

# **The 2024 Terri Lynne Lokoff Teacher Awards**

This award acknowledges the critical role of childcare teachers in providing quality early care and education. Childcare teachers from all fifty states, the District of Columbia and on U.S. Military bases and installations around the world are invited to apply.

## **About the Award:**

Up to 30 teachers win each year. Each award recipient receives \$1000 for personal use and \$500 to implement a special project. The award ceremony will take place April 13th, 2024 at The Suzanne Roberts Theatre in Philadelphia Pennsylvania.

In addition to the cash prize, the award includes:

- A paid trip to historic Philadelphia including travel and accommodations
- Time to meet with peers and exchange ideas
- Special Awards ceremony
- Fun activities in Philadelphia, including a reception for all honorees and their guests

Out of the up to thirty teachers honored, one extraordinary educator will receive The Helene Marks Award which carries with it the honor of being named the National Child Care Teacher of the Year and an additional \$1,000 for a total award of \$2,000 plus \$500 to implement a project.

## **Judging:**

Contenders for an award answer a series of questions. A committee of education professionals score the applications based on a rubric.

**Application deadline postmarked by**

**January 16th, 2024**

**Download an application at <https://www.firstup.org/the-terri-lynn-lokoff-teacher-awards/>**

# **The Terri Lynne Lokoff Teacher Awards**

## **Official Application**

### **Eligibility Requirements:**

#### ***The Following Criteria Must Be Met In Order for an Application to be Considered:***

- Applicants must be full-time childcare teachers employed in a home, group or center-based program that is fully compliant with local and state regulations for operating childcare programs. 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.
- Applicants must be working as paid, full-time childcare teachers in their current regulated program for a minimum of 36 consecutive months (3 years) by December 2023.
- Applicants may apply having worked in a teaching position for the same childcare entity for 36 consecutive months (3 years) in more than one location.
- Applicants employed by a U.S. Military childcare facility in their current location for a minimum of 12 consecutive months.
- Programs must be open a minimum of 9 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.
- Terri Lynne Lokoff Teacher Award winners from 1994 to 2015 may reapply if they have won one time.
- Full day Head Start with wrap-around care programs. Teachers must be with the same children all day.

## **Not Eligible:**

- Teacher Award recipients who have won the Award twice.
- Teachers of part-day Head Start without Wrap-around Care Programs 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 (On one recipient per award).
- Terri Lynne Lokoff Teacher Award winners from 2016 to present.
- Projects that include capital improvements to centers/homes will not be considered.
- Applications completed, revised or modified by anyone other than the applicant (including but not limited to a grant writer, director, or any administrative staff) are not eligible.

## **Deadline:**

Completed applications must be postmarked by **January 16th, 2024**. No exceptions will be made.

First Up empowers and equips early childhood professionals, families, and other adults influential in young children's lives through training, coaching, and advocating to positively impact educational and developmental outcomes for young children.

Our goal is to ensure every child from birth to age eight has access to the highest quality care and education possible. We are committed to creating a path that allows them and their teachers to reach their full potential. We hope you will join us for our next 50 years of impact.

# The Terri Lynne Lokoff Teacher Awards

## Official Application

### Application Instructions:

*Application must include the following information:*

**Part I - Applicant Information** - Type or neatly print answers in spaces provided. Application may not be retyped or altered. Applications that are not legible will be disqualified.

**Part II - Questions** - Three to six sentences per question. Margins-half inch to an inch, 12pt minimum. No Photos. Print your name, center name and the total number of children in your classroom and their ages at the top of each page.

1. Describe your role in meeting the developmental needs of your children on a typical day.
2. Describe how you interact with the children.
3. Tell us about the children in your classroom –developmentally, physically, emotionally, cognitively, and socially.
4. Describe your classroom setting and how it meets the needs of the children.
5. Describe an interaction with a child or the children in your classroom that you are particularly proud of and why.

**Part III - Classroom Enhancement Project** - Maximum of 2 pages.

In essay form, describe the proposed classroom enhancement project, the goals you hope to achieve, and explain your role in implementing the project to best meet the needs of the children.

Additionally, please estimate the total cost of this project and discuss how you will cover the difference (if any) between the cost of your project and the \$500.00 project grant you will receive if selected.

**Part IV - Documentation** - Provide the following documents:

- A copy (not the original) of the center's current state license or a current document demonstrating full compliance with local and state regulations for operating childcare 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 of support 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 2023-2024 school 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 anyone other than the applicant (grant writer, director, or any administrative staff) 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 are considered. Applicants are subject to disqualification if the guidelines listed above are not followed. NO EXCEPTIONS.***

**All applicants will be notified by mail if they have won by March 1, 2024.**

**Send completed applications to:  
First Up, 1608 Walnut Street, Suite 300, Philadelphia Pennsylvania 19103**

# The Terri Lynne Lokoff Teacher Awards

## Official Application

### **Guidelines for Letters of Support:**

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

The above-named teacher has applied for the Terri Lynne Lokoff Teacher Award. 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, please explain how the above named teacher and his/her classroom exemplify the best in quality childcare. Please 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 required as they are an integral part of the selection process. Thank you in advance for helping to support quality childcare.

Thank you for your participation,

*Marcy K. Bacine*

*Committee Chair*

# The Terri Lynne Lokoff Teacher Awards

## Official Application

### **Part I – APPLICANT INFORMATION** (PLEASE PRINT)

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

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

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

If you have a college degree, name area of concentration:

\_\_\_\_\_

Do you have a current CDA Credential?

- Yes (Expiration Date: \_\_\_\_\_)  
 No

List childcare scholarships and awards won: \_\_\_\_\_

List membership in professional organizations: \_\_\_\_\_

Name/Title of Project: \_\_\_\_\_

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

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

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Program phone: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell: \_\_\_\_\_

E-Mail work: \_\_\_\_\_ E-Mail home: \_\_\_\_\_

Number of children in center/program: \_\_\_\_\_ Number of children in classroom: \_\_\_\_\_

Average age of children in classroom: \_\_\_\_\_

Center's daily hours of operation: \_\_\_\_\_

Months of operation: \_\_\_\_\_

Applicant's work schedule: \_\_\_\_\_ (e.g., 9-5, M-F)

Months worked per year: \_\_\_\_\_

Number of years at this program: \_\_\_\_\_ Date of hire at this center: \_\_\_\_\_

Number of years in Early Childhood Education: \_\_\_\_\_

Which best describes the program where you work:

- Child Care Center
- Family Child Care Home
- Group Home

I learned about the Awards program from:

- NAEYC
- NAEYC Affiliate
- CCRR
- A past Recipient
- T.E.A.C.H.
- Twitter/X
- Facebook
- I was a past Recipient (Year? \_\_\_\_\_)
- Other: \_\_\_\_\_



# The Terri Lynne Lokoff Teacher Awards

## Official Application

### (OPTIONAL) DEMOGRAPHIC INFORMATION (PLEASE PRINT)

First Up and the Terri Lynne Lokoff Teacher Awards are committed to equity, inclusion, and accessibility for all early childhood educators. Please provide the following information to help us better understand our application reach.

All information collected in this section will be used for internal, informational purposes only and will not be used in any way to determine eligibility, to inform application status, or to impact the awards selection process.

This form will be handled separately from application materials and will not be shared with any application reviewers. Please do not include your name, center, or any other identifying information on this sheet.

If you have additional questions about the information supplied on this document, please contact Ken Wesler at [ken.wesler@firstup.org](mailto:ken.wesler@firstup.org)

### **Completion of this section is optional.**

#### **How would you describe your race or ethnicity? (Select all that apply.)**

- Indigenous, American Indian or Alaska Native
- East Asian
- South Asian
- Southeast Asian
- Black or African American
- Hispanic, Latino/a or of Spanish origin
- Native Hawaiian or Other Pacific Islander
- Middle Eastern or North African Native
- White or European
- Other: \_\_\_\_\_
- Prefer Not to Answer

**What is your nationality or country of birth?** \_\_\_\_\_

#### **How would you describe your gender identity:**

- Man
- Non-Binary
- Women
- I prefer to self-describe: \_\_\_\_\_
- I prefer not to answer

**How old are you?** \_\_\_\_\_

**What is your sexual orientation? (Select all that apply)**

- Asexual
- Heterosexual (Straight)
- Homosexual (Lesbian/Gay)
- Bisexual and/or pansexual
- Gay
- Queer
- Lesbian
- I prefer to self-describe: \_\_\_\_\_
- I prefer not to answer

**Do you identify as transgender?**

- Yes
- No
- I prefer to self-describe: \_\_\_\_\_
- I prefer not to answer

**Do you have a disability or chronic condition (physical, visual, auditory, cognitive, mental, emotional, or other) that substantially limits one or more of your major life activities, including mobility, communication (seeing, hearing, speaking), and learning?**

- Yes
- No
- I prefer to self-describe: \_\_\_\_\_
- Prefer not to answer

**Are you a veteran or active member of the United States Armed Forces?**

- Yes
- No
- I prefer to self-describe: \_\_\_\_\_
- I prefer not to answer

# **The Terri Lynne Lokoff Teacher Awards**

## **Official Application**

### **Part III - Classroom Enhancement Project**

In essay form in a separate document, describe the proposed classroom enhancement project, the goals you hope to achieve and explain your role in implementing the project to best meet the needs of the children.

Estimated Total Project Cost: \_\_\_\_\_

If your project costs exceed \$500 please indicate how you will raise the funds for any difference between the project budget and dollars the teacher award would provide.

APPLICANT'S NAME: \_\_\_\_\_

# The Terri Lynne Lokoff Teacher Awards

## Official Application

### **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:**

- Part I – Application Information Sheet
- Part II - Completed questions
- Part III – Classroom Enhancement Project
- Part IV - Copy of current state license or document demonstrating compliance with local and state regulations for operating childcare 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 family/group home.
- Letter of support from Director (if center employee) or Administrator (if affiliated home-based provider). *Family providers without an administrator or colleague must submit a second letter of support from current parents.*
- Letter of support from a colleague. *If you are a family provider without a colleague, you may disregard this request.*
- Calendar of Dates closed for Child Care Center or Home for 2023-2024 year.
- Applicant's Consent Form. (This must be the last page.)

*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 photographs or any additional information not required or asked for. Do not staple or bind your application.*

# The Terri Lynne Lokoff Teacher Awards

## Official Application

### **Applicant's Consent Form – PLEASE PLACE AT THE END**

I affirm 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. \_\_\_\_\_ (Initial)

I certify that if selected as one of the Terri Lynne Lokoff Teacher Award Recipients, I will adhere to the guidelines for any requested materials, including travel documents, bios, photos, and recipient information by the expected date. \_\_\_\_\_ (Initial)

I certify that if selected to receive the project grant, I will implement the proposed project with the grant monies received and forward a report and photos of the project that I designed by September 30, 2024. If the applicant leaves the program before the project can be implemented, it is the program director's responsibility to implement the project and submit the final report. \_\_\_\_\_ (Initial)

I hereby grant First Up and any affiliated companies related to the Terri Lynne Lokoff 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 net- working sites, and in any language: (a) to use this application or any excerpts therefrom; (b) to televise, photograph, film, tape or otherwise record me or my voice; and (c) to use my name, physical likeness or voice; and, (d) use any images or reports provided by applicant in conjunction with its application or follow up reports. \_\_\_\_\_ (Initial)

I further acknowledge and understand that the Terri Lynne Lokoff Teacher Award is the sole responsibility of First Up and not the responsibility of any and all sponsors, whether title sponsor or otherwise. \_\_\_\_\_ (Initial)

If I am selected as a recipient of the Terri Lynne Lokoff Teacher Award, any monies awarded to me and the facility that I am employed at as entered on the application will be payable as follows: \$500 will be used to fund the project of my creation and \$1000 may be used at my own discretion. \_\_\_\_\_ (Initial)

By submitting my information to the awards committee and signing the application, I am giving First Up the absolute and irrevocable rights to use my name, child care facility name, quotes, and/or photos and images on the Internet, in print publications, video, multimedia presentations, and/or for any purpose which may include, but not limited to display, public relations, marketing or designs. \_\_\_\_\_ (Initial)

Applicant's Signature: \_\_\_\_\_

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

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

(Please Print)

Program Director's Signature: \_\_\_\_\_

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

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

(Please Print)

**Note:** Attendance at the awards ceremony is expected, but not mandatory.