



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



Official Application

The Terri Lynne Lokoff/Children's TYLENOL® National Child Care Teacher Awards™ is open to child care teachers throughout the 50 states, the District of Columbia, and on U.S. Air Force Bases around the world. The Awards acknowledge the critical role of child care teachers in providing high-quality child care. Award recipients will receive \$1,000 -- \$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 in early spring and will receive an all expense paid trip to the Philadelphia area. The top ten qualifiers become finalists for the **Helene Marks Award** to become the National Child Care Teacher of the Year. The top scorer receives an additional \$1,000 award with this honor.

Eligibility Requirements

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

- * Eligible applicants must be employed fulltime 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 December 4, 2009.
- * 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 32 hours per week, 12 months per year at the same center. Teachers must be with the same children for 10 consecutive months.
- * Programs must be open a minimum of 10 hours a day, 5 days a week, 12 months per 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.
- * TLLCCF Child Care Teacher Award winners from 1994 to 2005 may apply.

Not Eligible

- * Teachers of part-day Head Start or other part-day preschool programs.
- * Teachers of kindergarten children in childcare or other settings.
- * Teachers of school age children in child care settings. (i.e. before/after school programs).
- * Administrative Teachers (staff who have administrative responsibilities that 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).
- * TLLCCF Child Care Teacher Award winners from 2006 to present.
- * Capital improvements to centers/homes will not be considered.
- * **Applications completed, revised or modified by grant writers are not eligible.**

Deadline

- * **Completed applications must be postmarked December 4, 2009. No exceptions will be made.**

How recipients are selected

Applications are reviewed by a committee of early childhood educators and specialists. Three committee members score each group of applications. The top 50 scoring child care teachers 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 Instructions

Applications must include the following information:

Part I – Applicant Information —Typed or neatly printed answers in the spaces provided. (Application can not be retyped or altered. Applications that are not legible will be disqualified).

Part II – Proposed Project --Maximum one typewritten page per question. Margins-half inch to an inch, acceptable fonts: Times Roman, Garamond, Arial, and Arial Narrow - 10pt minimum. No Photos. Your name and center's name must appear on each page.

1. Describe your current classroom and include the following information:
 - Number, ages and descriptive developmental information about the children.
 - The physical arrangement of your classroom 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 idea.

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 2008-2009 year. Please include holidays and/or vacation.

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

Send completed applications to: Terri Lynne Lokoff Child Care Foundation - TR
Ross Corporate Center
100 Ross Road, Suite 160
King of Prussia, PA 19406
610-992-1140

Applicants are subject to disqualification if the guidelines listed above are not followed.
Only completed applications are considered. There are no exceptions.
Notification will be made in February 2010.



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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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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 _____

How did you hear about the Awards? _____

No. of children in center/program _____ No. of children in classroom _____

Hours of operation _____

No. of years at this program _____ Date of hire at this center _____ 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 other child care scholarships and awards won if any _____

List membership in professional organizations _____

Name/Title of Project _____

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

I have enclosed one copy of the completed application and included 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 2009-2010 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.

Do not include any additional information not required or photographs.

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 THE 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, including travel documents, bios, photos, and recipient information form by the expected date.
- * Attendance to the award ceremony is expected, but not mandatory.
- * Agree to implement the proposed project with the grant monies received.
- * Forward a report and photos of the program that I designed by July 30, 2010.

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, magazine articles, web site, social networking sites, 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.

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 _____