MONTEREY COUNTY QRIS APPLICATION FY 2016-17
LICENSED FAMILY CHILD CARE AND CHILD DEVELOPMENT CENTERS

HOW TO APPLY

The completed application packet and all supplemental information and documents must be emailed to ghernandez@montereycoe.org OR hand delivered by <u>5:00 PM</u> <u>on</u> October 28, 2016 to:

Monterey County QRIS
ATTN: Gabriela Hernandez
901 Blanco Circle
Salinas, CA 93901

If you need assistance in completing this application or have any questions, please contact Eliza Gomez, QRIS Coordinator, at **(831) 831.783.5289 or elgomez@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 **Nov. 10, 2016.**

Applicants who are not accepted into QRIS/QIS may contact Eliza Gomez, QRIS Coordinator to discuss the reasons, at 831.783.5289. Applicants may be placed on a wait list or reo apply subject to available funding for FY 2017 - 2018.

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

License Number(s): _____

Number of years in operation: _____

Address: _____

City: _____   Zip: _____

Site Supervisor/Director: _____

Email Address: _____   Phone: _____

Fax: _____   Cell Phone: _____

Does your center operate on a full-day or part-day basis? Please check the appropriate box and specify the hours and days of operation.

☐ Full-day   ☐ Part-day   ☐ Both

Hours of service:

☐ **Mon**	☐ **Tues**	☐ **Wed**	☐ **Thurs**	☐ **Fri**	☐ **Sat**	☐ **Sun**
_____ a.m.	_____ a.m.	_____ a.m.	_____ a.m.	_____ a.m.	_____ a.m.	_____ a.m.
to	to	to	to	to	to	to
_____ p.m.	_____ p.m.	_____ p.m.	_____ p.m.	_____ p.m.	_____ p.m.	_____ p.m.

Does your site close at any time for more than 3 consecutive weeks, including summers?
☐ Yes (Complete next question)   ☐ No

When will this be? (Please list approximate dates)

_____

SITE STAFF INFORMATION

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):

ECE Professional Development Activities or Quality Improvement Programs	Currently Participating	Previously Participated
AB212	☐	☐
Monterey Peninsula College California Early Childhood Mentor Program	☐	☐
First 5 MC CARES	☐	☐
Child Care Initiative Project (CCIP):	☐	☐
CLASS coaching/training	☐	☐
Community college classes on child development, child care, etc.	☐	☐
CSEFEL (Teaching Pyramid) training	☐	☐
DRDP training	☐	☐
Resource and Referral agency trainings on child development and/or child care	☐	☐
Program for Infant Toddler Care (PITC) training and/or consultation	☐	☐
First 5 MC Infant, Toddler, Preschool, and Family Mental Health Transdisciplinary	☐	☐
On-site professional development training	☐	☐
Program Administration Scale (PAS)/Business Administration Scale (BAS) Assessment	☐	☐
First 5 MC Technical Assistance	☐	☐
Other(s): _____	☐	☐

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

☐ Cal Safe   ☐ State Funded Pre-school   ☐ 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: _____

SITE PROGRAM INFORMATION

Select Quality Matters services can be provided in the following languages: Spanish, or other upon request. Please note that some services may not be available in languages other than English due to coaching capacity and availability of resources (videos and written documents) in that language.

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? _____

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 explain and provide scores, date of assessment and name of assessor:

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

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

Number of **Infants** (0 -12 months):	Full-time ( ) Part-time ( )
Number of **Toddlers** (13 months- 35 months):	Full-time ( ) Part-time ( )
Number of **Pre-Schoolers** (3-5 years old) including children not eligible for Kindergarten:	Full-time ( ) Part-time ( )
Number of **School-Age** youth (5 years of age and older):	Full-time ( ) Part-time ( )
Total Number of **Children/Youth** served at this site:	Full-time ( ) Part-time ( )

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

Children who speak a language other than English at home:

_____

Children who receive subsidized child care, **including sliding scale based on family size and income** (does not include children with vouchers):

_____

Children with parents paying full fee:

_____

Children who are paid for through an Alternative Payment voucher:

_____

Children with Special Health Needs/Disabilities: (see below for qualifications and additional questions)

_____

Children with Special Health Needs/Disabilities:

1. Have, or are at–risk for a developmental disability as defined by the Individuals with Disabilities Education Act (IDEA) Part C (Early Start 0-3 years old)
2. Or, have a specific diagnosis as defined by Individuals with Disabilities Education Act (IDEA) Part B (3 years and above)
3. Or, who do not fit 1, 2 or 3 above, but whose mental health, behavior, development, and/or health as defined by a licensed professional (physician, nurse, social worker, psychologist, speech specialist, etc.) requires services above and beyond those required by children generally. This includes conditions lasting 6 months or more that have been identified by the licensed professional.

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:

SITE CLASSROOM INFORMATION: DUPLICATE THIS FORM TO LIST ALL CLASSROOMS

For every classroom, please identify the lead teacher for QRIS/QIS purposes. If you do not have a Lead Teacher (i.e. all teachers have same title), please designate the teacher with the highest level of education qualifications.

Site Name: _____

Name of Classroom: _____

Age of Children in this Classroom: _____

Lead Teacher: _____

Teacher Name	Job Title	Email Address

Name of Classroom: _____

Age of Children in this Classroom: _____

Lead Teacher: _____

Teacher Name	Job Title	Email Address

Do you want to apply as a QRIS or QIS site (please note that preference is NOT guaranteed)?

☐ QRIS ☐ QIS ☐ Either QRIS or QIS

Please explain why:

Sites who enter as a QRIS site are required to move into rated status within the first 6 months of enrollment. Do you anticipate any challenges with becoming a rated site?

☐ Yes ☐ No

If yes, please explain why:

Please explain why you want to participate in. What are your goals for improvement? What do you hope to gain by participating?

How will you ensure that you and your staff will be able to participate in QRIS or QIS (i.e. have time for regular meetings with the coaches or consultants, have the ability to make changes in your program, meet the PD requirements, etc.)? *Participation in QRIS may include participating in technical assistance implementing ASQ screenings, and/or teachers enrolling in college courses, attending trainings in the community or participating in online trainings.*

QRIS and QI Sites will have the opportunity to participate in the **Peer Learning Community Circles** & **Trainings**. Are you willing and able to travel to off-site meetings (location TBD) in the evenings or on weekends?

☐ Yes ☐ No   If no, please explain why:

Do you anticipate any barriers to participating in any of the above-mentioned activities?

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

- The intent of QRIS and QIS
- Elements and requirements included in QRIS and QIS
- The site supervisor, director or owner's expectations for participation

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

How did the staff respond?

Describe your site's current staff meeting structure. How will this structure facilitate the necessary on-going communication and meetings that will be a part of Quality Improvement activities?

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.)

Does staff have the opportunity to provide their supervisor and/administration with input?

☐ Yes   ☐ No

If yes, please describe the process and frequency of input (e.g. regularly during meetings, suggestion box, annual survey)

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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

1) 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)

2) A probationary License

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-complicance 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:

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*** 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

For more information and additional resources, please visit: Quality Matters Monterey County website