



Participation Application 2020-2021

Agency Information (Note: For Family Child Care and Family Friend and Neighbors the Agency and the Site should be the same information)

Agency Name:		
Agency Address:		
Primary Contact for Agency:	Title:	E-mail:
Primary Phone Number:	Alternate Phone Number:	Best time(s) to reach: _____ Morning _____ Afternoon
Type of Organization (check <u>one</u> only)		
<input type="checkbox"/> C Corporation	<input type="checkbox"/> Partnership	<input type="checkbox"/> Not for Profit Organization
<input type="checkbox"/> S Corporation	<input type="checkbox"/> Not for Profit 501 (c) (3) Tax Exempt	<input type="checkbox"/> LLC Corporation
<input type="checkbox"/> Faith-based Organization	<input type="checkbox"/> For Profit Organization	<input type="checkbox"/> Municipality
<input type="checkbox"/> Family Child Care Provider	<input type="checkbox"/> College or University	<input type="checkbox"/> Public School District
<input type="checkbox"/> Head Start	<input type="checkbox"/> Other _____	

Site Information

Primary Contact for Site:	Title:	E-mail:
Primary Phone Number:	Alternate Phone Number:	Best time(s) to reach: _____ Morning _____ Afternoon
Alternate Contact Person:	Title:	E-mail:
What type of program is this? : <input type="checkbox"/> Family Child Care (Small) <input type="checkbox"/> Family Child Care (Large) <input type="checkbox"/> Center Based <input type="checkbox"/> Family Friend Neighbor (FFN)		
Does your site have a website address? <input type="checkbox"/> Yes <input type="checkbox"/> No Website address:		

Licensing Information (As it appears on child care license. For FFN applications skip)

Facility Name (as it appears on child care license):		
Does this site use a different name? <input type="checkbox"/> Yes <input type="checkbox"/> No if yes, Doing Business As:		
Facility Address:		
Child Care Center Preschool (2-5) License #	Infant (0-2) License #	Family Child Care Home (Sm or Lrg) License #
License Capacity:	License Capacity:	License Capacity:
Effective Date of License:	Date of last licensing inspection: (mm/dd/yyyy)	

Funding Information

Please identify the type(s) of funding your program receives (check all that apply)

<input type="checkbox"/> Private (Family Fees/Tuition)	<input type="checkbox"/> Migrant Head Start	<input type="checkbox"/> Tribal
<input type="checkbox"/> Alternative Payment Voucher (ie. Valley Oak)	<input type="checkbox"/> IDEA Part B (Special Education)	<input type="checkbox"/> Military
<input type="checkbox"/> California State Preschool Program (Title 5)	<input type="checkbox"/> IDEA Part C (Early Intervention)	<input type="checkbox"/> Other _____
<input type="checkbox"/> General Child Care CCTR	<input type="checkbox"/> Local Education Agency	
<input type="checkbox"/> Head Start	<input type="checkbox"/> Title 1	
<input type="checkbox"/> Early Head Start		

Program Information

Does your program use a curriculum? Yes No

If yes, what curriculum is being used?

<input type="checkbox"/> Creative Curriculum	<input type="checkbox"/> Little Treasures	<input type="checkbox"/> Frog Street Press
<input type="checkbox"/> Developmentally Appropriate Practice	<input type="checkbox"/> Reggio	<input type="checkbox"/> Handwriting Without Tears
<input type="checkbox"/> High Scope	<input type="checkbox"/> Waldorf	<input type="checkbox"/> Other _____
<input type="checkbox"/> Houghton Mifflin	<input type="checkbox"/> Montessori	
<input type="checkbox"/> Zoophonics	<input type="checkbox"/> Second Step	

What child observation and/or assessment tools are being used by your program, if any? (check all that apply)

<input type="checkbox"/> None	<input type="checkbox"/> Brigance	<input type="checkbox"/> Teaching Strategies Gold	<input type="checkbox"/> Other _____
<input type="checkbox"/> Environment Rating Scale (ERS)	<input type="checkbox"/> PALS	ASQ	_____
<input type="checkbox"/> DRDP	<input type="checkbox"/> CLASS	<input type="checkbox"/> ASQ-SE	

Please check all that apply: Full-day program Half-day program

Number of months of operation: _____

Days of Operation: Monday Tuesday Wednesday Thursday Friday Weekends

Hours of Operation: _____

How many classrooms per age group:

Infant: _____ Toddler: _____ Preschool: _____

How many children are currently enrolled for each of the following ages?

Infants _____ Toddlers _____ Preschoolers _____

How many teachers/staff work directly with children in the program? _____

Classroom & Staff Information (Centers and Large Family Child Homes with more than one staff person)		
(Please fill out the information below for each classroom, use additional pages if necessary)		
Name of Classroom:	Room Name or Number (if applicable):	
# of children:	<input type="checkbox"/> Infant <input type="checkbox"/> Toddler <input type="checkbox"/> Preschool	<input type="checkbox"/> Full Day <input type="checkbox"/> Part Day
What is the primary language of instruction?		
Lead Teacher/Staff Name	Job Title	E-mail Address
Additional Teacher/Staff Name:	Job Title	E-mail Address

Professional Development

Please check the boxes for each program listed below that you or your staff have participated in or accessed in the past two years (check all that apply)

- AB 212 Step Up Program
- Butte College Foster Kinship Care trainings
- CA Mentor Teacher (classroom teachers)
- CA Director Mentor (site supervisors, directors, and/or program administrators)
- California Preschool Instructional Network (CPIN)
- California Inclusion and Behavior Consultation Network (CIBC)
- Classroom Assessment Scoring System (CLASS) trainings
- CSEFEL Teaching Pyramid
- Family Child Care at its Best
- Post-Secondary Education (ie. CSU Chico, Butte College) classes on Child Development and/or Early Childhood Education
- The National Alliance of Children's Trust and Prevention Funds (Alliance), Strengthening Families™ Protective Factors
- My Teaching Partner
- The Coaching Companion
- Valley Oak Children's Services agency trainings

Please answer the following questions, use additional pages if necessary.

a. What does your program hope to achieve by participating in **Steps to Quality**?

b. Describe one or two focus areas (eg. Social-Emotional Development, School Readiness/Child-Development, Teacher-Child Interactions, Environments, Family Engagement, etc) on which you would like to concentrate enhancing the quality of your program?
Depending on the participation level, a program may be required to focus on more than two areas.

c. Describe any professional development goals you or your program currently have.

d. How will you ensure that your program will be able to fully participate in **Steps to Quality**? (i.e. implementing action plan steps, receiving technical assistance, attending trainings/professional development, etc.)

Self-Certification of Licesning 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

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 you are unsure of whether your site is in GOOD STANDING with Community Care Licensing, please call 530-895-5033

***Please note: Steps to Quality may contact Community Care Licensing for verification when needed.

Applicant Assurances

I certify that the information provided in this application is true and correct to the best of my knowledge. I understand that by submitting this application, participation in **Steps to Quality** is not guaranteed for the 2020-2021 program year due to funding availability.

Signature of Authorized Representative

Printed Name

Date

Position Title

E-mail scanned application to	butteqj@bcoe.org
Mail application	Butte County Office of Education Attn: Michelle Lucero 1870 Bird Street Oroville, CA 95965
Questions???	530-532-5635

FOR OFFICE USE ONLY

Date Received: _____ S2Q Eligibility: IMPACT CSPP QCC

License Self-Certification

Acceptance Letter mail

License Verification

Onboarding Orientation Scheduled

Pinwheel: _____

Participation Level: QIS QRIS