



Child Care Services Association
Technical Assistance Department
Scaffolding School Readiness
Orange County 2020-2021

For Office use:
Date received: _____
of 3 rooms: _____
Subsidy: _____
N. Orange: _____
Last date of TA: _____

Interest Application Form

Name of Child Care Program: _____

Child Care License #: _____ Star Rating: _____ Date Current License Issued: _____

Most recent ECERS score _____ Classroom observed for this score _____

Email Address: _____

Contact Person (*please print*): _____

Contact Person's Title: _____

Street Address: _____ City: _____ Zip Code: _____

Mailing Address: (if different) _____

Telephone Number: _____ Fax: _____

Total number of **children enrolled** in center: _____ Total number of **teachers working** at center: _____

Are you currently **serving children receiving subsidy**? Yes No If yes, how many: _____

Total number of **3 year old children enrolled**: _____

Total number of **classrooms serving 3 year old children**: _____

(examples: 2/3 year old classrooms or 3/4 year old classrooms)

Names of teachers working in your 3 year old classrooms:

Teacher's Name	Years of Experience	Highest Level of Education	Any ECE course work ? (yes or no)

Which best categorizes the **average level of teacher-turn over** you experience in your **3 year old** classrooms?

- _____ Teachers typically remain less than 6 months
- _____ Teachers typically remain 6-12 months
- _____ Teachers typically remain 12-18 months
- _____ Teachers typically remain 18-24 months
- _____ Teachers typically remain 3-5 years
- _____ Teachers typically remain more than 5 years

Are you familiar with the Classroom Assessment Scoring System (CLASS®): Yes No

Are you familiar with the Program Administration Scales (PAS): Yes No

What is/are your strength(s) as an administrator? _____

What do you feel your 3 year old classrooms do well?

Why do you believe your program could benefit from participating in the Scaffolding School Readiness project?

Technical assistance, coaching, support and training will be offered virtually on the ZOOM platform for the first few months of this project. The following questions are to assess the center's and teacher's technology needs.

1. Does your center have access to a computer or tablet? Yes No
 - a. Will this computer be available for the use by the teacher participating in the project? Yes No
 - b. Does this computer or tablet have access to the internet? Yes No
 - c. Does this computer have a camera? Yes No
 - d. Does this computer have a microphone? Yes No
2. If answered no to any of the above, what technology needs does your program need to access the virtual technical assistance and training?



Email completed application to
Wendy Price by September 4, 2020:
wendyp@childcareservices.org

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Partnership for Young Children,
a Smart Start initiative.