

Quality Counts Humboldt Early Learning System



QRIS Application Instructions 2017-18

Quality Counts Humboldt is the Quality Rating and Improvement System (QRIS) for early care and education programs in Humboldt County. Quality Counts will help improve early care and education in our community by:

- Giving early educators valuable tools and one-on-one coaching for improving their programs,
- Establishing uniform standards of excellence in early care,
- Empowering parents to make well-informed decisions about the quality of care their children receive, and
- Improving outcomes for children who attend higher quality care throughout Humboldt County.

Benefits of Participating in Quality Counts Humboldt

All Quality Counts Humboldt participants receive the following:

- One-on-one coaching and technical assistance from a trained expert in quality early education
- Access to training and numerous professional development opportunities
- Eligibility for materials or incentives based on points earned on the QRIS Matrix (**Incentive amounts will be determined by number of participants and funds available**).

Eligibility for Participation in Quality Counts Humboldt

Quality Counts Humboldt is currently available to California State Preschool Programs. All Humboldt County CSPP programs that apply will be considered, with a goal of including a broad representation of our county's communities, including geographic, cultural and demographic considerations.

Application Process

- Fill out the Quality Counts application and self-assessment checklist
- Sign and submit the attached application form and assessment checklist by **Nov 10, 2017**. Late applications will not be accepted to ensure a fair process for all applicants.
- Your Quality Counts application will be reviewed by the QRIS Consortium for final approval.
- Not all applications may be recommended for participation due to capacity limitations.
- **Applicants will be notified by the Quality Counts Coordinator by Nov 17, 2017. A letter will be mailed to you letting you know if you have been accepted to QRIS and what the next steps are. You may reapply in the next open cycle if you were not accepted into this one.**
- **Please keep copies of all documents you submit.**

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- Applications may be submitted by mail, email (scanned signature pages required), or in person.

Applications are due Nov 10, 2017 (by 5 pm)

Mail, email or deliver applications to:

Star Mohatt
QRIS Coordinator
First 5 Humboldt
525 2nd Street, Suite 203
Eureka, CA 95501
smohatt@co.humboldt.ca.us
(707) 445-7384

Requirements to Participate and Receive Quality Counts Humboldt Materials, Coaching and Financial Incentives

- Fill out an application and a self-review checklist
- Be approved for participation
- Receive training on iPinwheel database and upload data
- Arrange any needed assessments with coordinator (ECERS and/or CLASS)
- Meet with a coach to create a Quality Improvement Plan and receive coaching
- Participate in any site and file review necessary
- Receive a rating
- For those selected this year, Tier 2 and 3 programs receive coaching and materials with the goal of moving to a higher tier, while Tier 4 and 5 programs will receive financial incentives, coaching and some materials.

If you do not comply with these responsibilities, you may be required to return your Award and you will not be considered for future funding or participation in Quality Counts Humboldt.

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Quality Counts Application 2017-18

Applicant/Main Contact Name: _____ Title: _____

Center: _____

Address: _____

Phone: _____ E-mail: _____

FAX #: _____ Website: _____

***For any funds that may be awarded through this project, please consult with your agency's fiscal procedures and indicate how the check should be made out (e.g., name of fiscally responsible agency), a mailing address (all checks are mailed), and if it should be directed to a specific person or dept.'s attention, such as accounts payable.**

Name of Agency/Person _____

Mailing Address for check: _____

1. What language would you prefer for services and materials?

English Spanish Other _____

2. In what School District is your program located? _____

3. What Elementary School(s) is near your program? _____

4. Is your program currently participating in any of the following ECE projects or supports?

Behavioral Consultation Project CCIP Food Program CalFresh

CPIN Coaching Preschool SHINE Early Literacy Partners

Mentor Teacher Program TOOTH 0-8 Mental Health Collaborative

KEET Ready to Learn IMPACT Leap into Literacy

Dino School Other: _____

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5. What curriculum is your program currently using?

Creative Curriculum High Scope Montessori Reggio

Other _____

6. What child assessment tools are used at your site? (Check all that apply)

Teaching Strategies Gold High Scope DRDP Brigance

Work Sampling ASQ/ASQ SE Other: _____

7. Which of the following are you or your staff familiar with? (Check all that apply)

CLASS FCCERS ECERS ITERS Strengthening Families Self-Assessment

Creative Curriculum Fidelity Checklist

8. Program: Head Start State Preschool/Center Other

9. License number _____ Original License Registration Date: _____

10. License Capacity: _____ Current Enrollment: _____ Ages Served: Min _____ Max _____

11. Capacity: Infants (0-2) #: _____ Preschool (2-5) #: _____

12. Site Schedule

Full-Day Full Year Full-Day Part Year Part-Day Full Year Part-Day Part Year

13. Accreditation Information

Are you accredited? No Yes (if yes, check type below)

NAEYC Other: _____

Accreditation Expires: _____

14. What type of funding does your program receive? (check all that apply)

Head Start Early Head Start Tribal Head Start Title I

CA State Pre-K (CSPP -Title V)

CA General Child Care (CCTR) Private

Other: _____

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Voucher (CalWORKS or CAPP - Number of Voucher Recipients): _____

15. Number of Classrooms:

Infants: _____ Toddlers: _____ Pre-K: _____

16. Number of Children in Care:

Number of Infants Full-time _____; Number of Infants Part-Time _____; Number of Toddlers Full-Time _____; Number of Toddlers Part-Time _____; Number of Preschoolers Full-Time _____; Number of Preschoolers Part-Time _____)

17. Number of Children with IFSPs _____ Number of Children with IEPs _____

18. Number of Children in Foster Care _____

19. Number of Children who are considered homeless _____

20. Ethnicity of Children in Care (please indicate number of children in each group): *this information may be found on your 801A*

Alaska Native/ American Indian	Asian	African American /Black	Hispanic /Latino	Pacific Islander	Caucasian	Multi-racial	Other <i>Please Specify</i>	Unknown

21. Children's Primary Language (please indicate number of speakers of each language):

English	Spanish	Vietnamese	Other <i>Please Specify</i>

22. Please list your Director and Lead Teachers and their qualifications.

Staff Name	Degree	Permit Level	Email

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CERTIFICATION OF APPLICATION

To the best of my knowledge and belief, information in this application is true and correct. By signing below I am verifying that I have followed all of my organization's policies and procedures and obtained all of the necessary approvals to participate in this project. I understand that any materials created under this grant are public domain and may be used and/or reproduced by the State of California or Quality Counts Humboldt Consortium. I understand that this is a public document and open to public inspection.

Print Name: _____

Signature: _____
(Person authorized to bind this agreement)

Title: _____

Date: _____

