



Pre-K Program Name:		
Program License Number:		
Pre-K Program Address	City	Zip Code
l,		(insert your name) as an
authorized representative of the On My Way program will:	Pre-K program located at the above	address, will ensure that my Pre-K
Participate as an enrolled <b>On My Wa</b> maximum of 46 weeks	ay Pre-K provider each On My Way Pr	e-K school year for a

**ALL** On My Way Pre-K programs will be reimbursed at:

- \$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 the following:

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 voucher 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).

Acknowledge that vouchers are not transferable to other children. If a child with an On My Way Pre-K voucher 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 training 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 regarding the On My Way Pre-K 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 vouchers.

### **Family Engagement and Child Attendance**

As an approved On My Way Pre-K provider, my program agrees to the following:

Maintain a <u>minimum</u> of monthly contact with families enrolled in my program prior to the beginning of the voucher 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 missing no more than 40 days. 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 and providers will receive notices after the child has missed 10, 20, 30 and 35 days. The vouchers will terminate when the child reaches 40 absences in an enrollment year.

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 a developmental delay or suspected disability is observed by a parent or teacher during the Pre-K program year, you must assist the family in obtaining information and/or a referral to the public school district where the parent resides—should the parent choose to pursue 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 facts 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 the following:

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 the 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**

As an approved On My Way Pre-K provider, my program agrees to the following:

The State of Indiana provides an automated system that provides timekeeping and recording of attendance of State authorized On My Way Pre-K vouchers as well as provide the payment vendor's reimbursement for the OMW attendees to On My Way providers. Provider Notice of Requirements must be completed for CCDF and will be used for OMW also.

Maintain an up-to-date computer or mobile device with an internet connection and one of the most frequently used browsers (Chrome, Firefox, Edge, or Safari) to record attendance.

Assure all attendance is correctly entered and submitted electronically on a bi-weekly basis in the OECOSL provider portal or through one of the OECOSL approved CCMS vendors.

Written or electronic attendance records, which may be through a CCMS system, which document the children's first and last name and arrival and departure times, MUST be kept by all providers for Licensing and Audit. This should include a parent signature or initials, written or electronic, verifying attendance at least weekly. These must be kept on file for at least three (3) years.





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 facts will be grounds for ineligibility to participate as an On My Way Pre-K provider and prosecution under applicable State Law.

#### Additionally, by my typed signature below, I understand that:

- I attest that I have received, read and will comply with the FSSA Privacy Compliance policies. Provider 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 program. The provider will not use or further disclose PII except as expressly permitted by this program or as required by law. Provider 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.
- Providers shall not bill or be paid to provide Pre-K services for their own child(ren), stepchild(ren) or child(ren) whom they are the legal guardian.
- The Pre-K program will only be paid for Pre-K services provided at the address listed on the voucher 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 voucher 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 overpayments 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.

typing my name below, I certify that I am authorized to sign on behalf of this program.		
(email address)	(license/registration/exempt number)	
(authorized signer typed name)	(date)	