



**Center for Childcare Careers  
2018-2019 "Program-Focused" Application – Center & OST**

Date: \_\_\_\_\_

Program Name: \_\_\_\_\_ EEC Program #: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Email: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone #: \_\_\_\_\_ Website: \_\_\_\_\_

Licensed Capacity: \_\_\_\_\_ Number of Staff: \_\_\_\_\_ FT \_\_\_\_\_ PT

Number of Classrooms:

Infant \_\_\_\_\_ I/T \_\_\_\_\_ Toddler \_\_\_\_\_ T/P \_\_\_\_\_ Preschool \_\_\_\_\_ SA \_\_\_\_\_

Check all that apply:

\_\_\_\_\_ School Year Program \_\_\_\_\_ Full Year Program \_\_\_\_\_ UPK Grantee \_\_\_\_\_ 391 Grantee

Is your program NAEYC Accredited: \_\_\_\_\_ Yes \_\_\_\_\_ No

Does your program participate in the MA state Quality Rating Improvement System (QRIS)?

\_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ I don't Know If Yes, what is your EEC granted level: \_\_\_\_\_

Do you have an up to date:

\_\_\_\_\_ Continuous Quality Improvement Plan \_\_\_\_\_ Program Professional Development Plan

Are you currently receiving Coaching/Mentoring Services? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes please explain: \_\_\_\_\_

Does your staff have updated Individual Professional Development Plans? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you have staff whose primary language is not English? \_\_\_\_\_ Yes \_\_\_\_\_ No If Yes list: \_\_\_\_\_

Please tell us the area(s) you are seeking support/training (limit to three most important):

\_\_\_\_ Quality Rating Improvement System      \_\_\_\_ NAEYC Accreditation

QRIS Measurement Tools: \_\_\_\_ ITERS/ECERS/SACERS    \_\_\_\_ PAS    \_\_\_\_ Strengthening Families

\_\_\_\_ Arnett    \_\_\_\_ CLASS    \_\_\_\_ APT

\_\_\_\_ EEC Licensing Assistance    \_\_\_\_ EEC Certifications    \_\_\_\_ Professional Qualifications Registry

\_\_\_\_ Child Teacher Interactions    \_\_\_\_ Behavior Management    \_\_\_\_ Child Assessment Training

\_\_\_\_ Curriculum    \_\_\_\_ State Learning Standards and Guidelines    \_\_\_\_ Family Engagement

\_\_\_\_ Academic (College) Advising    \_\_\_\_ Career Pathway    \_\_\_\_ CDA Advising

\_\_\_\_ Management/Leadership    \_\_\_\_ Individual Professional Development Plans

\_\_\_\_ Program Professional Development Plan    \_\_\_\_ Continuous Quality Improvement Plan

Other: \_\_\_\_\_

Please describe how your program and staff could use a coach:

**Thank you for applying for our Program Focused Services. You will be contacted by an EPS Representative to discuss your program needs further.**

Best days & times to contact you: \_\_\_\_\_

Contact phone number: \_\_\_\_\_

**If you have questions please contact Shannon Castillo, Coaching Coordinator at [scastillo@cccfscm.org](mailto:scastillo@cccfscm.org)**

*This area for use by Region 2 EPS Staff Only:*

Application Approval Date: \_\_\_\_\_

Reason: \_\_\_\_\_

Center for Childcare Careers/Region 2 Educator & Provider Support Partnership  
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