



**QRIS APPLICATION**

**APPLICATION DEADLINE: NOVEMBER 22, 2013**

**WHAT IS 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>. Alameda County is one of sixteen counties participating in the California Race To the Top-Early Learning Challenge grant (RTT-ELC), a federally funded award to develop a Quality Improvement and Rating System (QRIS). The main goal of QRIS is to improve the quality of child care so that more children with high needs are attending quality programs. Alameda County’s QRIS includes:

- A tiered rating system based on programs meeting specific standards with requirements that increase as programs rise through the tiers
- Training and support for programs to assess and improve the quality of their program
- Information for parents to help make early learning program choices Child Observation

The quality standards that Alameda County QRIS participants are assessed against are determined by the California RTT-ELC Quality Continuum Framework that includes quality standards in three core areas : <b>Core</b>	<b>Elements Assessed</b>
I. Child Development and School Readiness	1. Child Observation 2. Developmental and Health Screenings
II. Teachers and Teaching	3. Minimum Qualifications for Lead Teacher/Family Child Care Home (FCCH) 4. Effective Teacher-Child Interactions: CLASS Assessments
III. Program and	5. Ratios and Group Size (Centers Only)

<sup>1</sup> Mitchell, Anne W. Developing Quality Care Systems for Early Education. United Way Report, 2005

Environment	<p>6. Program Environment Rating Scales (ECERS-R, ITERS-R, FCCERS-R)</p> <p>7. Director Qualifications (Centers Only)</p>
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What are the benefits to participating in the QRIS?

Each participating program receives a free assessment of their program’s practices in each core area. This assessment includes ERS and CLASS assessments completed by an independent observer as well as a review/validation of information provided in a QRIS portfolio. This assessment informs the program’s quality improvement efforts.

After receiving an initial quality rating, participants receive a Roadmap which lists the next steps required to maintain (for sites that receive a 5 rating) or increase tier rating. Participants also receive one or more of the following benefits depending on site needs:

- Development of a Quality Improvement Plan that details step by step strategies for staff to implement to achieve the site’s quality goals. Quality Improvement Plans are informed by the Roadmap and developed with the technical assistance and support of a Coach who works closely with the Director/Owner and site staff to set quality improvement priorities.
- On-site coaching support for the director, family child care owner and teaching staff to support the implementation of the individualized QIP (Please note that availability of coaching is dependent upon staffing and financial resources)
- An opportunity to apply for a grant to obtain quality-enhancing supplies, materials, and professional development activities that support the QIP
- Access to financial supports through individual stipends to enhance educational level of staff and/or for staff to participate in professional development activities
- A re-rating against the quality elements in two years to document quality improvements and provide information to use in communication with prospective parents.

**HOW TO APPLY**

Complete and return this application with all required attachments listed on page 12 before **5:00 pm on – November 22, 2013**. Application must be mailed or hand delivered. Faxed or emailed applications will NOT be accepted.

If you need assistance in completing this application or have any questions, please call:

Mary Anne Doan, QRIS Administrator  
**Tel:** 510 227-6937  
**E:** [Maryanne.Doan@First5Alameda.org](mailto:Maryanne.Doan@First5Alameda.org)

**ELIGIBILITY**

To be eligible for participation in the QRIS, a child care site **must be:**

- A licensed child care facility – center based or family child care
- A licensed child care center or family child care home that currently does not have or in the past 12 months has not had any of the following actions with the California Department of Social

Services Community Care Licensing Division:

- 1) a non-compliance conference
- 2) an administrative action taken or in the process of being taken;
- 3) a probationary license; or
- Providing services to children under the age of five years who are considered high needs (see below for specific criteria on page 9)
- Desire to make quality improvements consistent with the California RTT-ELC Quality Continuum Framework and Professional Development Pathways (attached).

**FAMILY CHILD CARE (FCC) ONLY:**

Must have at least 50% of its licensed capacity enrolled and under the age of 5 (see chart below)

FAMILY CHILD CARE LICENSED CAPACITY	REQUIRED NUMBER OF CHILDREN UNDER THE AGE OF FIVE ( OR NOT YET ELIGIBLE FOR KINDERGARTEN) TO BE ELIGIBLE FOR QRIS
12-14	7
6-8	4

## PARTICIPANT REQUIREMENTS

1. Participants agree to be **rated** on the Quality Continuum Framework, which includes submitting a **portfolio** with supporting documentation to the QRIS Rater, and allowing the Rater to make a site visit to validate information or documents needed for certain elements of the Quality Continuum Framework. Participants agree to allowing independent assessors associated with QRIS to observe/assess selected classrooms/the FCC site. The participant also agrees to be rated again in two years and understands that final ratings will be published in some format.
2. Participants agree to develop Quality Improvement Plan (QIP) in collaboration with a QRIS Coach, as well as participate in recommended quality improvement activities to accomplish QIP goals within the 2-year program term. This may entail site staff meeting with a QRIS coach/consultant on a regular basis for a minimum of 2 hours per meeting. Frequency will be determined based on individual needs and may range from weekly to monthly to every three months.
3. Each approved applicant will be required to sign a **two-year** Memorandum of Understanding (MOU), assuring that each participating site will remain in operation for the two year duration of participation in QRIS.
4. Each approved applicant will be required to provide First 5 Alameda County (F5AC) with self-reported race/ethnicity/language information for the child care site staff and children enrolled at the child care site. Names will NOT be attached to this information. All teacher and child data will be maintained according to applicable confidentiality standards and are never shared as part of the site's rating.
5. Information will also be collected on the educational level of staff. In addition, sites will be required to submit site and child specific information on a yearly basis for the two years that they are in the program.
6. Each approved applicant will be required to carry a minimum of \$300,000 general liability insurance, with First 5 Alameda County and Alameda County listed as additional insureds for the entire 2 years of the program term. The insurance must be purchased without installments on an annual basis.

### **Priority will be given to sites who serve children with high needs as defined by the following:**

- **Infants and Young Toddlers** - Applicant provides services to children under the age of 24 months
- **Special Needs** - Applicant provides services to children with special health or mental health needs or other disabilities (see special needs definition on page 9)
- **Income** - Applicant provides services to children from low-income families (see attached *Parent Guardian Certificate*)
- **Language** - Applicant provides services to children from families whose primary language is not English
- **At-Risk** Children who are migrant, homeless, in foster care or otherwise identified as at risk for abuse and neglect.

**Please note that First 5 Alameda County reserves the right to approve applicants for participation in QRIS and may limit the number of participants or discontinue services due to availability of funding and/or staffing capacity.**

Applicants who are not approved may contact Mary Anne Doan, QRIS Administrator at 510-227-6937 to

discuss the reasons for denial. Applicants may re-apply subject to available funding.

THIS APPLICATION AND ALL SUPPLEMENTAL INFORMATION LISTED ON PAGE 12 MUST BE MAILED OR HAND DELIVERED BY NOVEMBER 22, 2013 BY 5:00 PM TO:

First 5 Alameda County  
ATTN: Mary Anne Doan  
1115 Atlantic Avenue  
Alameda, CA 94501

**APPLICANTS WILL BE NOTIFIED OF THEIR AWARD STATUS BY JANUARY 31, 2014**

**AGENCY INFORMATION (IF APPLICABLE)**

1. Agency Name: \_\_\_\_\_
2. Agency Address: \_\_\_\_\_  
(Number and Street) (City) (Zip Code)
3. Agency Contact Person: \_\_\_\_\_
4. Title: \_\_\_\_\_
5. Phone Number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_
6. Email: \_\_\_\_\_

**CENTER FACILITY INFORMATION**

1. Center Facility Name: \_\_\_\_\_  
(As shown on child care license)
2. Address: \_\_\_\_\_
3. Number of years in operation: \_\_\_\_\_
4. Do you rent or own the property where you operate your business?  Own  Rent  
a. If rent what is the terms of lease?  
Years Remaining: \_\_\_\_\_ / Months Remaining: \_\_\_\_\_  
-OR-  
 Month to month
5. Center Contact Name: \_\_\_\_\_
6. Phone Number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_
7. Email: \_\_\_\_\_

8. What times and days are your child care center open for operation (check all that apply)

<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday	<input type="checkbox"/> Saturday	<input type="checkbox"/> Sunday
a.m.	a.m.	a.m.	a.m.	a.m.	a.m.	a.m.
to	to	to	to	to	to	to
p.m.	p.m.	p.m.	p.m.	p.m.	p.m.	p.m.

9. Does your center operate on a full-day or part-day basis?  Full-day  Part-day  Both  
 If your center has both full and part day- please copy question 8 above and fill in the copy with the part day hours on the second copy and attach to this application.

10. Does your center close at any time for more than 3 consecutive weeks, including summers?  
 Yes  No

a. If yes, when will this be? (Note: Not having the ability to meet with QRIS staff for more than three consecutive weeks may affect whether your program is accepted and/or when your start date will be)

**PLEASE NOTE: accepted programs that are closed for the summer will be required to start in fall 2014.**

11. Infant License Number: \_\_\_\_\_ -OR-  N/A Infant License Capacity \_\_\_\_\_  
 Ratio \_\_\_\_\_ Infant License Effective Date \_\_\_\_\_

12. Preschool License Number \_\_\_\_\_ -OR-  N/A Preschool License Capacity: \_\_\_\_\_  
 Ratio: \_\_\_\_\_ Preschool License Effective Data: \_\_\_\_\_

13. Does your center program operate with a toddler option?  Yes  No  
 Toddler License Capacity \_\_\_\_\_

14. Attach a copy of your current child care license(s) (issued by Community Care Licensing Division)  
 I have attached a copy of each license issued by Community Care Licensing Division

**How many TOTAL classrooms are there at your center?**

15. How many classrooms does your center have for each of the following age groups?  
 Infant- birth to less than 2 yrs: \_\_\_\_\_ Toddler-2yrs to 3 yrs: \_\_\_\_\_  
 Preschool- 3 yrs to less than 5yrs: \_\_\_\_\_

16. How many teaching staff members does your center employ for each of the following age groups? (Please include all employees who are accounted for in adult/child ration such as floaters, aides/assistants)

Infant:          Toddler :          Preschool:

### FUNDING INFORMATION

1. Which of the following organizational structures best describes your center?  
 For-Profit     Non-Profit     Public Agency
2. What are your centers current funding sources (please check all that apply)  
 Early Head Start     Head Start     State Preschool     Title V-General Child Care     Parent fees/Tuition Other

### PROGRAM INFORMATION

Alameda County's QRIS can provide coaching in/translation services for the following languages. Please check the languages (other than English) for which you and/or your STAFF may need translation and/or interpretation services:

- Spanish     Cantonese     Mandarin     Hindi

1. Please list any accreditation(s) currently held by your center/FCCH:( ex: NAEYC)

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

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

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

**STAFF INFORMATION**

1. Have you/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):

**CURRENTLY PARTICIPATING**  **PARTICIPATED PREVIOUSLY**

- |  |  |
|--|--|
| <input type="checkbox"/> <input type="checkbox"/> Community college classes on child development, child care, etc.   | <input type="checkbox"/> <input type="checkbox"/> AB212  |
| <input type="checkbox"/> <input type="checkbox"/> Mental Health Consultation   | <input type="checkbox"/> <input type="checkbox"/> PAS/BAS Assessment                                       |
| <input type="checkbox"/> <input type="checkbox"/> On-site professional development training  | <input type="checkbox"/> <input type="checkbox"/> Facility Grant   |
| <input type="checkbox"/> <input type="checkbox"/> Resource and Referral (BANANAS, Child Care Links, or 4C's) agency trainings on child development and/or child care | <input type="checkbox"/> <input type="checkbox"/> PITC training and/or consultation                        |
| <input type="checkbox"/> <input type="checkbox"/> California Early Childhood Mentor Program  | <input type="checkbox"/> <input type="checkbox"/> CSEFEL (Teaching Pyramid)                                |
| <input type="checkbox"/> <input type="checkbox"/> CA Mentor Teacher or Director  | <input type="checkbox"/> <input type="checkbox"/> CLASS coaching/training                                  |
| <input type="checkbox"/> <input type="checkbox"/> CARES plus or My Teaching Partner  | <input type="checkbox"/> <input type="checkbox"/> Quality Counts (QC)/Quality Improvement Initiative (QII) |
|  | <input type="checkbox"/> <input type="checkbox"/> Help Me Grow (formerly SART)                             |
|  | <input type="checkbox"/> <input type="checkbox"/> CIPP   |
|  | <input type="checkbox"/> <input type="checkbox"/> Hayward Promised Neighborhood (HPN)                      |
|  | <input type="checkbox"/> <input type="checkbox"/> Other:   |

2. Will your program have training monies or other resources (available to you currently and/or in the next 24 months) that could assist with implementing your quality improvement activities?

Yes  No

a. If Yes, please provide description of training monies, amounts and purpose:

**SERVICE DELIVERY**

1. How many children are currently enrolled for each of the following age groups for your entire program?

0 to less than 2 years of age:	
2 to less than 5 years of age:	
5 years of age, not eligible for kindergarten:	



2. Please list the number of children currently enrolled for each category below

Children who speak a language other than English at home:	
Children who receive subsidized child care (including sliding scale based on family size and income):	
Children with parents paying full fee:	
Children who receive scholarships for reduced or free tuition:	
Children who are paid for through a voucher:	
Children who are considered low income (Please attach a Parent/Guardian Certificate for each low-income family):	
Children who are considered migrant, homeless, or in foster care:	
<p>Children with Special Health Needs/Disabilities</p> <ol style="list-style-type: none"> <li>1. Are protected by the Americans with Disabilities Act (ADA)</li> <li>2. Have, or are at -risk for a developmental disability as defined by the Individuals with Disabilities Education Act (IDEA) Part C (Early Start 0-3 years old)</li> <li>3. Or, have a specific diagnosis as defined by Individuals with Disabilities Education Act (IDEA) Part B (3 years and above)</li> <li>4. Or, who do not fit 1, 2 or 3 above, but whose mental health, behavior, development, and/or health as defined by a licensed professional (physician, nurse, social worker, psychologist, speech specialist, etc.) requires services above and beyond those required by children generally. This includes conditions lasting 6 months or more that have been identified by the licensed professional.</li> </ol> <p><b><i>Please describe the Special Health Needs/Disabilities of the children currently enrolled:</i></b></p>	

3. Is your center currently participating in the Child and Adult Care Food Program through the USDA?  
 Yes  No  
 a. If yes, how many children currently receive: Free Meals                      Reduced Meals

**ADDITIONAL INFORMATION**

Please complete the following questions in the space provided below:

1. Some programs that may not be interested in or eligible for technical assistance/coaching may wish to be rated against the RTT-ELC Quality Continuum Framework in order to inform their internal quality improvement efforts and/or communicate their quality to prospective parents. Participants would receive a complete assessment, Rating, and Roadmap as described on page 1 of this application.  
 Would your program be interested in rating only?  Yes  No

2. What are you hoping your program will achieve by participating in the QRIS?

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

4. How will you ensure that you and your staff will be able to participate in QRIS (i.e. have time for weekly meetings with the coaches or consultants, have the ability to make changes in your program, etc.)? Please note: Participation in QRIS may include participating in weekly coaching, implementing ASQ screenings, and/or teachers enrolling in college courses, attending trainings in the community or participating in online trainings.

5. Do you anticipate any barriers to participating in any of the above-mentioned activities?

6. Was QRIS , its intent , and the director or owner’s expectations for participation explained to staff? Yes No

7. Do staff understand that participating in QRIS means that: Yes  No

- a. They may have assessors/observers in their room?
- b. They will be rated on the ERS and CLASS if their classroom is selected?
- c. Their transcripts and other documents may be submitted to the QRIS Rater if they are a lead teacher?
- d. They may be asked to participate in coaching meetings and/or further pursue training and education opportunities to advance their education level after the program is rated?

8. How did the staff respond?

9. Describe your current staff meeting structure. How will this structure facilitate the necessary on-going communication and meetings that will be a part of the QRIS activities?

10. Does your staff receive feedback 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.)

11. Does staff have the opportunity to provide their supervisor and/administration with input Yes No  
If yes, please describe the process and frequency of input (e.g. regularly during meetings, suggestion box, annual survey)

12. If your site is not accepted into QRIS, would you be interested in using the ASQ and ASQ-SE tools, to your program? Yes No Don't Know

**SELF-CERTIFICATION OF LICENSING COMPLIANCE**

Have there been any Substantiated Complaints and/or Type A Deficiencies filed against the site with the Department of Social Services, Community Care Licensing Division in the last 2 years?

**\*\* If you are unsure of whether there have been any Substantiated Complaints or Type A Deficiencies since the program was first established, please review your file with Community Care Licensing by calling 510.622.2602. Please note that violations that were cleared are still in your licensing file. Programs that have had a substantiated complaint and/or Type A deficiency in the last 2 years and did not disclose this on this application will automatically be denied.**

Yes No

If yes, please explain:

**\*\*Please note: We review ALL applicants' files at Community Care Licensing.** A licensed child care center or family child care home is not eligible to participate if they have had any of the following actions with the California Department of Social Services Community Care Licensing Division in the last 12 months prior to date of application:

- 1) a non-compliance conference
- 2) an administrative action taken or in the process of being taken;
- 3) a probationary license; or

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



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Signature

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Date

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Print Name

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Title

**SUPPLEMENTAL INFORMATION**

- Copy of Child Care License of Facilities Letter from Community Care Licensing, or explanation of exemption from licensure, if applicable
- Parent/Guardian Certificate for each low-income family with at least one child under the age of 5

**ORIGINAL APPLICATION AND SUPPLEMENTAL DOCUMENTS MUST BE MAILED OR HAND-DELIVERED TO OUR OFFICE. FAXED OR EMAILED COPIES WILL NOT BE ACCEPTED. APPLICATIONS AND SUPPLEMENTAL DOCUMENTS RECEIVED AFTER THE DEADLINE OF 5:00 PM, NOVEMBER 22, 2013 WILL NOT BE ACCEPTED.**

**SUBMIT APPLICATIONS & SUPPLEMENTAL DOCUMENTS TO:**

First 5 Alameda County  
Attn: Mary Anne Doan  
1115 Atlantic Avenue  
Alameda, CA 94501

**QUESTIONS? CONTACT:**  
Mary Anne Doan, QRIS Administrator  
**Tel: 510-227-6937**  
**E: [Maryanne.Doan@first5ecc.org](mailto:Maryanne.Doan@first5ecc.org)**



## PARENT/GUARDIAN CERTIFICATE

Dear Parents/Guardians:

Your child care program is applying for participation in the **First 5 Alameda County QRIS** program. If accepted, your child care program may receive funding to pay for quality improvements to their child care facility and/or classroom environment. Child care programs can make their applications stronger by reporting that they are serving low-income families that have at least one child under the age of 5 enrolled in the program. If your annual family income falls below the amounts listed below, please sign this form and return it to your provider. Your child care program will attach this form to their application.

This information will only be used to evaluate your child care program’s application for participation and will be held in the strictest confidence. Thank you for supporting your child care program’s application for participation.

### Low-income\* Guidelines: Family Size and Annual Family Income

1-2	3	4	5	6	7	8	9	10	11	12 or more
\$39,396	\$42,216	\$46,896	\$54,408	\$61,908	\$63,312	\$64,728	\$66,132	\$67,536	\$68,940	\$70,356

*\*Based on the California Department of Education, Child Development Division Schedule of Family Income Ceilings for Child Development Programs effective July 1, 2011.*

I have \_\_\_\_ number of children enrolled in this child care program.

I certify that my family qualifies as low-income under the government guidelines listed above.

\_\_\_\_\_

**SIGNATURE**

\_\_\_\_\_

**DATE**