

**SAN MIGUEL, OURAY, MONTROSE & DELTA  
CHILD CARE QUALITY IMPROVEMENT PROJECT**  
*Quality Improvement Support Package*

Name of program: \_\_\_\_\_ Contact person: \_\_\_\_\_

Please make check payable to: \_\_\_\_\_ Phone: \_\_\_\_\_

Fax number: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip: \_\_\_\_\_

License number \_\_\_\_\_ License capacity \_\_\_\_\_ Current enrollment \_\_\_\_\_ Date license activated: \_\_\_\_\_

Date First provided care \_\_\_\_\_ Facility type: Family Child Care Home \_\_\_\_\_ Child Care Center \_\_\_\_\_ Other (specify) \_\_\_\_\_

If a child care center, indicate number of classrooms serving children birth to 5 \_\_\_\_\_ Ages of children served \_\_\_\_\_

Hours of operation \_\_\_\_\_ Number of CCCAP children currently enrolled \_\_\_\_\_

Number of children with special needs enrolled \_\_\_\_\_ Have you had a previous Qualistar rating? \_\_\_\_\_yes \_\_\_\_\_no

If yes, # of star rating \_\_\_\_\_ date of most current rating \_\_\_\_\_ Expiration date \_\_\_\_\_

Are you willing to be rated or re-rated? \_\_\_\_\_yes \_\_\_\_\_no If no, why? \_\_\_\_\_

Do you have an Early Childhood Degree or have you taken ECE 101 or 102? \_\_\_\_\_

*If yes, you must submit the Early Childhood Credential Application as mentioned below in "Specific Criteria." If no, you do not need to complete the Credential Application and you are still eligible for a grant.*

**Specific criteria:**

- Must have current Colorado License for at least one year
- Applicants are eligible once per year and must submit the follow up form to be eligible in the next grant cycle.
- Provider profile in the Resource and Referral database must be up to date
- Date you submitted your Early Childhood Credential Application packet? \_\_\_\_\_  
(call Bright Futures for an application or visit [http://www.smartstartcolorado.org/professionals/howto\\_apply.html](http://www.smartstartcolorado.org/professionals/howto_apply.html). Download the "Early Childhood Professional Credential Application")

**Grant Applications are due: October 1 & May 1 (second cycle is contingent upon funds available at the end of the fiscal year)**

**Please call 970-728-5613 or 877-728-5613 with any questions**

**Submit your Grant application to:**

**Bright Futures**

**PO Box 4216**

**Telluride, CO 81435 970-369-1312 fax**

## Plan for General Quality Improvement Grant

Facility name: \_\_\_\_\_

Contact person: \_\_\_\_\_

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

Quality Improvement Component	What is needed and how will it improve quality?	What existing finances do you have for this? Have you received funds from another source? If so, where?	Request Amount
<p><b><u>Learning Environment</u></b> (toys, equipment, materials) <i>Receipts must be submitted to Bright Futures.</i></p>			
<p><b><u>Training and Education</u></b> (college level courses, conferences, clock hour trainings, other professional development) Must be very specific about the trainings: who, when, where, topics <i>correspondence courses will be accepted only from accredited colleges and universities. CDA courses will be accepted. Payment will be awarded after completion of the course with a passing grade of "C" or better.</i></p>			
<p><b><u>Accreditation</u></b> NAEYC (National Association for the Education of Young children) NAFCC (National Association of Family Child Care)</p>			
<p><b>Total request amount</b></p>			

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