



2020-2021  
MONTEREY COUNTY QRIS APPLICATION  
LICENSED FAMILY CHILD CARE AND CHILD DEVELOPMENT CENTERS

How To APPLY

The completed application packet, all supplemental information, and documents must be emailed to [mcano@montereycoe.org](mailto:mcano@montereycoe.org) OR mailed and postmarked no later than September 7, 2020

Monterey County QRIS  
ATTN: **Monica Cano**  
901 Blanco Circle  
Salinas, CA 93901

If you need assistance in completing this application or have any questions, please contact Monica Cano, Program Development & Compliance Specialist, at **831.755.0300, EXT. 386 OR** [mcano@montereycoe.org](mailto:mcano@montereycoe.org)

**\*\*Due to COVID-19 no in person assistance or applications will be accepted.\*\***

We encourage you to apply and we look forward to reviewing your application. Please understand that depending on funding and capacity we may not be able to take every person that applies.

**\*\*Please note all staff must register on the ECE Workforce Registry and complete their profile by uploading transcripts and professional development certificates. Centers must apply for Administrative status on ECE Workforce Registry and include a Staff Roster with application. Sample report included for reference (See Appendix A). Please visit [www.caregistry.org](http://www.caregistry.org) for more information.**

Applicants will be Notified of their Award Status by **Oct. 1, 2020**

*Applicants who are not accepted into QRIS/QIS may be placed on a waitlist or re-apply subject to available funding for FY 2021-22. Contact Monica Cano 831.755.0300 ext. 386*



**SITE CONTACT INFORMATION**

Site Facility Name (as shown on child care license): \_\_\_\_\_

Corporate Name: \_\_\_\_\_

Number of Years in Operation: \_\_\_\_\_ License Number(s): \_\_\_\_\_

License Date: \_\_\_\_\_ License Capacity: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Zip: \_\_\_\_\_

Program Director: \_\_\_\_\_

ECE Workforce Registry #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone: \_\_\_\_\_

*\*The Program Director will be the person signing all contracts & MOUs from Quality Matters*

Site Supervisor: \_\_\_\_\_

ECE Workforce Registry: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Does your center operate on a full-day or part-day basis?

*Please check the appropriate box and specify the hours and days of operation.*

Full-day

Part-day

Both

How many classrooms are full-day? \_\_\_\_\_

How many classrooms are part-day? \_\_\_\_\_

Daily Opening Time: \_\_\_\_\_

Daily Closing Time: \_\_\_\_\_

Total Number of Months of Operation: \_\_\_\_\_

Curriculum Used:

Does your site close at any time for more than 2-3 consecutive weeks, including summers?

Yes (Complete next question)

No

If closing, please specify dates: \_\_\_\_\_

## SITE FUNDING INFORMATION

Which of the following organizational structures best describes your site?

- For-Profit       Non-Profit       Public Agency       License Exempt

Please check all applicable funding sources and descriptions of your site:

- Early Head Start       Head Start       Parent fees/Tuition       Alternative Payment Vouchers
- California State Preschool Program (Title 5).       Program funded by IDEA, Part B and C
- Title 1 Sites       State Funded Migrant Sites       General Childcare CCTR Infant and Toddler
- Tribal Sites       Title 22 Private Center       Licensed Family Child Care Home
- FCCHEN program (*circle agency: MAOF, GOKids, CAPSLO, Early Development Services*)
- Other source(s), please specify: \_\_\_\_\_

## SITE PROGRAM INFORMATION

Select Quality Matters services can be provided in the following languages: Spanish or other upon request. Please check the languages (other than English) for which you and/or your STAFF may need services:

- Spanish       Other(s): \_\_\_\_\_

What is the language(s) of instruction in your program? \_\_\_\_\_

Is your site NAEYC accredited?  Yes       No (*if yes, please provide copy of certificate*)

Does your site use a validated developmental screening tool (such as the ASQ.3 or ASQ:SE.2) to screen children within your site?  Yes       No

Does your site upload the Desired Results data into DRDP Online?  Yes       No

*If yes, who enters the data into DRDP Online?*

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Does staff use DRDP results to guide curriculum?  Yes       No

If yes, please describe the process and frequency of input:

**CHILD DEMOGRAPHICS**

Please provide the name and title of the person who registers and enrolls new families to your site:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

**How many children are currently enrolled for each of the following age groups at this site?**

Number of <b>Infants</b> (0 -17 months):	Full-time ( )	Part-time ( )
Number of <b>Toddlers</b> (18 months- 35 months):	Full-time ( )	Part-time ( )
Number of <b>Preschoolers</b> (36 months- Kinder Entry):	Full-time ( )	Part-time ( )
Number of <b>School-Age</b> youth (5 years of age and older):	Full-time ( )	Part-time ( )
<b>Total Number of Children/Youth served at this site:</b>	<b>Total ( )</b>	<b>Full-time ( ) Part-Time ( )</b>

**Please list the number of children currently enrolled for each category below:**

Dual Language Learners: children who speak or are spoken to in a language other than English at home: \_\_\_\_

Language Counts: Number of children from homes by primary language:

English =	Cantonese =	Korean =	Filipino =	Mandarin =
Spanish =	Mixteco =	Arabic =	Punjabi =	ASL= Other =

**Number of children served by origin:**

**Ethnicity:** Hispanic or Latino Ethnicity: \_\_\_\_\_ Unknown Ethnicity: \_\_\_\_\_

**Race:** African American: \_\_\_\_\_ Asian: \_\_\_\_\_ Caucasian (Hispanic or Latino Ethnicity): \_\_\_\_\_

Native Hawaiian or other Pacific Islander: \_\_\_\_\_ More Than One Race: \_\_\_\_\_

**Number of Children with Special Needs:**

Number of children screened with a developmental screening tool: \_\_\_\_\_

Number of children receiving subsequent referrals based on screening: \_\_\_\_\_

Number of children with an IFSP: \_\_\_\_\_

Number of children with an IEP: \_\_\_\_\_

Number of Voucher Payments: \_\_\_\_\_

Number of Homeless Children: \_\_\_\_\_

*(As defined by the McKinney–Vento Homeless Assistance Act)*

Number of Children in Foster Care: \_\_\_\_\_

*Children with Special Health Needs/Disabilities are protected by the Americans with Disabilities Act (ADA). Please describe the Special Health Needs/Disabilities of the children currently enrolled:*

**SITE CLASSROOM INFORMATION: *DUPLICATE THIS FORM TO LIST ALL CLASSROOMS***

For every classroom, please identify the lead teacher for QRIS/QI purposes. If you do not have a Lead Teacher (i.e. all teachers have same title), please designate the teacher with the highest level of education qualifications.

1. Name of Classroom: \_\_\_\_\_ Age of Children in this Classroom: \_\_\_\_\_

Classroom Capacity: \_\_\_\_\_ Total Children Enrolled: \_\_\_\_\_

Full Day  Half Day

Lead Teacher: \_\_\_\_\_ Lead Teacher Language: \_\_\_\_\_

ECE Workforce Registry ID# \_\_\_\_\_ Email Address: \_\_\_\_\_

Supporting Teaching Staff	ECE Workforce Registry ID*	Permit Held	Employment Start Date	Email Address

2. Name of Classroom: \_\_\_\_\_ Age of Children in this Classroom: \_\_\_\_\_

Classroom Capacity: \_\_\_\_\_ Total Children Enrolled: \_\_\_\_\_

Full Day  Half Day

Lead Teacher: \_\_\_\_\_ Lead Teacher Language: \_\_\_\_\_

ECE Workforce Registry ID# \_\_\_\_\_ Email Address: \_\_\_\_\_

Supporting Teaching Staff	ECE Workforce Registry ID*	Permit Held	Employment Start Date	Email Address

**\*All participating staff is required to have an ECE Workforce Registry ID number.**

It is a resource we use when rating sites.

Please visit Early Care & Education Workforce Registry, [www.caregistry.org](http://www.caregistry.org), to obtain registry ID.

## RATINGS

Quality Matters offers 2 different participation options; QRIS or QI. If you choose QRIS, Quality Rating Improvement System, you are willing to participate in professional development and have assessments conducted on your site which will be used in establishing an overall rating of your program. Quality Improvement, QI, does not consist of a rating nor are assessments required.

Do you want to apply as a QRIS or QI site (please note that preference is NOT guaranteed)?

QRIS  QI  Either QRIS or QI

Sites who enter as a QRIS site are required to move into rated status within the first 6 months of enrollment. Ratings are posted on the Quality Matters website. [www.qualitymattersmonterey.org](http://www.qualitymattersmonterey.org)

Are you willing to have your rating posted on a website?  Yes  No

Has your site been assessed on either the ERS or the CLASS in the last 13 months by an independent and reliable assessor?  Yes  No

If yes, please explain and provide scores, date of assessment and name of assessor:

Do you have a current Site Improvement Plan?  Yes  No

*For EESD-funded agencies: i.e. FY17/18 Age Appropriate Environment Rating Scale (Form 4002), and/or the Desired Results Developmental Profile (Form 4004), etc.?*

If yes, what are your site goals for improvement? What do you hope to gain by participating?

**STAFF INFORMATION**

**All staff at a participating Quality Matters site will be required to obtain an ECE Workforce Registry ID #**  
Please provide us with additional staff names (other than teachers listed previously), title, and ECE Workforce Registry ID#.

NAME	TITLE	ECE Workforce ID#

Do you provide time for staff meetings?  Yes  No  
*If yes, How often does your staff meet? \_\_\_\_\_*

How long are your staff meetings? \_\_\_\_\_

*If yes, Describe your site's current staff meeting structure:*

Do meetings allow for staff development opportunities?  Yes  No

Will Quality Matters be able to present information at this time if necessary?  Yes  No

If you do not schedule staff meetings, please explain why:

Does your agency provide feedback to staff on a regular basis?  Yes  No

If yes, please describe the process and frequency of feedback (e.g. regularly scheduled meetings, unscheduled/as needed meetings, bi-annual performance review, etc.)

## ECE PROFESSIONAL DEVELOPMENT ACTIVITIES

Have you or your staff participated in any ECE professional development activities or quality improvement programs?  Yes  No

If yes, please indicate which activities below (check all that apply in both columns):

	Currently Participating	Previously Participated
AB212	<input type="checkbox"/>	<input type="checkbox"/>
Monterey Peninsula College California Early Childhood Mentor Program	<input type="checkbox"/>	<input type="checkbox"/>
Child Care Initiative Project (CCIP):	<input type="checkbox"/>	<input type="checkbox"/>
CLASS coaching/training	<input type="checkbox"/>	<input type="checkbox"/>
Community college classes on child development, child care, etc.	<input type="checkbox"/>	<input type="checkbox"/>
CSEFEL (Teaching Pyramid) training	<input type="checkbox"/>	<input type="checkbox"/>
DRDP training	<input type="checkbox"/>	<input type="checkbox"/>
Resource and Referral agency trainings on child development and/or child care	<input type="checkbox"/>	<input type="checkbox"/>
Program for Infant Toddler Care (PITC) training and/or consultation	<input type="checkbox"/>	<input type="checkbox"/>
First 5 MC Infant, Toddler, Preschool, and Family Mental Health Transdisciplinary	<input type="checkbox"/>	<input type="checkbox"/>
On-site professional development training	<input type="checkbox"/>	<input type="checkbox"/>
Program Administration Scale (PAS)/Business Administration Scale (BAS) Assessment	<input type="checkbox"/>	<input type="checkbox"/>
First 5 MC Technical Assistance	<input type="checkbox"/>	<input type="checkbox"/>
Other(s): _____	<input type="checkbox"/>	<input type="checkbox"/>



## TECHNICAL ASSISTANCE COACHING

Please share the following information and have participating staff sign the statement below confirming they are aware of Quality Matters and the QRIS Matrix and site support system.

ENROLLED SITES ARE RESPONSIBLE FOR SHARING THE FOLLOWING INFORMATION WITH ALL STAFF:

- The intent of Quality Matters - QRIS and QI
- Elements and requirements included in QRIS and QI
- The site supervisor, director or owner's expectations for participation

Have you provided the above information to all staff at your site?  Yes  No

*Participation in QRIS may include participating in technical assistance coaching, onsite, offsite professional development, or participating in online webinars.*

Provide an anticipated time schedule for your assigned coach to visit your site in order to observe staff and provide technical assistance.

Time Slot	Monday	Tuesday	Wednesday	Thursday	Friday
Morning					
Afternoon					
Evening					

QRIS and QI Sites will have the opportunity to participate in the **various workshops and trainings**.

Are you and staff willing and able to participate in webinars or travel to off-site meetings (location TBD) in the evenings or on weekends?  Yes  No

If no, please explain why:

### Staff Signatures:

*I have been informed of the opportunities QRIS will offer our site and my personal professional development.*

Name, Title	Signature

## SELF-CERTIFICATION OF LICENSING 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

**Please provide all Facility Evaluation Reports from the last 12 months.**

*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 this is due to a non-compliance hearing, please fill in the items below:

Date of Hearing: \_\_\_\_\_

Anticipated date that site will be changed to "Good Standing": \_\_\_\_\_

Summary of reason for hearing or attach documentation:

\*\*\* If you are unsure of whether your site is in **GOOD STANDING** with Community Care Licensing, please contact Community Care Licensing at (408) 324-2148.

\*\*\***Please note: Monterey County QRIS contacts Community Care Licensing to verify your site is in "GOOD STANDING."**



***I certify that the information provided in this application is true and correct. This form gives permission to QRIS staff to discuss my application with partnering QRIS agencies, Community Care Licensing and the funders of QRIS.***

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Title

**For more information and additional resources, please visit: [Quality Matters Monterey County](https://www.qualitymattersmonterey.org/calendar)  
<https://www.qualitymattersmonterey.org/calendar>**

**For Internal QRIS Office use:**

Date Received: \_\_\_\_\_ Initials: \_\_\_\_\_

Licensed Capacity: \_\_\_\_\_  
# Classrooms onsite: \_\_\_\_\_

circle status:

Site/District Calendar: Yes / No

Funding Source: Private State Blended

Serves Infants/Toddlers: Yes / No

ECE Registry Program Staff Report : Yes / No

Facility Evaluation Reports: Yes / No  
Accepted / Waiting List: QI QRIS Denied

Close for more than 3 weeks: summer winter