



2024-2025
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 kocampo@montereycoe.org OR mailed and postmarked no later than June 28, 2024, to:

Monterey County Quality Matters
ATTN: **Karla Ocampo**
901 Blanco Circle
Salinas, CA 93901

If you need assistance in completing this application or have any questions, please contact Karla Ocampo, Administrative Assistant for Early Care & Education, at
831.755.0300, EXT. 1386 OR kocampo@montereycoe.org

We encourage you to apply and look forward to reviewing your application. Please understand that, depending on funding and capacity, we may only be able to take some applicants.

Applicants will be notified of their Award Status by **August 1, 2024**

****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 the ECE Workforce Registry and include a Staff Roster with the application. Please visit 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 2025-26.



SITE CONTACT INFORMATION

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

Agency 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: _____

FCCHEN Sites Only: Who do you contract with? Please include the state vendor # of the 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 a copy of the 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 Infants (0 -17 months):	Full-time ()	Part-time ()	
Number of Toddlers (18 months- 35 months):	Full-time ()	Part-time ()	
Number of Preschoolers (36 months- Kinder Entry):	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 ()	Total ()

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. **Please select your preferred pathway below (please note that preference is NOT guaranteed).**

<input type="checkbox"/> Quality Improvement (QI) Pathway	<input type="checkbox"/> Quality Rating Improvement System (QRIS) Pathway
<ul style="list-style-type: none"> ● Orientation with Quality Matters team (1 hour) 	<ul style="list-style-type: none"> ● Orientation with Quality Matters team (1 hour)
<ul style="list-style-type: none"> ● Participate in coaching 	<ul style="list-style-type: none"> ● Participate in coaching
<ul style="list-style-type: none"> ● Attend QM-sponsored professional development offerings throughout the year (21 hours minimum) 	<ul style="list-style-type: none"> ● Attend QM-sponsored professional development offerings throughout the year (21 hours minimum)
<ul style="list-style-type: none"> ● Attend QM CLASS 2.0 and CLASS Environment overview training 	<ul style="list-style-type: none"> ● Attend QM CLASS 2.0 and CLASS Environment overview training
<ul style="list-style-type: none"> ● Participate in annual Quality Improvement goal development 	<ul style="list-style-type: none"> ● Participate in annual Quality Improvement goal development
<ul style="list-style-type: none"> ● Obtain a Professional Growth Advisor 	<ul style="list-style-type: none"> ● Obtain a Professional Growth Advisor
	<ul style="list-style-type: none"> ● Schedule a CLASS assessment conducted on your site by Quality Matters team.
	<ul style="list-style-type: none"> ● Participate in the QRIS tier rating process based on the California QRIS Matrix elements
<ul style="list-style-type: none"> ● Receive \$1,000 for participating in Quality Matters as a QI Pathway 	<ul style="list-style-type: none"> ● Receive \$4,200 or \$5,20, depending on your overall tier rating score

Sites that enter as a QRIS site must move into rated status within the first six months of enrollment. Ratings are posted on the Quality Matters website. www.qualitymattersmonterey.org

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

Has an independent and reliable assessor assessed your site on the CLASS 2008 in the last 13 months?
 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 23/24 the Desired Results Developmental Profile (CD Form 4001B), 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 regularly? 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.

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):

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

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 training on the CLASS Assessment Tool?
 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 know Quality Matters, the QRIS Matrix, and the 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 schedule for your assigned coach to visit your site 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**.

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 the 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: _____

The anticipated date that the site will be changed to "Good Standing": _____

Summary of reason for hearing or attach documentation:

*** If you need clarification on 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."**



QUALITY MATTERS
MONTEREY COUNTY

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

Authorized Signature

Date

Print Name

Title

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

- Friend**, Please provide the 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>

For Internal QRIS Office use:

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