



THE  
TERRI LYNNE LOKOFF  
**CHILD  
CARE**  
FOUNDATION™

*making America better  
by improving early care and education*

# APPLICATION

**The Terri Lynne Lokoff/Children's TYLENOL®  
National Child Care Teacher Awards™**



The Terri Lynne Lokoff/Children's TYLENOL® National Child Care Teacher Awards™ are being offered to child care teachers throughout the 50 states and the District of Columbia. The Awards acknowledge the critical role of child care teachers in providing quality child care. Applicants are required to design a project to enhance their classroom. The project should demonstrate the educational, social, and emotional benefits for the children and illustrate the critical role of the teacher. Award recipients will receive \$1000 -- \$500 as a stipend to acknowledge each child care teacher's special dedication and \$500 to fund the classroom enhancement project they each designed. The award recipients will be honored at a special ceremony on April 9, 2008 in King of Prussia, Pennsylvania. Transportation and housing are provided at no cost to the recipients!

In addition, the top ten qualifiers become finalists for the **Helene Marks Award** signifying the National Child Care Teacher of the Year. Finalists respond to additional questions and the top scorer receives an additional \$1,000 award with this honor.

## Eligibility Requirements

APPLICANTS MUST MEET THE FOLLOWING CRITERIA IN ORDER FOR AN APPLICATION TO BE CONSIDERED:

Eligible applicants must be employed in a home, group or center-based program that is fully compliant with local and state regulations for operating child care programs.

- \* Applicants must be working in their current regulated program for a minimum of 36 months by November 26, 2007.
- \* Applicants can apply having worked for the same child care entity for 36 months in more than one location. Applicants employed by a U.S. Military child care facility must be in their current location for a minimum of 12 months.
- \* Applicants must work a minimum of 35 hours per week with the same children, 12 months per year.
- \* Programs must be open a minimum of 10 hours a day, 5 days a week - 12 months a year.
- \* Applicants must be teachers of infant, toddler or preschool age children.
- \* Only one teacher per application may apply for this award.
- \* Only one application per center may be submitted.
- \* Multi-site agencies may submit one application per site.

## Not Eligible

- \* Teachers of part-day Head Start or other part-day preschool programs.
- \* Teachers of school age children in child care settings. (i.e. before/after school programs).
- \* Administrative Teachers (staff who have administrative responsibilities which prevent them from being a full-time teacher).
- \* Co-teachers or teaching teams are not eligible to share this award (Only one recipient per award).
- \* Applicants who have previously won a TLLCCF Child Care Teacher Award.
- \* Capital improvements to centers/homes will not be considered.

**COMPLETED APPLICATIONS MUST BE POSTMARKED NO LATER THAN December 7, 2007**

**(No applications postmarked after that date will be accepted.)**

## **How recipients are selected**

Applications are reviewed by a committee of early childhood educators and specialists. Applications are categorized in groups by state. Three committee members score each group of applications. The scores are tallied and averaged. The top 50 scored applications become the award recipients.

## **The Terri Lynne Lokoff Child Care Foundation (TLLCCF)**

The TLLCCF is a non-profit foundation that funds non-sectarian, \*non-profit child care programs dedicated to excellence. The TLLCCF funds benefit thousands of children, programs and educational scholarships at many outstanding child care agencies and academic institutions. The TLLCCF is committed to ensuring the availability of quality child care for all children.

\*Please note that teachers working at for-profit or non-profit child care centers are welcome to apply for the Awards. Child care teachers working in religiously affiliated programs are also eligible for this award.



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## Application Process

- \* Read entire application carefully before beginning.
- \* Verify that you meet all eligibility requirements listed the first page.
- \* Complete the questions in the proposed project section of the application.
- \* Complete applicant information section.
- \* Enclose three letters of support. One each from Director/Administrator, Parent, and Colleague.
- \* Use enclosed checklist to ensure that you have included all necessary materials for consideration, and that you and your director have signed to verify this.
- \* Submit all materials in one packet postmarked no later than **December 7, 2007**.

**\*NOTE: Other than letters of support, the application must be the work product of the applicant. Applications completed by grant writers are not eligible. By signing the Applicant's Consent Form on page 9 the applicant certifies that he/she has authored the responses. Only applications containing all completed forms, requested materials and appropriate number of copies will be accepted. NO EXCEPTIONS.**

## Application Requirements

**Your application must include five (5) completed and stapled sets (in the stated order below, each set must be stapled) and must include the following items:**

- \* **Part I –** Applicant Information —Type or neatly print answers in the space that is provided. (Applications can not be retyped or altered. Applications that are not legible will be disqualified).
- \* **Part II –** Proposed Project --Maximum one typewritten sheet of paper per question.
- \* **Part III –** Budget -- Answers must be typed or neatly printed on the enclosed chart.
- \* Provide a copy (not the original) of the current document demonstrating full compliance with local and state regulations for operating child care programs. This document must provide dates of validity. If applicable, a copy of accreditation certificate (not the original) should be included.
- \* One letter of support from a current parent of a child in the program/classroom.
- \* One letter of support from Director (if center employee) or Administrator (if affiliated home-based operator).
- \* One letter from a colleague.
- \* Family providers without an Administrator or colleague must submit two letters of support from current parents.
- \* Listing of calendar days the Child Care Center or Home facility is closed for the 2007-2008 year. Please include holidays and/or vacation.



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## Guidelines for Letters of Support

Applicant's  
Name \_\_\_\_\_

The above named teacher has applied for the Terri Lynne Lokoff/Children's TYLENOL® National Child Care Teacher Awards. As part of the selection process, your views help us to assess the teacher's skills and abilities.

- \* On one 8-1/2 x 11 page or less, please explain how the above named teacher and his/her classroom exemplifies the best in quality child care. You may cite specific examples.
- \* Include the length of time you have known the applicant.
- \* It is preferable that letters be typed on personal or professional letterhead. Neatly handwritten letters are acceptable. Please include the date written and your signature.

Letters of support are an integral part of the selection process.

Thank you in advance for helping to support quality child care.

Thank you for your participation,

*Marcy K. Bacine*

Marcy K. Bacine  
Child Care Specialist  
Terri Lynne Lokoff Child Care Foundation



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## **Application Instructions**

- \* The application may not be altered or retyped.
- \* All required materials must be included, appropriately copied and stapled in stated order.
- \* Applicants will receive a postcard verifying receipt of application.
- \* A review committee will select the award recipients.

**Please follow the instructions and checklist on the application requirement sheet.**

### **1. Applicant Information**

- \* Type or neatly print answers in space provided. Altered or illegible applications will be disqualified.

### **2. Proposed Project**

- \* Use no more than one typewritten page (8 ½ " x 11") to answer each question [note applications that exceed this limit will be disqualified.]
- \* Written answers must be in 12 point font and double spaced.
- \* Type or neatly print your name and child care center's name at the top of each page.

### **3. Letters of Support**

- \* You must include a letter from each of the following: a director or administrator, a parent of a current student, and a colleague.
- \* Family providers without an administrator or colleague must submit (2) letters of support from current parents.
- \* Applications with more than (3) required letters will be disqualified.

### **4. Submitting the Application**

- \* All materials must be sent together in one envelope (applicant information, proposal, budget, letters of recommendation and other documentation as stated on "Application Requirements.")
- \* Please keep a copy of the completed application for your records. Application materials will not be returned.
- \* Applications must be postmarked no later than December 7, 2007.
- \* Five copies of the completed application (each set must be stapled) must be submitted in one envelope for consideration.

**Please send completed application to: Terri Lynne Lokoff Child Care Foundation - TR  
320 S. Henderson Road, 2nd Floor  
King of Prussia, PA 19406  
Phone: 610-992-1140 • [tlccf@childcareabc.org](mailto:tlccf@childcareabc.org)**

## **Important Reminders**

- \* All entries must be postmarked no later than December 7, 2007. Entries postmarked after this date will not be accepted. Requests for a deadline extension will not be accepted under any circumstances.
- \* Entries should not exceed 11 pages except, if including an accreditation certificate, 12 pages is acceptable. Additional pages will disqualify application.
- \* Applications that have been recreated or altered in any way will not be accepted.
- \* Faxed entries will not be accepted.

**Applicants will be subject to disqualification if the guidelines listed above are not followed.**

**Only completed applications will be considered. There will be no exceptions.**

**Notification will be made by February 1, 2008.**



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## Part I – APPLICANT INFORMATION

Date \_\_\_\_\_

(PLEASE PRINT)

Applicant Name \_\_\_\_\_

Program Director (centers only) \_\_\_\_\_

Program Name \_\_\_\_\_

Program Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Program Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Home Telephone \_\_\_\_\_ E-Mail \_\_\_\_\_

Governor \_\_\_\_\_ U.S. Senator \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

How did you hear about the Awards? \_\_\_\_\_

No. of children in your program \_\_\_\_\_ Hours of operation \_\_\_\_\_

No. of years at this program \_\_\_\_\_ No. of years in the field \_\_\_\_\_

Please check one:

- Child Care Center       Family Child Care Home       Group Home

Education (indicate highest level of completed education) \_\_\_\_\_

If you have a college degree, name area of concentration \_\_\_\_\_

List any professional organizations you belong to \_\_\_\_\_

Name/Title of Project \_\_\_\_\_ # of children in classroom \_\_\_\_\_

We agree that if this grant is awarded, \$500 will be used to implement the project described in the application and \$500 will be given directly to the teacher.

Director's Signature \_\_\_\_\_ Date \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_



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## **PART II. – PROPOSED PROJECT**

**YOU MAY USE NO MORE THAN ONE TYPEWRITTEN SHEET OF PAPER TO ANSWER EACH QUESTION.**  
**See Application Instruction Sheet for specifications. Be sure to put your full name and center's name**  
**on each page.**

1. DESCRIBE YOUR CURRENT CLASSROOM INCLUDING THE FOLLOWING:
  - \* THE NUMBER, AGES AND DESCRIPTIVE DEVELOPMENTAL INFORMATION ABOUT THE CHILDREN.
  - \* THE PHYSICAL ARRANGEMENT AND HOW IT IS RESPONSIVE TO THE NEEDS OF THE CHILDREN.
  - \* YOUR TYPICAL MORNING AND YOUR ROLE IN RELATION TO THE CHILDREN'S EXPERIENCE.
  
2. HOW DO YOU PROPOSE TO USE THE \$500 TO ENHANCE YOUR PROGRAM? PROVIDE SPECIFIC INFORMATION ABOUT YOUR ROLE AND RELATIONSHIP WITH THE CHILDREN IN IMPLEMENTING YOUR IDEAS.



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## PART III. – BUDGET

APPLICANT NAME: \_\_\_\_\_

PROJECT TITLE: \_\_\_\_\_

LIST ALL COSTS ASSOCIATED WITH YOUR PROJECT:

<u>Item</u>	<u>Quantity</u>	<u>Cost Per Item</u>	<u>Total Cost</u>
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
<b>Total Project Cost</b>			\$

If your project costs exceed \$500 please indicate if you have secured additional funds and the source of those funds. Please use space below.

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**CHECK LIST – This page must be the first page of the completed application.**

**I have enclosed five collated copies of the completed application, each set is stapled and submitted in one envelope for consideration and includes the following:**

- Applicant Information Sheet
- Project Proposal
- Budget
- Current document demonstrating full compliance with local and state regulations for operating child care programs. Document must show date of inspection/review from state entity.
- Accreditation certificate (if applicable).
- Letter of support from a current parent of a child in your classroom or family/group home.
- Letter of support from Director (if center employee) or Administrator (if affiliated home-based provider).
- Letter of support from a colleague.
- Family providers without an administrator or colleague must submit two letters of support from current parents.
- Calendar of Dates closed for Child Care Center or Home for 2006-2007 year.
- Applicant's Consent Form. (This must be the last page of each set).

**\*\*Please verify that all of the above checked items are enclosed before signing and sending your application. Your application will not be reviewed by the selection committee unless all necessary information is included.**

**Yes, I have included all of the required information that I checked above. I understand that my application will not be accepted if anything has been omitted or I have not followed all of the directions.**

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Applicant's Name \_\_\_\_\_  
(Please Print)

Program Director's Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Centers Only)



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## **Applicant's Consent Form THIS MUST BE LAST PAGE OF APPLICATION**

I, \_\_\_\_\_, certify that if selected as one of the Terri Lynne Lokoff/Children's TYLENOL® National Child Care Teacher Awards™ Recipients, I will:

- \* Adhere to the guidelines for any requested materials, such as returning all requested information and materials within the required time, i.e. photographs and all pertinent information. I will forward a report and photos of the program that I design, when requested.
- \* Agree to implement the proposed project with the grant monies received.

I hereby state that I am the sole author of the answers to the written questions and that all statements made in this application are true and correct to the best of my knowledge.

I hereby grant the Terri Lynne Lokoff Child Care Foundation and any affiliated companies related to the Terri Lynne Lokoff/Children's TYLENOL® National Child Care Teacher Awards™ that they may authorize, and to their respective successors, assigns, licensees, employees and agents, the following rights to and in connection with the production, exhibition, distribution, advertising, promotion, publicizing (through the press or media) or of other charitable endeavors, throughout the universe, in all now known and hereafter devised media, including but not limited to book publication and magazine articles, and in any language: (a) to use this application or any excerpts there from; (b) to televise, photograph, film, tape or otherwise record me or my voice; and (c) to use my name, physical likeness or voice.

I further acknowledge and understand that the Terri Lynne Lokoff/Children's TYLENOL® National Child Care Teacher Awards™ is the sole responsibility of the Terri Lynne Lokoff Child Care Foundation and not the responsibility of the makers of Children's TYLENOL® or any other sponsor, whether title sponsor or otherwise.

I am aware that if I am selected as a recipient of the Terri Lynne Lokoff/Children's TYLENOL® National Child Care Teacher Awards™, any monies awarded to me and the facility that I am employed at will be payable as follows: \$500 will be used to fund the project of my creation and \$500 may be used at my own discretion.

Applicant Name: \_\_\_\_\_  
(Please Print Clearly)

Signature: \_\_\_\_\_ Date \_\_\_\_\_