

Quality Counts Humboldt Early Learning System



Quality Counts Application

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) #: _____ Group size _____ Ratio adult/child _____

Preschool (2-5) #: _____ Group size _____ Ratio adult/child _____

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: _____

