



## Quality Counts Program 2018-2019 Application

### Background

Thank you for your interest in the Quality Counts Program at the Child Care Coordinating Council of San Mateo County. Funding for this program is provided by First 5 of San Mateo County. The Quality Counts Program is the family child care component of the statewide initiative Quality Rating and Improvement System in San Mateo County to improve the quality of early learning programs and close the achievement gap for young children with high needs. The purpose of the Quality Counts Program is to support the participation of family child care providers in comprehensive training and coaching. Participation will also serve as a powerful tool for family child care providers to market their business and build a reputation for their early childhood education program.

Selected participants will receive a grant based on the areas completed on the quality improvement plan developed by the participant and Quality Counts coaching partner.

To learn more about Quality Rating and Improvement System (QRIS), visit the 4Cs website [www.sanmateo4cs.org](http://www.sanmateo4cs.org), under "For Providers", or [www.smcqualitycounts.org](http://www.smcqualitycounts.org)

### Quality Rating and Improvement System (QRIS)

A Quality Rating and Information System is "a method to assess, improve and communicate the level of quality in early care and education settings"<sup>1</sup> The main goal of QRIS is to improve the quality of child care so that more children with high needs are attending quality programs. Currently, 25 states have a statewide QRIS. California is taking a local approach with state support.

### Eligibility

Any family child care provider licensed for two or more years in good licensing standing (see definition of "In Good Standing, on page 2) serving children from birth to age five in San Mateo County are eligible to participate free of charge.

### Program Participation Requirements

Quality Counts participants are expected to communicate with and correspond to the program coach. They will work on areas outlined by the quality improvement plan as informed by the coaching partner assigned to each participant. The quality improvement plan will be geared towards growth along the Quality Rating and Improvement System. All quality improvement plans involve an assessment of 5 elements of quality:

1. Child Observation
2. Developmental and Health Screenings
3. Minimum Qualifications as set-forth by Community Care Licensing
4. Effective Teacher-Child Interactions, CLASS Assessment
5. Program Environment Rating Scale Assessment

## **DEFINITIONS:**

### **1. GOOD STANDING**

All participating family child care providers must be current and “In Good Standing,” which means a licensed child care center or family child care 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; or 3) a probationary license.

### **2. HIGH NEEDS**

Children with high needs: Children from birth through kindergarten entry who are from low-income families or otherwise in need of special assistance and support, including children who have disabilities or developmental delays; who are English learners; who reside on “Indian lands” as that terms defined by section 8013 (6) of the ESEA; who are migrant, homeless, or in foster care; and other children as identified by the State. California includes infants and toddlers and “children receiving protective services through the local county welfare department as well as children identified by a legal, medical, social service agency or emergency shelter as abused, neglected or exploited or at risk of abuse, neglect or exploitation.”

**Use the checklist below to be sure that your application is complete.**

- Application Form
- Copy of Community Care Child Care License
- Unofficial transcripts
- A signed and dated W-9 Form
- Copy of your child care program schedule

**Contact: Amalia Forcari, Early Childhood Education Specialist  
aforcari@sanmateo4cs.org or (650) 517-1421**



# QUALITY COUNTS APPLICATION FY 2018-2019

## Program Information

Business Name: \_\_\_\_\_

Program Type:  small (licensed for up to 8)  large (licensed for up to 14)

Street Address:		City:	
Zip:		License #:	
Date License Issued:			

## Provider Information

Name:		Email:	
Phone:		Secondary Phone:	
Date of Birth:		Primary Language	

## Race/Ethnicity

- |   |   |
|---|---|
| <input type="checkbox"/> Asian            | <input type="checkbox"/> Black/African-American |
| <input type="checkbox"/> Hispanic/ Latino | <input type="checkbox"/> Multiracial            |
| <input type="checkbox"/> White            | <input type="checkbox"/> Other                  |
- \_\_\_\_\_
- Pacific Islander  
 Alaska Native or American Indian

## What is your highest level of education (currently)? (Mark (x) one only.)

- Less than high school diploma, GED
- High School diploma/GED
- Some college or technical school
- Associate or technical degree
- Bachelor's degree
- Graduate or professional degree (e.g., MA, PhD, JD, MD)

## Summary Information

<p><b>1. Is your program serving Alternative Payment Program or low-income families?</b> <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No</p> <p>If <b>yes</b>, approximately what percent of children in your program: _____ %</p> <p><i>*low income is defined as family incomes not exceeding \$67,617 for a family of four</i></p>	
<p><b>2. Approximately what percent of children in your program are English Language Learners*</b> _____ % <i>*English Language Learners are those children whose primary language is not English</i></p>	
<p><b>3. Has your program ever participated in the Child Care Initiative Project (CCIP)?</b> <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No</p>	
<p><b>4. Has your program ever participated in SmartKids*?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p><b>5. Has your program ever received a Family Child Care Environmental Rating Scale (FCCERS-R) assessment?</b> <input type="checkbox"/> Yes If yes, Date: _____ <input type="checkbox"/> No</p>	
<p><b>6. Do you rent or own your home?</b> <input type="checkbox"/> Rent <input type="checkbox"/> Own</p>	
<p><b>7. Aside from the family child care provider listed above, are there any other staff who will participate if selected?</b></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list staff below:</p>	
<b>Name:</b>	<p>Aide/Assistant <input type="checkbox"/> Teacher <input type="checkbox"/></p>
<b>Name:</b>	<p>Aide/Assistant <input type="checkbox"/> Teacher <input type="checkbox"/></p>

## Funding Sources

<p>Please indicate how the spaces in your program are funded. Enter "0" for funding sources you do not receive.</p> <p>Family fees/tuition: _____ # spaces</p> <p>Alternative Payment Program/CalWORKs _____ # spaces</p> <p>Other (describe): _____ # spaces</p>	
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It is my understanding that by signing this application I agree to and accept all of the requirements of participating in the Quality Counts Program. Please print and sign name below.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date