

Attachment A: BSC Selection Questionnaire

Culture of Continuous Learning Project: A Breakthrough Series Collaborative for Improving Child Care and Head Start Quality

The purpose of the information collection is to provide information to the CCL BSC Implementation Team that assists in the mutual selection process. The Feasibility Study Team will use this information to build a descriptive portrait of the programs that engage in the CCL BSC process.

This information is planned to be used to further the proper performance of the functions of the agency by identifying programs that may successfully engage with the BSC.

Public reporting burden for this collection of information is estimated to average one hour per response. This collection of information is voluntary and all responses collected will be kept private to the extent permitted by law.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB number for

Culture of Continuous Learning Project: A Breakthrough Series Collaborative (BSC) to Support Social and Emotional Learning Practices

Thank you for your interest in participating in the Breakthrough Series Collaborative to Support Social and Emotional Learning Practices! Please fill out the following questionnaire on behalf of your program. Please be sure to answer each question sequentially and adhere to the specific guidelines for each section. Answer each question to the best of your ability, and feel free to mark "N/A" to questions if needed. No additional materials should be submitted with this questionnaire.

Selection Questionnaire

Cover Sheet					
About the Center					
Center Name:					
Center Type (select one):	<input type="checkbox"/> Stand alone center	<input type="checkbox"/> Agency with multiple centers	<input type="checkbox"/> Head Start	<input type="checkbox"/> Early HS	
Age group served (select all that apply)	<input type="checkbox"/> Infant	<input type="checkbox"/> Toddler	<input type="checkbox"/> Pre-school/Kindergarten		
Center Address:					
City:		State:		Zip:	
Center Director:				Title:	
About Proposed BSC Leadership					
Senior Leader:				Title:	

Organization:		Phone:		E-mail:	
Key Contact (for communication between BSC Staff and team members)				Title:	
Organization:		Phone:		E-mail:	

Part 1. Center Description & Proposed BSC Team Composition

Center Overview

Please tell us about your center, briefly describing your organizational structure and your approach to early education and care? Please include the number of classrooms by age group and any special programs offered at your center.

Please tell us about the children, families and community that your center serves. Please include demographics of the children you serve:

- Total number of children:
- Age: # Infant, # toddler, # preschool
- Race/Ethnicity:
- Language:
- Sex:
- Disability:
- Income:

Please tell us about the staff at your center, including numbers of staff by role (infant/toddler teachers, preschool teachers, administration, mental health, parent engagement, support staff, etc.) Please include the demographics of your teaching and support staff (race/ethnicity, sex, age, education level, and language).

Senior Leader

Who is the proposed Senior Leader of your BSC Core Team? (It is strongly recommended that Senior Leader be the Agency / Center Director, CEO, or another very high-level agency leader.)

Please include name, title, and a brief description of this leader's demonstrated commitment to the goals of this BSC. Also describe the role and responsibilities of the proposed Senior Leader in terms of center's organizational chart.

Team Leader

Who is the proposed Team Leader of your BSC Core Team? (The team leader is a manager from the early education and care center who will oversee and coordinate the activities of the team and actively guide the work of the Core Team. This person must have easy access to the Senior Leader. Depending on your center's structure, this person may be a director, lead teacher, educational coordinator or assistant director.)

Please include the name, title, and a brief description of this person's demonstrated commitment to the goals of this BSC. Also describe the management / reporting relationship between the proposed Team Leader and the proposed Senior Leader. Please also address this person's role, skills, and experience with social and emotional learning.

Core Team Members

Describe the remaining membership of the proposed BSC Core Team (other than the Senior Leader and Team Leader). Be as specific as possible regarding actual names, current positions, length of time in current positions, experience/expertise related to working with children and families with a focus on social and emotional learning and development, and what unique strengths they bring to the team.

Describe how your center will ensure that the members of the BSC Core Team have the resources and time they need to do the work described as requirements to participate in this BSC. Please be as specific as possible.

Part 2. Center Experience and Readiness

(Do not exceed three printed pages for all of Part 2.)

Center Strengths

Name up to four key strengths that your center has that position you well to participate in this BSC and promote children's social and emotional learning.

Social and Emotional Learning Experience and Capacity

What training and support has your staff received about promoting social and emotional learning, addressing challenging behaviors, and cultural responsiveness?

What data do you collect and use to understand your center’s work and progress in terms of supporting the social and emotional learning of children?

Partnering with Families

Describe how your center currently engages families (mothers, fathers, and other caregivers) as authentic partners to promote healthy social and emotional learning and development. Be specific about how you provide them with information about their children, how you engage them in your daily interactions and involvement with their children, how you provide them with necessary supports or resources, and how you include them in discussions and decisions about their children in ways that are meaningful to them. What specific professional development has your staff received about family partnership?

Support for Staff and Organizational Culture Changes

Describe a time when your center has worked to improve the quality of your center. What was most helpful in supporting staff to make changes to their practices and classrooms? How did leadership support and engage the staff? How have you engaged children/families when you are making changes?

Accreditation and QRIS

Is your center accredited? **Yes | No**

If yes: Is the current director the one who led your center through accreditation process? **Yes | No | N/A**

Through which agency/agencies is your center accredited?

Does your center participate in Massachusetts QRIS? **Yes | No**

If yes: Is your center in the process of being rated/re-rated? **Yes | No**

What is your current QRIS rating?

Part 3. Center and Staff Commitment and Capacity

(Do not exceed five printed pages for all of Part 3.)

Center Goals and Rationale for Participation

What does your center hope to achieve by participating in this BSC? Please include goals related to improvements for your staff, for your children and families, and for the center overall. How do the goals for this BSC align with other current programs, projects, or priorities for your center?

Staff Professional Development

Describe how your center currently provides professional development to staff, including who provides training, time allocated to professional development, your new staff orientation, etc.). How is the professional development of staff supported and reinforced through supervision, coaching and follow-up trainings?

Data Collection and Use

How does your center use data? How do teachers use data to inform their teaching? How is data used to make policy and administrative decisions? Please also identify the types of data that you currently track to review the outcomes for children and families you serve. Data can be qualitative such as observations of classrooms or quantitative such as enrollment or assessment data.

Barriers, Challenges, and Opportunities

Name up to four key barriers and challenges you anticipate for your center in participating in this BSC and promoting children’s social and emotional learning. For each barrier or challenge, please describe ideas you have to try to address, or reduce it.

Part 4. Additional Information

If the Key Contact listed on the cover sheet is not the author of this application, please provide the following information:

Name of primary author of this application (primary person completing application)

Author’s title and affiliation

Author’s telephone number

Author’s e-mail address

Names of other individuals who contributed to the completion of this application