



## Quality Counts Humboldt Application

I. CONTACT INFORMATION	DATE
Main Contact Name	
Address	City and Zip Code
Email <i>*This will be the primary form of communication unless you request another form of communication*</i>	
Phone Number(s)	
Which Grant are you applying for? <span style="background-color: yellow;">(mark only one box)</span>	
<input type="checkbox"/> IMPACT	
<input type="checkbox"/> Quality Counts California Infant-Toddler	
<input type="checkbox"/> CSPP (State Preschool Programs only)	
<input type="checkbox"/> Pathways	

II. PROGRAM INFORMATION	
Does your program hold a valid License through Community Care Licensing (CCL)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
CCL License Type	<input type="checkbox"/> Licensed Center <input type="checkbox"/> License-Exempt Center <input type="checkbox"/> Licensed Family Child Care Home <input type="checkbox"/> License-Exempt Family Child Care Home
<b>Community Care License Number:</b>	
<b>License Capacity:</b> <input type="checkbox"/> Infants (birth - 17 months) #: _____  <input type="checkbox"/> Toddlers (18 months – 35 months) #: _____  <input type="checkbox"/> Preschoolers (36 months – kindergarten) #: _____	<b>Current enrollment</b> <input type="checkbox"/> Infants (birth - 17 months) #: _____  <input type="checkbox"/> Toddlers (18 months – 35 months) #: _____ <input type="checkbox"/> Preschoolers (36 months – kindergarten) #: _____
Are you a Family, Friend & Neighbor Child Care provider?	<input type="checkbox"/> Yes <input type="checkbox"/> No



If yes, please provide TrustLine registry information:			
Does your program have WiFi?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
How do you plan to access the online database?	<input type="checkbox"/> iPad or another tablet	<input type="checkbox"/> Desktop or Laptop Computer	<input type="checkbox"/> Both

Please briefly answer the following questions. *If you add a separate piece of paper, please number your responses to match the question number and label each page with your name and program name.*

**1. Briefly describe your program and program philosophy.**

**2. What do you hope your program will achieve through participation in the QCC Program?**

**3. Describe one or two areas you would like to focus on to improve the quality of your program?**



**1. In what language would you prefer services and materials?**

- English                       Spanish                       Other \_\_\_\_\_

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

- CLASS                       FCCERS                       ECERS                       ITERS  
 Strengthening Families                       Trauma Informed Practice                       DRDP  
 Reflective Practice                       CSEFEL or Teaching Pyramid  
 Emotion Coaching                       Infant, Family & Early Childhood Mental Health

**3. What is your primary language of instruction? \_\_\_\_\_**

**4. Number of Children with IFSPs \_\_\_\_\_                      Number of Children with IEPs \_\_\_\_\_**

**5. Number of Children in Foster Care \_\_\_\_\_**

**6. Number of Children who are considered homeless \_\_\_\_\_**

**Please write in the numbers below, not just a checkmark**

**7. Ethnicity of Children in Care (please indicate how many of each):**

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

**8. Children's Primary Language (please indicate how many of each):**

English	Spanish	Other Please Specify	Unknown



## CERTIFICATION OF APPLICATION

The Applicant Certifies:

To the best of my knowledge and belief, information in this application is true and correct. The application has been authorized by the governing board of the applying Site/Program (if applicable). I understand that any materials created under this grant are public domain and may be used and/or reproduced by the State of California, First 5 California and First 5 Humboldt. I understand that this is a public document and open to public inspection.

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Name

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Signature *(Person authorized to bind this agreement)*

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Title (optional)

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Date

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