**2021 COVID SERVICE RATE DOCUMENTATION**

**To be submitted with the COVID-19 Invoice (beginning April 2021)**

|  |
| --- |
| **Ready by Five COVID Rate: Professional Development Participation****Code: COVID-PDP** |
| **Name/Description of Professional Development Activity Completed & Date**  | **Name of Staff Completing Activity** | **Total Hours For This Training** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  | TOTAL HOURS OF TRAINING FOR THE MONTH: [INSERT AT THE BOTTOM OF THE COLUMN.] |

|  |
| --- |
| **Early Development Activity Delivery****Code: COVID-EDAD** |
| **Zip Code** | **Total Number of HOUSEHOLDS Reached** | **Total Number of CHILDREN Reached** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **TOTAL** |  |  |
| **Name(s) of Staff Person Developing or Delivering Materials:** |
|  |  |  |
| **Written Description of Materials Delivered (1-2 paragraphs). Reference the MDE Early Childhood Education Standard Learning Expectation or Standards of Quality for each activity in this description.**  |
|  |

|  |  |
| --- | --- |
|  | **Family Support****Code: COVID -FS**  |
| **Zip Code** | **Number of Households/Families Reached** | **Number of Children Reached** | **Number of Children Requiring External Translation Services** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **TOTAL** |  |  |  |
|  | **Name(s) of Staff Providing Support:** |
|  |  |  |  |

|  |
| --- |
| **Ready by Five****COVID Service Rate - Technology Access for Program Staff and Families (COVID-TAF)** |
| Agency Name:Program Name:For Month of:Date of Prior Approval from FSK: |
| *Make* | *Model* | *Description (i.e. tablet, Chromebook)* | *Serial Number* | *Cost of Unit* |
|  |  |  |  | *$* |
|  |  |  |  | *$* |
|  |  |  |  | *$* |
|  |  |  |  | *$* |
|  |  |  |  | *$* |
|  |  |  |  | *$* |
|  |  |  |  | *$* |
|  |  |  |  | *$* |
|  |  |  |  | *$* |
|  |  |  |  | *$* |
|  |  |  |  | *$* |
| *TOTAL PURCHASE* | *$* |