disbursement of, and accounting for, state funds paid to such applicants under this program.
3. Submit reports to KSDE to enable the agency to perform its duties, including program information, child attendance, classroom practices, and child assessment results.
4. Maintain records, including child eligibility verification, to substantiate program and funding compliance, and afford access to such records as needed by KSDE.
5. Provide and coordinate services and resources through community collaboration that includes IDEA Part B Section 619 providers and local early learning programs and builds on, but does not duplicate, services for families with age-eligible children.
6. Provide a safe and developmentally appropriate environment for all children.
7. Implement program standards, including maintaining an adult-to-child ratio of 1:10 or better at all times and a maximum class size of 20, as described in the application.
8. Implement an evidence-based curriculum aligned with the Kansas Early Learning Standards.
9. Implement an evidence-based assessment to measure children's developmental growth upon entry and exit of the program.
10. Implement the Preschool-Aged At-Risk for a minimum of 465 instructional hours during the school year in all classrooms. Ensure all children have access to the same number of programming hours.
11. Provide at least one meal or snack per classroom session to each child in attendance.
12. Make available services such as transportation, health services, appropriate nutritional meals, and screenings for hearing and vision as required by federal, state, and/or local law.

13. Ensure that each child receives a developmental screening using an evidence-based screening tool. The program must share results with the child's family.
14. Utilize the Local Interagency Coordinating Council (LICC) or an Advisory Committee that meets at least quarterly. The committee must include at least one currently enrolled parent, and may include Part C Infant and Toddler Services Early Intervention, Part B 619, other early learning programs, or local home visiting programs.
15. Communicate with the LICC or Advisory Committee about:
 - a. Amount of children enrolled and on the wait list, and number of openings available
 - b. Staffing changes and/or vacancies
 - c. Results of community collaboration and upcoming opportunities to collaborate
 - d. Upcoming professional learning opportunities
16. Ensure that all staff are qualified and hold the licensure as their position dictates.
17. Provide 15 hours of in-service training to all direct service staff, teachers, paraprofessionals and aides in the area of early learning, including Child Abuse and Neglect training.
18. Provide developmentally appropriate opportunities for meaningful family engagement (i.e. family nights, parent/teacher conferences, field trips, parent volunteers).
19. Obtain a Kansas Individual Data on Students Identification number (KIDS SSID) for each child participating in the Preschool-Aged At-Risk and participate in all required KSDE Data Collections, including entry in the KIDS Collection System. KIDS SSID's may be obtained through the ASGT Record to the KIDS Collection System.
20. Enter data in the Foundations for School Success (FSS) authenticated application.
 - a. End-of-Year Report will be completed in Foundations for Student Success between May 1 and May 31, 2021.

USD Number _____ Program Name _____

Program Administrator Signature _____

Program Administrator Printed Name _____ Date: _____

Signature of Superintendent: _____

Superintendent Printed Name: _____ Date: _____

Signature of Program Administrator: _____