



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

Respondents	Time of Data Collection
Prospective BSC Teams	Baseline (T1)

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

Consent Form

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. This application should take no more than 1 hour and 15 minutes to complete and will ask you about your center's characteristics, strengths, and capacities.

The materials on the project website describe the Breakthrough Series Collaborative 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

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 75 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 #: 0970-0605, Exp: 03/31/2026. 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 or Child Trends, 708 N 1st 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

Application Questionnaire

Part 1 of 4. Center Description:

1. What state is your center located in?
 - a. Illinois
 - b. Massachusetts
 - c. Vermont
2. Center Name: _____
3. 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
4. Is your program non-profit or for-profit?
 - a. Non-profit
 - b. For-profit
5. What type of organization sponsors your program? *Select all that apply.*
 - a. None, we are independent
 - b. Church or religious group
 - c. Private company or corporate chain
 - d. College or university
 - e. Private school
 - f. Social service agency
 - g. Non-government community organization
 - h. State or local government
 - i. Other. Please describe _____
6. Approximately how many children are funded by the following sources in your program? *Select the source first, then enter the approximate number of children funded by that source.*
 - a. Child Care and Development Fund subsidies administered by the state or county
[text box]

- b. Head Start/Early Head Start [text box]
 - c. State prekindergarten [text box]
 - d. Local government [text box]
 - e. Title I [text box]
 - f. Other types of government funding (please specify) [text box]
7. 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)
8. Please fill out the following information about serving [age group]
- a. Number of [age group] currently enrolled [text box]
 - b. Number of [age group] classrooms [text box]
 - c. Number of [age group] classroom teaching staff [text box]
 - d. Proportion of center staff serving [age group] who are fluently bilingual or multilingual. *Your best estimate is fine.* [drop down percentage range]
9. What is the racial and ethnic composition of enrolled children at your center? Your best estimate is fine. *If no children at your center are represented by a category, please enter 0.*
- a. American Indian/Alaska Native:
 - b. Asian:
 - c. African American/Black:
 - d. Hispanic/Latino:
 - e. Multi-racial: _____ (please specify)
 - f. Native Hawaiian/Pacific Islander:
 - g. White (non-Hispanic):
 - h. Other: _____ (please specify)
10. What is the racial and ethnic composition of the teaching staff at your center? Your best estimate is fine. *If no teaching staff at your center are represented by a category, please enter 0.*
- a. American Indian/Alaska Native:
 - b. Asian:
 - c. African American/Black:
 - d. Hispanic/Latino:

- e. Multi-racial: _____ (please specify)
- f. Native Hawaiian/Pacific Islander:
- g. White (non-Hispanic):
- h. Other: _____ (please specify)

11. 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

Please click 'Save & Continue Later' before pausing work on this application!

12. Center Address:

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

13. Center Director:

- a. First name:
- b. Last name:
- c. Title:

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

- a. First name:
- b. Last name:
- c. Title:
- d. Phone:
- e. Email:

15. Is the center's primary contact the author of this application?

- a. Yes
- b. No

16. [If 'No' to Q15] If the center's primary contact 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 email address:
- e. Name of other individuals who contributed to the completion of this application:

Please click 'Save & Continue Later' before pausing work on this application!

Part 2 of 4. Proposed BSC Team Composition

Center Overview:

17. Please tell us about your center, briefly describing your center's approach to early education and care.

Senior Leader:

18. **Who is the proposed Senior Leader for your BSC Team?** (Note: It is strongly recommended that your team's Breakthrough Series Collaborative 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.)
- a. First name:
 - b. Last name:
 - c. Title:
19. **Briefly describe your proposed Senior Leader:** Please include information such as years working at the center, their roles and responsibilities at the center, and their commitment to the goals of this Breakthrough Series Collaborative on Social and Emotional Learning.

Team Leader:

20. **Who is the proposed Team Leader for your Breakthrough Series Collaborative Team?** (Note: The team leader is a manager from the center who will oversee and coordinate the activities of the team and actively guide the work of the Breakthrough Series Collaborative 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.)
- a. First name:
 - b. Last name:

c. Title:

21. **Briefly describe your proposed Team Leader:** Please include information such as years working at the center, their roles and responsibilities at the center, and their commitment to the goals of this Breakthrough Series Collaborative on Social and Emotional Learning.

BSC Team Members:

22. **Please note:** Each center's team will also include 3-4 additional team members. Centers that participate in the Breakthrough Series Collaborative will need to ensure that these team members (educators, parents, etc.) have the time they need to do the work described as requirements to participate in this Breakthrough Series Collaborative on Social and Emotional Learning. As a reminder: participation requires the following of all team members: attend all 5 learning session days over the 18-month period (3 in-person, 2 virtual), 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.

Please click 'Save & Continue Later' before pausing work on this application!

Part 3 of 4. Center Experience & Readiness:

Social and Emotional Learning Experience and Capacity:

23. What training and support has your staff received about promoting social and emotional learning (SEL), addressing challenging behaviors, cultural responsiveness, and racial justice?
24. Please describe specific trainings or professional development you and your current staff have participated in on: social and emotional learning (including Pyramid Model), cultural competence, and racial justice.

Partnering with Families:

25. Describe how your center currently engages families as authentic partners to promote healthy social and emotional learning and development. Be specific and share any examples of practices or policies you have in place.

Accreditation and QRIS:

26. 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. I don't know
 - ii. Through which agency/agencies is your center accredited?
- b. No

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

- a. Yes
 - iii. If yes, is your center in the process of being rated/re-rated?
 - 1. Yes
 - 2. No
 - 3. I don't know
 - iv. What is your current QRIS/QIS rating?
- b. No

Please click 'Save & Continue Later' before pausing work on this application!

Part 4 of 4. Center and Staff Commitment and Capacity:

Center Goals and Rationale for Participation:

28. What does your center hope to achieve by participating in this Breakthrough Series Collaborative on Social and Emotional Learning? Please include goals related to improvements for your staff, for your children and families, and for the center overall.

Please click 'Save & Continue Later' before pausing work on this application!

The Culture of Continuous Learning (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. 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.

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.

We may use the information from this application 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. Data files from the research component of this project may be stored in a trusted online location where they could be made available to other researchers who commit to keeping the data secure. Any personal information that could identify you will be removed before files are shared with other researchers. No research findings will include any personal information. This research is also covered by a Certificate of Confidentiality from the National Institutes of Health. This means that researchers cannot release or use information that may identify you in any way unless you say it is ok.

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 or the IRB at 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