



**Culture of Continuous Learning Project:**

*A Breakthrough Series Collaborative for Improving Child Care and Head Start Quality*

## **Instrument 1: BSC Selection Application Questionnaire**

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

<b>Respondents</b>	<b>Time of Data Collection</b>
Prospective BSC Teams	Baseline (T1)

**Note:** Respondents are prospective BSC participants including, but not limited to, center director and teacher(s).

## Consent Form

We are asking you to complete an application to be a participant in the Culture of Continuous Learning Project: A Breakthrough Series Collaborative (BSC) for Improving Child Care and Head Start Quality (CCL Project). The BSC is a specific training approach designed to support learning and improvement among practitioners at all levels of an organization, from directors to teachers who work in a classroom with children. This BSC aims to support children's social and emotional learning practices among staff who work in child care and Head Start settings. The purpose of the CCL Project is to learn about the options for integrating a BSC into early care and education quality improvement systems. This CCL project is in the form of a case study that includes both the implementation of a BSC and a research component to better understand how the BSC works.

This application should take no more than 1.5 hours to complete and will ask you about your center's characteristics, strengths, and capacities. In addition to using the information from this application for the BSC selection process, we are asking for permission to use the information you provide in this application packet for research purposes, to get a better understanding of the centers that are interested in participating in a BSC. We may use the information to produce public reports, journal articles, and presentations that describe how the BSC is being used and how the BSC can enhance social and emotional learning practices.

Your identity and the information you share will be kept private by the research team. Your identifying information will be separated from your answers. We will never use your name or the name of your program in any reports. We will also not share your personal information with anyone outside of the project team.

There is no direct benefit to you for participating in our research. We hope that the information you provide will benefit the early child care and education field. There is a chance that you may feel uncomfortable answering some questions. This application is voluntary. Whether or not you agree to allow the research team to use the information in this application for research purposes will not have any impact on whether your center is selected to participate in the BSC.

If you would like a copy of this information or have questions, please email us at [ktout@childtrends.org](mailto:ktout@childtrends.org) or the IRB at [irbparticipant@childtrends.org](mailto:irbparticipant@childtrends.org) or by phone at 1-855-288-3506.

Do you agree to allow us to use this application for research purposes?

- Yes
- No

The Paperwork Reduction Act of 1995 (Pub. L. 104-13) Statement: This collection of information is voluntary and will be used to provide information to the CCL BSC Implementation Team that assists in the mutual selection process. The team will use this information to build a descriptive portrait of the programs that engage in the CCL BSC process. Public reporting burden for this collection of information is estimated to average 90 minutes per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. 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 and expiration date for this collection are OMB #: 0970-XXXX, Exp: XX/XX/XXXX. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to Kathryn Tout, [ktout@childtrends.org](mailto:ktout@childtrends.org) or Child Trends, 708 N 1<sup>st</sup> Suite #333 Minneapolis, MN 55401  
Attention: Kathryn Tout

## Application for the 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. The materials you received at the BSC information session describe the BSC and its goals and will help you address some of the questions. Please be sure to follow the specific guidelines for each section. Answer each question to the best of your ability. No additional materials should be submitted with this questionnaire.

### Application Questionnaire

#### Part 1. Center Description:

1. Center Name: \_\_\_\_\_ (text box)
  
2. Program type (select all that apply):
  - a. Child care center -single site
  - b. Child care center – part of an agency/organization with multiple centers/sites
  - c. Head Start or Early Head Start Center
  - d. Public prekindergarten program
  
3. Is your program non-profit or for-profit?
  - a. Non-profit
  - b. For-profit
  
4. What type of organization sponsors your program?
  - a. None, we are independent
  - b. Head Start
  - c. Church or religious group
  - d. Private company or corporate chain
  - e. College or university
  - f. Private school
  - g. Public school/Board of Education
  - h. Social service agency
  - i. Non-government community organization
  - j. State or local government
  - k. Other. Please describe \_\_\_\_\_

5. Approximately how many children are funded by the following sources in your program?
  - a. Child Care and Development Fund subsidies administered by the state or county
  - b. Head Start/Early Head Start
  - c. State prekindergarten
  - d. Local government
  - e. Title I
  - f. Other types of government funding (please specify)
  
6. Age group(s) served (select all that apply):
  - a. Infant
  - b. Toddler
  - c. Mixed Infant & Toddler
  - d. Preschool (3-5-year-olds)
  - e. Kindergarten (5-year-olds)
  - f. School-age (6-year-olds and older, not in Kindergarten)
  
7. Number of children currently enrolled for each age group (*dropdown of numeric options for each category below*):
  - a. Infant:
  - b. Toddler:
  - c. Mixed Infant & Toddler:
  - d. Preschool (3-5-year-olds):
  - e. Kindergarten (5-year-olds):
  - f. School-age (6-year-olds and older, not in Kindergarten):
  
8. Number of classrooms by age group (*dropdown of numeric options for each category below*):
  - a. Infant:
  - b. Toddler:
  - c. Mixed Infant & Toddler:
  - d. Preschool (3-5-year-olds):
  - e. Kindergarten (5-year-olds):
  - f. School-age (6-year-olds and older, not in Kindergarten):
  
9. Number of classroom teaching staff by age group (*dropdown of numeric options for each category below*):

- a. Infant:
- b. Toddler:
- c. Mixed Infant & Toddler:
- d. Preschool (3-5-year-olds):
- e. Kindergarten (5-year-olds):
- f. School-age (6-year-olds and older, not in Kindergarten):

10. What is the racial and ethnic composition of enrolled children at your center? Your best estimate is fine. (*dropdown of numeric percentage options for each category below*):

- i. American Indian/Alaska Native:
- ii. Asian:
- iii. African American/Black:
- iv. Hispanic/Latino:
- v. Multi-racial: \_\_\_\_\_ (please specify)
- vi. Native Hawaiian/Pacific Islander:
- vii. White (non-Hispanic):
- viii. Other: \_\_\_\_\_ (please specify)

11. What is the racial and ethnic composition of the teaching staff at your center? Your best estimate is fine. (*dropdown of numeric percentage options for each category below*):

- i. American Indian/Alaska Native:
- ii. Asian:
- iii. African American/Black:
- iv. Hispanic/Latino:
- v. Multi-racial: \_\_\_\_\_ (please specify)
- vi. Native Hawaiian/Pacific Islander:
- vii. White (non-Hispanic):
- viii. Other: \_\_\_\_\_ (please specify)

12. What proportion of the center staff, by age group, is fluently bilingual or multilingual? Your best estimate is fine. (*dropdown of numeric percentage options for each category below*):

- a. Infant:
- b. Toddler:
- c. Preschool (3-5-year-olds):
- d. Kindergarten (5-year-olds):
- e. School-age (6-year-olds and older, not in Kindergarten)

13. What languages are spoken by your staff when working directly with children? SELECT ALL THAT APPLY.

- a. English
- b. Spanish
- c. Other: \_\_\_\_\_ (please specify)

d. Don't know

14. Center Address:

- a. Street:
- b. City:
- c. State:
- d. Zip Code:

15. Center Director:

- a. Name:
- b. Title:

16. Who is the primary contact at this center regarding this application?

- a. Name:
- b. Title:
- c. Phone:
- d. E-mail:

17. Who is the secondary contact at this center regarding this application (if applicable)?

- a. Name:
- b. Title:
- c. Phone:
- d. E-mail:

## Part 2. Proposed BSC Team Composition

### Center Overview:

18. Please tell us about your center, briefly describing your organizational structure and your approach to early education and care.

### Senior Leader:

19. **Who is the proposed Senior Leader for your BSC Team?** (It is strongly recommended that your team's BSC Senior Leader be the Agency / Center Director, CEO, or another

very high-level agency leader. This individual needs to have positional authority to scale up and sustain promising practices across the entire center.) Please include full 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 the center's organizational chart. Include how many years this person has been working at the center.

### **Team Leader:**

20. **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 BSC 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, and how they will have time to oversee and coordinate the team's activities based on their current role in the center.

### **BSC Team Members:**

21. Describe the remaining membership of the proposed BSC 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, perspectives, and identities they bring to the team.
22. Describe how your center will ensure that the members of the BSC Team have the time they need to do the work described as requirements to participate in this BSC. Please be as specific as possible. (As a reminder: participation requires the following of all team members: attend all 5 learning session days, participate in monthly all team and affinity group calls, meet regularly with your own team at your center, test changes as part of your work, and share your metrics data.)

Part 3. Center Experience & Readiness:

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

**Center Strengths:**

23. 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:**

24. What training and support has your staff received about promoting social and emotional learning, addressing challenging behaviors, cultural responsiveness, and racial justice? Please describe specific trainings or professional development on social and emotional learning, cultural competence, and racial justice when these occurred, and how many or what percentage of staff have participated in these professional learning activities.

a. Has your center participated in any center-wide training or PD or coaching on SEL?

i. Yes

ii. No

iii. [If yes] Please describe the training your center has participated in and when it occurred:

b. Other training or professional development on SEL that staff have participated in? (please give examples, for example, Pyramid Model training, or college course on SEL).

c. What percentage of staff has participated in training on SEL (please estimate) - in the past year? (sliding scale)

25. What data do you currently collect and use to understand your center's work supporting the social and emotional learning of children? Data can be qualitative such as observations of children/classrooms or quantitative such as enrollment or assessment data. Please mark all that apply:

a. Child assessments

b. Developmental screening

c. Classroom observations



- d. Family communication logs
- e. Family survey
- f. Intake forms
- g. Referrals
- h. Suspension and expulsion records
- i. Other: \_\_\_\_\_ (please specify)

26. What data do you currently collect about communications between teachers and families? Data can be qualitative such as observations of children/classrooms or quantitative such as enrollment or assessment data. Please mark all that apply.

- a. Child assessments
- b. Developmental screening
- c. Classroom observations
- d. Family communication logs
- e. Family survey
- f. Intake forms
- g. Referrals
- h. Suspension and expulsion records
- i. Other: \_\_\_\_\_ (please specify)

**Partnering with Families:**

27. Describe how your center currently engages families 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. Please note how you individualize engagement to meet families' cultural needs and to be culturally sensitive.

28. What specific professional development has your staff received about family partnerships?

**Accreditation and QRIS:**

29. Is your center accredited?

- a. Yes
  - i. If yes, is the current director the one who led your center through accreditation process?
    - 1. Yes
    - 2. No
    - 3. N/A
  - ii. Through which agency/agencies is your center accredited?
- b. No

30. Does your center participate in a Quality Rating and Improvement System (QRIS/QIS)?

- a. Yes
  - i. If yes, is your center in the process of being rated/re-rated?
    - 1. Yes
    - 2. No
  - ii. What is your current QRIS/QIS rating?
- b. No

Part 4. Center and Staff Commitment and Capacity:

**Center Goals and Rationale for Participation:**

31. 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, quality improvement initiatives, or priorities for your center?

Part 5. Additional Information:

32. If the Key Contact listed on the cover sheet is not the author of this application, please provide the following information:
- a. Name of primary author of this application (primary person completing application):
  - b. Author's title and affiliation:
  - c. Author's telephone number:
  - d. Author's e-mail address:
  - e. Name of other individuals who contributed to the completion of this application: