

NOEEN | NEW ORLEANS EARLY EDUCATION NETWORK



CFR 23-24 Unified Application

Site Information (All Providers)

1. Site Name:

If you do not see your site's name in the drop-down list, please select "Other-not listed" and contact noeen@agendaforchildren.org.

2. Provider Type: *

3. Charter Management Organization: *

4. Street Address: *

If your site is not yet opened and does not have a location determined, please answer "TBD."

5. Zip Code: *

If your site is not yet opened and does not have a location determined, please answer "TBD."

6. Contact Name: *

7. Contact Email: *

8. Contact Phone: *

9. Number of Children Currently Enrolled: *

If your program is school-based, please only include children in your early childhood programs (birth through pre-k) in your answer. If you are not yet open, please answer "0."

10. Ages Currently Served: *

Select all that apply. If you are not yet open, please select the ages you intend to serve.

- Infants (6 Weeks - 11 Months as of September 30th, 2023)
- One-Year-Olds (12 Months - 23 Months as of September 30th, 2023)
- Two-Year-Olds (24 Months - 35 Months as of September 30th, 2023)
- Three-Year-Olds (36 Months - 47 Months as of September 30th, 2023)
- Four-Year-Olds (47 Months - 59 Months as of September 30th, 2023)

11. What sources of public funding did your program receive for the 2022-2023 school year?

Select all that apply.

- B-3
- CCAP
- City Seats
- Head Start
- LA4
- NSECD
- Other - Write In

- I did not receive public funding last year

12. For which age groups are you interested in applying for public funding? *

Select all that apply. City Seats and B-3 funding is only available for Type III Providers who are willing and able to serve publicly-funded infant seats.

- Infants, One-Year-Olds, Two-Year-Olds, Three-Year-Olds (via City Seats and/or B-3)
 - Three-Year-Olds (via NSECD)
 - Four-Year-Olds (via LA4 and/or NSECD)
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LA4 & NSECD

Eligibility Criteria:

13. Program partner requirements for LA4 and NSECD and detailed delivery guidance is available on our website: <http://www.agendaforchildren.org/coordinated-funding-request.html>. You MUST review and AGREE to the information contained herein. Please confirm below that you have read and understood the program partner guide(s) for LA4 and/or NSECD: *

Yes, I have read the requirements and understand.

14. I understand LA4 / NSECD seats are to be provided free of charge to qualifying families, based on income and other eligibility factors, and are to be enrolled via the NOLAPS centralized enrollment process. *

Yes, I understand.

15. I understand that I must meet the [LA4](#) and/or [NSECD Teacher Requirements](#) to become/remain eligible for these publicly-funded seats? *

Yes, I understand.

16. I understand that, if my program participates in the scholarship program and is granted NSECD seats, publicly funded children in NSECD will receive first priority into scholarship program kindergarten classes at the school through NCAP the following year. *

Yes, I understand.

17. Do you currently have the appropriately- credentialed teachers on staff to serve publicly-funded children at your site? *

Required credentials can be found at the following links:

- [LA4](#)
- [NSECD](#)

Yes

No

18. Do you have any questions or concerns regarding any LA4 or NSECD requirement as outlined above or within the program requirements document? If so, please detail below.

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Assurances (All Providers)

Additional Assurances:

23. I understand that all operators—even those simply requesting to keep the same number of publicly-funded seats, will be required to fill out this application, and all seat requests will be evaluated according to the CFR rubric. *

Yes, I understand.

24. I understand that applicants who drop seats after NCAP Main Round will risk losing 2023 - 2024 seats and could have their 2023 - 2024 CFR final scores reduced. *

Yes, I understand.

25. I understand that my organization will have the opportunity to view and comment on proposed NOEEN recommendations prior to approval by the NOEEN Steering Committee on the [NOEEN CFR website](#). *

Yes, I understand.

26. I understand that my organization may comment publicly on the proposed NOEEN recommendations at the January NOEEN Steering Committee meeting prior to approval of the recommendations by the Steering Committee. *

Yes, I understand.

27. If granted seats, my organization agrees to participate in the New Orleans Early Education Network (NOEEN) and comply with all NOEEN required actions, including, but not limited to:

- Submission of data, in accordance with state and federal privacy laws, that is necessary to help NOEEN fulfill its lawful responsibilities (ex: classroom and teacher counts and information, class size, teacher qualifications, etc.), as periodically requested by Agenda for Children;
- Teacher, administrator, or other early childhood staff attendance at important NOEEN meetings and trainings;
- Trainings, checkpoints, and other activities related to the implementation of TS Gold;
- Timely responsiveness to all NOEEN communications and requests;
- Participation in CLASS observations; and
- Enrolling and registering all City Seats, B-3, LA4, and/or NSECD students through NCAP/EnrollNOLA according to policies in the approved NOEEN Coordinated Enrollment Framework.

*

Yes, I understand.

28. I understand that if I reduce the number of children I am willing/able to serve after submission of this application, it could impact future allocations. *

Yes, I understand.

29. I understand that if my program is unable to fill seats as required by NOEEN, those seats may be reallocated to another provider mid-year or the following year. *

Yes, I understand.

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***Here, you will provide a summarized version of your request. If you are not applying for a funding stream, please answer "0" for the number of seats requested for that field.**

Summarized Request

27. What is the largest number of students you'd like to have enrolled at your site total for the 2023-2024 school year? Your answer should take into consideration all funding sources you currently have, as well as licensing, teacher capacity, ratios, classroom capacity, etc. *

Maximum City Seats and/or B-3 Infants

Maximum Private-Pay/Tuition-Based Infants

Maximum City Seats and/or B-3 Ones

Maximum Private-Pay/Tuition-Based Ones

Maximum City Seats and/or B-3 Twos

Maximum Private-Pay/Tuition-Based Twos

Maximum City Seats, B-3, and/or NSECD Threes

Maximum Private-Pay/Tuition-Based Threes

Maximum LA4 and/or NSECD Fours

Maximum Private-Pay/Tuition-Based Fours

Total : 0.00

28. Please summarize your 2023-2024 coordinated funding request below: *

Total City Seats and/or B-3 Infants Requested:

Total City Seats and/or B-3 One-Year-Olds Requested:

Total City Seats and/or B-3 Two-Year-Olds Requested:

Total City Seats, B-3, and/or Three-Year-Olds Requested:

Total LA4 and/or NSECD Four-Year-Olds Requested:

Total : 0.00

If no tuition-based students projected, answer 0.

29. Please provide your projected number of 2023-2024 tuition-based students below: *

Infants

One-Year-Olds

Two-Year-Olds

Three-Year-Olds

Four-Year-Olds

Total : 0.00

30. Please provide the number of LA4 seats awarded for your site for 2022-2023 below: *

This number should reflect the number of LA4 seats awarded by the LDOE, not the number of students enrolled.

31. Please provide the number of NSECD seats awarded for your site for 2022-2023 below: *

This number should reflect the number of LA4 seats awarded by the LDOE, not the number of students enrolled.

Three-Year-Olds

Four-Year-Olds

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***If you wish to apply for Threes, select "yes," that you wish to apply. This will trigger additional questions to appear.**

Funding for Three-Year-Olds (City Seats, B-3, & NSECD)

52. Does your site currently have the necessary supplies and is licensed to serve three-year-old (35 Months - 47 Months) children? *

- Yes
- No

53. Do you wish to apply to receive public funding for three-year-old seats? *

- Yes
- No

54. What funding source(s) are you willing to receive for three-year-old seats? *

Select all that apply.

- City Seats
- B-3 (formerly PDG)
- NSECD

55. Please provide the total number of three-year-olds your site can serve within your licensed capacity, room configurations, and staffing: *

56. How many three-year-olds are currently enrolled at your program? *

57. You previously answered that you would like to receive 1 publicly-funded three-year-olds.

***This question will vary based on your summarized request.**

How would you like those seats to be distributed? *

City Seats

B-3

NSECD

.....
Total : 0

58. Are you applying for more publicly-funded three-year-old seats than your current licensed capacity allows? *

Yes

***If you select "yes," an additional question regarding how you plan to increase your capacity will appear.**

No

59. Do you charge tuition for any three-year-old students? If so, please provide your monthly rates below.

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***If you wish to apply for Fours, select "yes," that you wish to apply. This will trigger additional questions to appear.**

Funding for Four-Year-Olds (LA4 & NSECD)

32. Does your site currently have the necessary supplies to serve four-year-old (47 Months - 59 Months) children? *

Yes

No

33. What funding source(s) are you willing to receive for four-year-old seats? *

Select all that apply. LA4 funding is limited to public school-based centers. NSECD funding is limited to private school-based centers and Type III Child Care Centers.

LA4

NSECD

34. Please provide the total number of four-year-olds your site can serve within your licensed capacity (if applicable), room configurations, and staffing: *

35. How many four-year-olds are currently enrolled at your program? *

36. You previously answered that you would like to receive 1 publicly-funded four-year-olds.

***This question will vary based on your summarized request.**

How would you like those seats to be distributed? *

L4

NSECD

Total : 0.00

37. Are you applying for more publicly-funded four-year-old seats than your current capacity allows? *

Yes

***If you select "yes," an additional question regarding how you plan to increase your capacity will appear.**

No

38. Please describe how you plan to increase capacity to serve additional seats beyond your current capacity, if awarded: *

In your answer, please include information on not only physical space, but also resources need to serve children (materials, furniture, staffing, etc.).

39. Please describe accommodations available at your site for four-year-olds. *

Ex. Are there bathrooms with small toilets adjacent to the classroom(s)? Does your playground have equipment that is appropriate for four-year-olds? Please provide as much detail as possible.

40. Do you charge tuition for any four-year-old students? If so, please provide your monthly rates below.

41. I am interested in learning more about collaborating with a school on LA4. Please contact me about future partnership opportunities. *

Yes

No

Maybe

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Supporting Information (All Providers)

Family Supports:

42. How does your organization identify children who may have disabilities? *

Please provide as much detail as possible.

43. Describe how your organization supports children with disabilities. Please be as detailed as possible. *

44. Does your site have the following available? *

- Full-time staff trained to serve students with disabilities
- Part-time staff trained to serve students with disabilities
- Partnerships to support students with disabilities
- None of the above

***Additional questions will appear based on the supports your site provides (partnerships, staff, etc.)**

45. How many full-time staff trained to serve students with disabilities does your site have? *

46. What trainings or credentials do your part-time or full-time staff have related to supporting children with special needs/disabilities?

How do they work with children in your program? *

47. Please describe any partnerships your site has to support students with disabilities: *

48. Please upload any supporting documentation related to supports for students with disabilities here.

Supporting documentation is optional, but will help with the overall evaluation of your application. Do not include personal identifiable information of any children or families. Please send any files that are too large for this application to CFR@noeen.org, including your site name and the question associated.

Browse...

49. Describe how your organization supports English-language learners. Please be as detailed as possible. *

50. Does your site utilize any of the following for English-language learners? *

Select all that apply.

Utilizes a translation app or service for ELL families

All family/parent communications (texts, handbooks, etc.) are translated

Provides ELL services as needed

Uses bilingual curriculum

Full-time bilingual staff trained to serve students

Partnerships to support ELL students and families

Other - Write In

None of the above

***Additional questions will appear based on the supports your site provides (partnerships, staff, etc.)**

51. How many full-time bilingual staff trained to serve students does your site have? *

52. Describe any partnerships your site has to support English-language learners: *

53. Please upload any supporting documentation related to supports for ELL students and families here (ex. translated materials, etc.).

Supporting documentation is optional, but will help with the overall evaluation of your application. Do not include personal identifiable information of any children or families. Please send any files that are too large for this application to CFR@noeen.org, including your site name and the question associated.

Browse...

54. Describe how your organization supports families experiencing hardships (ex. unemployment, housing instability, etc.). Please be as detailed as possible. *

55. Does your site have the following available to support families experiencing hardships? *

Select all that apply.

- Compiled list of resources
- Established partnerships that connect families to resources
- Dedicated staff member available to assist families with applications, employment, etc.

Other - Write In

None of the above

***Additional questions will appear based on the supports your site provides (partnerships, staff, etc.)**

56. Describe any partnerships your site has to support families experiencing hardships: *

57. What is the name and title of the staff member assigned to assist families? *

58. Please upload any supporting documentation related to supports for families experiencing hardships here (ex. resource guides, flyers for events, etc.).

Supporting documentation is optional, but will help with the overall evaluation of your application. Do not include personal identifiable information of any children or families. Please send any files that are too

large for this application to CFR@noeen.org, including your site name and the question associated.

Browse...

59. Please select the option that best aligns with your transportation offerings for children enrolled in your PK4 program(s). *

- Paid transportation is available for some students.
- Paid transportation is available for all students.
- Free transportation is available for all students.
- Free transportation is available for some students.
- Other - Write In

60. Does your site offer before- or after-care options for families? *

Please select the most appropriate option.

- Our program offers both before-care and after-care at no cost.
- Our program offers both before-care and after-care for a fee.
- Our program offers only before-care or after-care, but not both.
- Our program does not offer extended care options.
- Other - Write In

61. Does your program require a uniform for PK4 children? *

Please select the most appropriate option.

- Yes
 - No
 - Uniforms are optional
 - Uniforms are sometimes required
-

62. Please describe your program's approach to incorporating arts, music, outdoor play, and STEM activities. *

63. Teacher credentials: *

Please populate below the the number of lead teachers who hold the following credentials at your program. Note: there should only be one lead teacher per classroom.

	Less than a high school diploma:	High School:	CDA or ECAC:
Infant Lead Teachers:	<input type="text" value="-- Please Select --"/>	<input type="text" value="-- Please Select --"/>	<input type="text" value="-- Please Select --"/>
Ones Lead Teachers:	<input type="text" value="-- Please Select --"/>	<input type="text" value="-- Please Select --"/>	<input type="text" value="-- Please Select --"/>
Twos Lead Teachers:	<input type="text" value="-- Please Select --"/>	<input type="text" value="-- Please Select --"/>	<input type="text" value="-- Please Select --"/>
Threes Lead Teachers:	<input type="text" value="-- Please Select --"/>	<input type="text" value="-- Please Select --"/>	<input type="text" value="-- Please Select --"/>
Fours Lead Teachers:	<input type="text" value="-- Please Select --"/>	<input type="text" value="-- Please Select --"/>	<input type="text" value="-- Please Select --"/>

64. What are your plans to recruit and/or retain credentialed teachers as outlined by program requirements? *

Required credentials can be found at the following links:

- [LA4](#)
- [NSECD](#)
- [City Seats](#)
- [B-3](#)

Please include details about workforce incentives if applicable, such as pay and benefits.



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Final Questions (All Providers)

97. We know that, given fluctuating enrollment, it can be hard to determine exactly how many seats you'd like to request in each individual age group. Please feel free to provide additional details here regarding your requested seats, i.e. how your request might change given different factors, etc. *

98. Is your site planning on expanding or moving your business prior to or during the 2023-2024 school year?

- Yes
- No
- Maybe

***If you select "yes" or "maybe," additional questions will appear for you to answer**

99. Please provide additional detail on your plan to move/expand.

100. We understand that the hiring process has been difficult for many providers, especially in the past couple of years. Do you have concerns with hiring and maintaining quality teachers, given the seats you requested? *

101. Receipt of funding requires participation in monitoring requirements and NOLA Public Schools Common Application Process (NCAP) (formerly known as OneApp), the coordinated enrollment process. Please describe your familiarity with public funding requirements such as NCAP. If you have not participated in this type of program before, please share how you know you will be successful. *

102. Please share any other information that you believe would be beneficial for the NOEEN review committee to know as they consider your request. *

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