



2023-2024  
MONTEREY COUNTY QRIS APPLICATION  
LICENSED FAMILY CHILD CARE AND CHILD DEVELOPMENT CENTER

How To APPLY

The completed application packet, all supplemental information, and documents must be emailed to [ggonzalez@montereycoe.org](mailto:ggonzalez@montereycoe.org) OR mailed and postmarked no later than June 15, 2023 to:

Monterey County Quality Matters  
ATTN: **Gelacio Gonzalez**  
901 Blanco Circle  
Salinas, CA 93901

If you need assistance in completing this application or have any questions, please contact Gelacio Gonzalez, Early Learning Program Specialist, at 831.755.0300, EXT. 1086 OR [ggonzalez@montereycoe.org](mailto:ggonzalez@montereycoe.org)

We encourage you to apply and we look forward to reviewing your application. Please understand that depending on funding and capacity we may not be able to take every person that applies.

Applicants will be Notified of their Award Status by **July 14, 2023**

**\*\*Please note all staff must register on the ECE Workforce Registry and complete their profile by uploading transcripts and professional development certificates.**

*Centers must apply for Administrative status on ECE Workforce Registry and include a Staff Roster with application. Sample report included for reference (See Appendix A).*

*Please visit [www.caregistry.org](http://www.caregistry.org) for more information.*

*Applicants who are not accepted into QRIS/QIS may be placed on a waitlist or re-apply subject to available funding for FY 2024-25.*



**SITE CONTACT INFORMATION**

Site Facility Name (as shown on child care license): \_\_\_\_\_

Corporate Name: \_\_\_\_\_

Number of Years in Operation: \_\_\_\_\_ License Number(s): \_\_\_\_\_

License Date: \_\_\_\_\_ License Capacity: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

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

Zip: \_\_\_\_\_ School district you reside in: \_\_\_\_\_

Program Director: \_\_\_\_\_ ECE Workforce Registry #: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

*\*The Program Director will be the person signing all contracts & MOUs from Quality Matters*

Accounts Receivable / Financial Contact: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

*\*The financial contact will be the person overseeing and receiving stipends/block awards from Quality Matters*

Site Supervisor: \_\_\_\_\_ ECE Workforce Registry: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Curriculum Used: \_\_\_\_\_

Does your program operate on a full-day or part-day basis? Please check the appropriate box

- Full-day                       Part-day                       Both

Daily Opening Time: \_\_\_\_\_ Daily Closing Time: \_\_\_\_\_

Total Number of Months of Operation: \_\_\_\_\_

Does your site close at any time for more than 2-3 consecutive weeks, including summers?

- Yes (Complete next question)       No

If closing, please specify dates: \_\_\_\_\_

*Please provide Quality Matters with a copy of your site calendar*

## SITE FUNDING INFORMATION

Which of the following organizational structures best describes your site?

- For-Profit       Non-Profit       Public Agency       License Exempt

Please check all applicable funding sources and descriptions of your site:

- Early Head Start     Head Start       Parent fees/Tuition     Alternative Payment Vouchers

- California State Preschool Program (Title 5).     Program funded by IDEA, Part B and C

- Title 1 Sites       State Funded Migrant Sites       General Childcare CCTR Infant and Toddler

- Tribal Sites       Title 22 Private Center       Licensed Family Child Care Home

- Other source(s), please specify: \_\_\_\_\_

- FCC Educators Only:** Who do you contract with? Please include vendor # of agency.

- MAOF # \_\_\_\_\_     GOKids # \_\_\_\_\_     CAPSLO # \_\_\_\_\_     Early Development Services # \_\_\_\_\_

*\*Vendor number may be located on the contract issued by the contracting agency.*

## SITE PROGRAM INFORMATION

Select Quality Matters services can be provided in the following languages: Spanish or other upon request.

Please check the languages (other than English) for which you and/or your STAFF may need services:

- Spanish       Other(s): \_\_\_\_\_

What is the language(s) of instruction in your program? \_\_\_\_\_

Is your site NAEYC accredited?  Yes       No (if yes, please provide copy of certificate)

Does your site use a validated developmental screening tool (such as the ASQ.3 or ASQ:SE.2) to screen children within your site?     Yes       No

Does your site upload the Desired Results data into DRDP Online?     Yes     No

*If yes, who enters the data into DRDP Online?*

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Does staff use DRDP results to guide curriculum?  Yes     No

If yes, please describe the process and frequency of input:

## CHILD DEMOGRAPHICS

Please provide the name and title of the person who registers and enrolls new families to your site:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

How many children are currently enrolled for each of the following age groups at this site?

Number of <b>Infants</b> (0 -17 months):	Full-time ( )	Part-time ( )
Number of <b>Toddlers</b> (18 months- 35 months):	Full-time ( )	Part-time ( )
Number of <b>Preschoolers</b> (36 months- Kinder Entry):	Full-time ( )	Part-time ( )
Number of <b>School-Age</b> youth (5 years of age and older):	Full-time ( )	Part-time ( )
<b>Total Number of Children/Youth served at this site:</b>	<b>Full-time ( )</b>	<b>Part-Time ( ) Total ( )</b>

Please list the number of children currently enrolled for each category below:

*Dual Language Learners:* children that are exposed to another language that isn't English in the setting home: \_\_\_\_\_

**Language Counts: Number of children from homes by primary language:**

English :\_\_ Cantonese :\_\_ Korean :\_\_ Filipino :\_\_ Mandarin :\_\_ Russian:\_\_\_\_  
Spanish :\_\_ Mixteco :\_\_ Triqui:\_\_\_\_ Arabic :\_\_ Punjabi :\_\_\_\_ ASL:\_\_\_\_  
Vietnamese \_\_\_\_ Japanese:\_\_ Unknown:\_\_ Other : \_\_\_\_\_

**Number of children served by Race/Ethnicity:**

Hispanic or Latino: \_\_\_\_ American Indian or Alaskan Native: \_\_\_\_ African American: \_\_\_\_  
Asian: \_\_\_\_ Native Hawaiian or other Pacific Islander: \_\_\_\_ White: \_\_\_\_  
More Than One Race: \_\_\_\_ Unknown/Declined to state: \_\_\_\_

**Number of Children with Special Needs:**

Children screened with a developmental screening (e.g. ASQ.3 & ASQ-SE.2) tool: \_\_\_\_

Children receiving subsequent referrals based on screening: \_\_\_\_

Children (Birth to 3) with an **IFSP**: \_\_\_\_

Children (3 & up) with an **IEP**: \_\_\_\_

Children with Voucher Payments: \_\_\_\_

Unhoused Children: \_\_\_\_

(As defined by the McKinney-Vento Homeless Assistance Act)

Children in Foster Care: \_\_\_\_

*Children with Special Health Needs/Disabilities are protected by the Americans with Disabilities Act (ADA). Please describe the Special Health Needs/Disabilities of the children currently enrolled:*

## PROGRAM PATHWAYS

Quality Matters offers two different participation pathways; QRIS or QI. Please see the chart below, for more information. **Select your preferred pathway below (please note that preference is NOT guaranteed)?**

<input type="checkbox"/> <a href="#">Quality Improvement (QI) Pathway</a>	<input type="checkbox"/> <a href="#">Quality Rating Improvement System (QRIS) Pathway</a>
<ul style="list-style-type: none"> <li>● Orientation with Quality Matters team (1 hour)</li> </ul>	<ul style="list-style-type: none"> <li>● Orientation with Quality Matters team (1 hour)</li> </ul>
<ul style="list-style-type: none"> <li>● Participate in coaching (up to 40 hours)</li> </ul>	<ul style="list-style-type: none"> <li>● Participate in coaching (up to 40 hours)</li> </ul>
<ul style="list-style-type: none"> <li>● Attend QM sponsored professional development offerings throughout the year (21 hours minimum)</li> </ul>	<ul style="list-style-type: none"> <li>● Attend QM sponsored professional development offerings throughout the year (21 hours minimum)</li> </ul>
<ul style="list-style-type: none"> <li>● Attend QM Environment Rating Scale (ERS) and CLASS overview trainings</li> </ul>	<ul style="list-style-type: none"> <li>● Attend QM Environment Rating Scale (ERS) and CLASS overview trainings</li> </ul>
<ul style="list-style-type: none"> <li>● Participate in annual Quality Improvement goal development</li> </ul>	<ul style="list-style-type: none"> <li>● Participate in annual Quality Improvement goal development</li> </ul>
<ul style="list-style-type: none"> <li>● Obtain a Professional Growth Advisor</li> </ul>	<ul style="list-style-type: none"> <li>● Obtain a Professional Growth Advisor</li> </ul>
	<ul style="list-style-type: none"> <li>● Schedule a CLASS assessment conducted on your site by Quality Matters team</li> </ul>
	<ul style="list-style-type: none"> <li>● Participate in QRIS rating process based on the <a href="#">California QRIS Matrix</a> elements</li> </ul>
<ul style="list-style-type: none"> <li>● Receive \$1,000 for participating in Quality Matters as a QI Pathway</li> </ul>	<ul style="list-style-type: none"> <li>● Receive \$4,200 or \$5,200 depending on your overall tier rating score</li> </ul>

**Sites that enter as a QRIS site are required to move into rated status within the first 6 months of enrollment. Ratings are posted on the Quality Matters website. [www.qualitymattersmonterey.org](http://www.qualitymattersmonterey.org)**

**Are you willing to have your rating posted on a website?**  Yes  No

**Has your site been assessed on either the ERS or the CLASS in the last 13 months by an independent and reliable assessor?**  Yes  No

**If yes, please provide scores, date of assessment and name of assessor:**

**STAFF DEVELOPMENT**

**Do you have a current Site Improvement Plan?**  Yes  No

*For EESD-funded agencies: i.e. FY 20/21 Age Appropriate Environment Rating Scale (Form 4002), and/or the Desired Results Developmental Profile (Form 4004), etc.?*

If yes, what are your site goals for improvement? What do you hope to gain by participating?

**Do you provide time for staff meetings?**  Yes  No

*If yes, How often does your staff meet? \_\_\_\_\_*

**How long are your staff meetings?** \_\_\_\_\_

**Do meetings allow for staff development opportunities?**  Yes  No

**Will Quality Matters be able to present information at this time if necessary?**  Yes  No

**Does your agency provide feedback to staff on a regular basis?**  Yes  No

If yes, please describe the process and frequency of feedback (e.g. regularly scheduled meetings, unscheduled/as needed meetings, bi-annual performance review, etc.)

Visit the [Quality Matters Calendar webpage](#) to view upcoming professional learning opportunities.

## SITE STAFF INFORMATION

Quality Matters supports all ECE educators in reaching their professional goals. In addition to our professional development calendar of events, we offer professional growth advising to our participating sites.

**Does your site have a designated Professional Growth Advisor who reviews Child Development permits annually and creates professional growth plans for educators?** Yes  No  *\*If yes, please provide copies of transcripts and permit.*

*Please list all, Lead Teachers, Teachers, Instructional Aides, Aides, Teacher Assistant, and Para Educators below.*

	Classroom Name:	Age Group:	Length of Day: AM, PM, Full Day	Educator's Name:	Does Educator have an active Professional Growth Plan: <input type="checkbox"/> Yes <input type="checkbox"/> No	Job Title:	Email: <i>(Required for all)</i>	ECE Workforce Registry Number: <i>(Required for all)</i>
1		<input type="checkbox"/> I <input type="checkbox"/> T <input type="checkbox"/> P	<input type="checkbox"/> A <input type="checkbox"/> P <input type="checkbox"/> F		<input type="checkbox"/> Yes <input type="checkbox"/> No			
2		<input type="checkbox"/> I <input type="checkbox"/> T <input type="checkbox"/> P	<input type="checkbox"/> A <input type="checkbox"/> P <input type="checkbox"/> F		<input type="checkbox"/> Yes <input type="checkbox"/> No			
3		<input type="checkbox"/> I <input type="checkbox"/> T <input type="checkbox"/> P	<input type="checkbox"/> A <input type="checkbox"/> P <input type="checkbox"/> F		<input type="checkbox"/> Yes <input type="checkbox"/> No			
4		<input type="checkbox"/> I <input type="checkbox"/> T <input type="checkbox"/> P	<input type="checkbox"/> A <input type="checkbox"/> P <input type="checkbox"/> F		<input type="checkbox"/> Yes <input type="checkbox"/> No			
5		<input type="checkbox"/> I <input type="checkbox"/> T <input type="checkbox"/> P	<input type="checkbox"/> A <input type="checkbox"/> P <input type="checkbox"/> F		<input type="checkbox"/> Yes <input type="checkbox"/> No			
7		<input type="checkbox"/> I <input type="checkbox"/> T <input type="checkbox"/> P	<input type="checkbox"/> A <input type="checkbox"/> P <input type="checkbox"/> F		<input type="checkbox"/> Yes <input type="checkbox"/> No			
8		<input type="checkbox"/> I <input type="checkbox"/> T <input type="checkbox"/> P	<input type="checkbox"/> A <input type="checkbox"/> P <input type="checkbox"/> F		<input type="checkbox"/> Yes <input type="checkbox"/> No			
9		<input type="checkbox"/> I <input type="checkbox"/> T <input type="checkbox"/> P	<input type="checkbox"/> A <input type="checkbox"/> P <input type="checkbox"/> F		<input type="checkbox"/> Yes <input type="checkbox"/> No			
10		<input type="checkbox"/> I <input type="checkbox"/> T <input type="checkbox"/> P	<input type="checkbox"/> A <input type="checkbox"/> P <input type="checkbox"/> F		<input type="checkbox"/> Yes <input type="checkbox"/> No			

**Do you need support with the ECE Workforce Registry?** Yes  No

*\*All participating staff are required to have an ECE Workforce Registry ID number.*

## ECE PROFESSIONAL DEVELOPMENT ACTIVITIES

**Have you or your staff participated in any ECE professional development activities or quality improvement programs?**  Yes  No

**If yes, please indicate which activities below (check all that apply in both columns):**

	<b>Currently Participating</b>	<b>Previously Participated</b>
California Early Childhood Mentor Program	<input type="checkbox"/>	<input type="checkbox"/>
MAOF's Child Care Initiative Project (CCIP):	<input type="checkbox"/>	<input type="checkbox"/>
CLASS coaching/training	<input type="checkbox"/>	<input type="checkbox"/>
Community college classes on child development, child care, etc.	<input type="checkbox"/>	<input type="checkbox"/>
CSEFEL (CA Teaching Pyramid) training	<input type="checkbox"/>	<input type="checkbox"/>
DRDP training	<input type="checkbox"/>	<input type="checkbox"/>
Resource and Referral agency trainings	<input type="checkbox"/>	<input type="checkbox"/>
Program for Infant Toddler Care (PITC) training and/or consultation	<input type="checkbox"/>	<input type="checkbox"/>
First 5 MC Infant Family Early Childhood Mental Health Training	<input type="checkbox"/>	<input type="checkbox"/>
On-site professional development training	<input type="checkbox"/>	<input type="checkbox"/>
Program Administration Scale (PAS)/Business Administration Scale (BAS) Assessment	<input type="checkbox"/>	<input type="checkbox"/>
First 5 MC Technical Assistance	<input type="checkbox"/>	<input type="checkbox"/>
<i>Other(s):</i> _____	<input type="checkbox"/>	<input type="checkbox"/>

**Do your educators have a Professional Growth Advisor?**  Yes  No

**If yes, do your educators have a Professional Growth Plan?**  Yes  No

**Can your staff commit to attending Quality Matters sponsored trainings in the CLASS and ERS tools?**

These will be scheduled on Saturday mornings and/or weekday evenings.  Yes  No



**TECHNICAL ASSISTANCE COACHING**

Please share the following information and have participating staff sign the statement below confirming they are aware of Quality Matters and the QRIS Matrix and site support system.

ENROLLED SITES ARE RESPONSIBLE FOR SHARING THE FOLLOWING INFORMATION WITH ALL STAFF:

- The intent of Quality Matters - QRIS and QI
- Elements and requirements included in QRIS and QI
- The site supervisor, director or owner’s expectations for participation

Have you provided the above information to all staff at your site?  Yes  No

*Participation in QRIS may include participating in technical assistance coaching, onsite, offsite professional development, or participating in online webinars.*

Provide an anticipated time schedule for your assigned coach to visit your site in order to observe staff and provide technical assistance.

Time Slot	Monday	Tuesday	Wednesday	Thursday	Friday
Morning					
Afternoon					
Evening					

How would you prefer to meet with your coach?  Virtual  In person  Hybrid (both)

QRIS and QI Sites will have the opportunity to participate in **various workshops**.

Are you and staff willing and able to participate in webinars or travel to off-site meetings (location TBD) in the evenings or on weekends?  Yes  No

If no, please explain why:

Do you and/or staff need support with using Zoom?  Yes  No

**Staff Signatures:**

*I have been informed of the opportunities QRIS will offer our site and my personal professional development.*

Name, Title	Signature

## SELF-CERTIFICATION OF LICENSING COMPLIANCE

All participating sites' licenses must be current and "In Good Standing," which means a licensed child care center or family childcare home that currently does not have any of the following:

- 1.) A non-compliance conference
- 2.) An administrative action taken or in the process of being taken (includes denied application, denied exemption, temporary suspension order, expedited revocation action, revocation action or exclusion action that is being initiated, in process, or already taken)
- 3.) A probationary License

**Please provide all Facility Evaluation Reports from the last 12 months.**

*If a site license is changed to anything other than "In Good Standing," the QRIS rating and QIS services to the site are suspended (rating suspended and program no longer receiving QRIS or QIS site-level Quality Improvement resources, including financial incentives, technical assistance, coaching, and on-site training).*

- I certify that my site is in **GOOD STANDING** with Community Care Licensing
- I certify that my site is **NOT IN GOOD STANDING** with Community Care Licensing. If this is due to a non-compliance hearing, please fill in the items below:

Date of Hearing: \_\_\_\_\_

Anticipated date that site will be changed to "Good Standing": \_\_\_\_\_

Summary of reason for hearing or attach documentation:

\*\*\* If you are unsure of whether your site is in **GOOD STANDING** with Community Care Licensing, please contact Community Care Licensing at (408) 324-2148.

\*\*\***Please note: Monterey County QRIS contacts Community Care Licensing to verify your site is in "GOOD STANDING."**



***I certify that the information provided in this application is true and correct. This form gives permission to QRIS staff to discuss my application with partnering QRIS agencies, Community Care Licensing and the funders of QRIS.***

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

***\*How did you hear about Quality Matters?***

- Friend** Please provide name of referral: \_\_\_\_\_
- Social Media:** \_\_\_\_\_
- Agency:** \_\_\_\_\_
- Other:** \_\_\_\_\_

**For more information and additional resources, please visit: [Quality Matters Monterey County](https://www.qualitymattersmonterey.org/calendar)  
<https://www.qualitymattersmonterey.org/calendar>**

<b>For Internal QRIS Office use:</b>	
Date Received: _____	Initials: _____
Licensed Capacity: _____	
# Classrooms onsite: _____	
circle status:	
Site/District Calendar: Yes / No	Funding Source: Private State Blended
Serves Infants/Toddlers: Yes / No	ECE Registry Program Staff Report : Yes / No
Facility Evaluation Reports: Yes / No	Close for more than 3 weeks: summer winter
Accepted / Waiting List: QI QRIS Denied	