



Center for Early Childhood Professional Development
University OUTREACH • College of Continuing Education • The University of Oklahoma

REWARD OKLAHOMA FACILITY AGREEMENT

This document is an agreement between (Facility Name) and the Center for Early Childhood Professional Development. Under the terms of the agreement, teachers, directors and family child care providers employed by (Facility Name) and who meet the REWARD Oklahoma criteria will be eligible to receive the salary supplement.

(Facility Name) agrees to:

- I. Submit a new Facility Agreement when there is a change in facility information provided, including ownership or director, and submit a new agreement at least every 2 years.
II. Provide the Center for Early Childhood Professional Development with information on teachers and directors employed by the above named facility who have applied for a salary supplement from REWARD Oklahoma, every six months.
III. Provide the Center for Early Childhood Professional Development with information regarding their facility.
IV. Continue to give all staff any regularly scheduled raises regardless of whether or not they receive a salary supplement.
V. Be willing to accept families receiving child care subsidy and meet subsidy requirement.
VI. Agree that the information provided in this agreement is accurate, and if falsified can cause the facility to be permanently removed from the REWARD Oklahoma program.

I have read and understand the above agreement:

Owner (or Director's Supervisor) - PRINT NAME

Owner's (or Director's Supervisor) SIGNATURE

Director - PRINT NAME

Director's SIGNATURE

Date

Date

TURN OVER with arrow pointing right

**Facility Information** (To be completed by facility owner/director)

Facility Name (as it appears on OKDHS License): \_\_\_\_\_

Director's Name: \_\_\_\_\_

Director's E-mail Address for Employment Confirmations: \_\_\_\_\_

Facility Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Program Type (circle one):      **Family Child Care Home**      **Child Care Facility**

Head Start (circle one):      **YES**      **NO**

OKDHS License #: **K8** \_\_\_\_\_ OKDHS Subsidy Contract #: \_\_\_\_\_

Tribal License #: \_\_\_\_\_ Tribal Subsidy Contract #: \_\_\_\_\_

Tribal Affiliation: \_\_\_\_\_

Licensed Capacity: \_\_\_\_\_ # Teacher/Assistant Teachers: \_\_\_\_\_

# Children Enrolled: \_\_\_\_\_ # Children Receiving Subsidy Payment: \_\_\_\_\_

Star Level (circle one):      **1 Star**      **1 Star +**      **2 Star**      **3 Star**

Facility Operation (circle one):      **Year Round**      **10 Months** (Public School Year)

Facility Accredited (circle one):      **YES**      **NO**      If yes, by whom? \_\_\_\_\_

Auspice (circle one):      **Profit**      **Independent/Non-Profit**      **Head Start/First Start**  
   **Public**      **Religious Sponsored**      **Family Child Care Home**

**Center for Early Childhood Professional Development** agrees to:

- I. Verify participants' employment information initially and at the end of each six-month period.
- II. Evaluate participants' eligibility and determine the supplement amount based on their **Oklahoma Professional Development Registry** level and pay rate requirements.
- III. Notify participants of their eligibility.
- IV. Award salary supplements as long as participants continue to meet the eligibility requirements and funding is still available.

**MAKE ONE COPY AND RETURN ORIGINAL TO:**



**CECPD-REWARD Oklahoma**  
**1801 N. Moore Ave.**  
**Moore, OK 73160-3668**



For a complete list of Facility and Participant Requirements, go to the **REWARD Oklahoma** section of our website at [www.cecpd.org](http://www.cecpd.org) or call us at 405-799-6383 (metro) or 888-446-7608 (toll free).