



APPLICATION for INFANT and TODDLER QUALITY EXPANSION GRANTS

The Southwest Colorado Early Childhood Collaborative in partnership with the Early Childhood Council of La Plata County is accepting applications from:

- Licensed homes and centers
- Licensed exempt programs (7.701.11; Section B.6)
- Licensed pending programs

Who are able to expand the capacity of Infant and Toddler (birth-36 months) care in the five county region (Archuleta, Dolores, La Plata, Montezuma and San Juan).

This mini grant application is open from December 15th, 2016 through April 7th, 2017 on a first come, first serve basis. Eligibility does not guarantee a grant award as funds will diminish as final deadline approaches. Eligible applicants can expect to receive between \$750-\$1,000 for each new infant/toddler slot created. Infant/Toddler slots must be available by April 28th, 2017.

Please return to:

Kimberlie Brown, Regional Collaboration Coordinator
Early Childhood Council of La Plata County
P.O. Box 4140 Durango, CO 81302
Phone: (970) 247-0760 Email: kimberlieb@ecclaplata.org

1. Please type or print:

Name and Title of Contact Person: _____

Physical Address: _____

City: _____ County: _____ State: _____ Zip: _____

Mailing Address (if different): _____

Email Address: _____

Phone: _____ Fax: _____

Name on Program License: _____ Child Care License #: _____

Amount of time with License: _____ **If not licensed, please see questions below:**

Date Application was submitted to the State: _____ Date of Initial Licensing Visit: _____

2. Check all that apply to your facility:

- Center Family Home Early Head Start Infants & Toddlers Preschool
 Part Year Program Part Day Program Full Day Program Full Year Program
 Other _____

3. Fill in the blanks:

- | | |
|--|---|
| _____ Total # of children served | _____ Date new I/T slots will be available |
| _____ Number of infant classrooms | _____ Number of new I/T slots (birth-36mos) |
| _____ Current licensed capacity | _____ Number of toddler classrooms |
| _____ Infant/toddler licensed capacity (birth-36mos) | _____ Number of preschool classrooms |
| _____ Number of infants & toddlers with IFSP | _____ Number of infant & toddler staff |

4. Please indicate your program’s involvement in the following activities or programs

(Check all that apply):

✓	Professional Development Opportunities	# of Times Participated (if applicable)	Last Date Participated
	Any license held not listed below: _____		
	ASQ/ ASQ-SE Training		
	Coaching Credentialed Level I, II, or III		
	Colorado Early Childhood Professional Credential		
	Colorado Infant Nursery Supervisor		
	Colorado Shines-Level 2 Courses Completed		
	Colorado Shines – QRIS/ PDIS trainings		
	Developing Behavior Plans		
	Developing Your Family Childcare Business		
	Director Qualified		
	EQIT (Expanding Quality in Infant & Toddler Care Training and Coaching)		
	Family Engagement Strategies		
	Health Consultant Training		
	How to talk with Families using the Touchpoints Approach Training		
	Incredible Years Teacher Classroom Management		
	Infant and Toddler Childhood Teacher Certificate		
	Lead Teacher Qualified		
	Medication Administration		
	Pre-Licensing Training		
	Pyramid Plus Training		
	Teacher Credential		
	Team Building		
	Touchpoints Individual Level Training		
	Transition Ideas		
	Universal Precautions		
	Other (Please Specify): _____		

4. Continued

✓	Funding Opportunities	# of Times Participated (if applicable)	Last Date Participated
	Colorado Preschool Program		
	Early Learning Ventures		
	Head Start/ Early Head Start		
	Mini Grants for Quality Improvements		
	Shared Services Contract(s)		
	Other (Please Specify): _____		

5. Please indicate your programs involvement in the Colorado Child Care Assistance Program (CCCAP):

CCAP	Number	County Dept. of Human Services you have a contract with	Participation Since (Year)
# of parents participating			
# of children participating			
# of infants & toddlers participating (includes birth up to 36 months)			
# of infants & toddlers currently receiving a tiered (Higher) reimbursement for quality			

6. Quality assessments:

To help us support quality improvement in our region, the Colorado Office of Early Childhood has launched a new quality improvement system, Colorado Shines. Please provide a summary of quality ratings and activities your program has participated in the past three years.

Rating Opportunities			Date Awarded
National Association for Family Child Care (NAEYC) Accreditation	YES	NO	
Environmental Rating Scale Assessment (ERS)	YES	NO	
Colorado Shines Rating	Please Circle YES / NO	Rating Awarded (please circle) 1 2 3 4 5	
Other (Please Specify): _____			

7. Write a description of your program. You may use a separate sheet of paper for this format. Include the following information:

- A. Your program's mission statement and history.
- B. Hours and months of operation.
- C. Turnover rate of staff. (Number of turnovers in the last 12 months divided by total number when fully staffed)
- D. Length of time the director has been in director position in the program and length of time of program at present site. Do you anticipate a move? If yes, when?
- E. Provide a detailed description of expansion activities and total cost of expansion, including materials, administrative expenses, salaries and fees. (See attached Proposed Budget Form)
- F. How many infant and toddler slots do you have the capacity to expand and when will the slots be available? (Please indicate if you have already made these expansion efforts and when the slots were opened).
- G. How will you sustain this expansion once this grant has ended (i.e., staff salary, operating expenses, etc)?
- H. What do you see as the greatest areas of need and improvement for your infant toddler program? What other resources are you in need of: such as coaching, professional development, quality improvement funding, or resource & referral support.

Criteria Checklist

- Program must be a licensed center, family home, be in the process of becoming licensed, or be licensed exempt (7.701.11; Section B.6- found under General Rules for Child Care Facilities)
- Program must serve infants and toddlers
- Program must complete budget request form and agree to provide receipts for all expenses and purchases for which the funds are used
- Program must provide progress reports regarding expansion and timeline for opening slots
- Program must agree to offer child care to infants and toddler for at least one year from receiving the grant and if unable to successfully continue, will be required to return the full amount of the grant
- Programs that are selected will be required to sign a Memorandum of Understanding

X _____ Applicant's signature indicates agreement.

Print Name: _____ Date: _____

Name of Applicant: _____ Date Submitted: _____

Proposed Budget for Grant Request

Description of Expansion Activity or Materials	Cost	Date of Purchase
<u>TOTAL</u>		

Internal use only:
 Date received: _____ Received by: _____

 Date reviewed by committee: _____