

Project Plan

FY 2018 – 2019

The plan you develop provides an opportunity to be reflective and intentional about your work. For CCIP to be effective, the project must be relevant to the communities you serve. Your plan will also be used by Network CCIP staff to support you with technical assistance and to help us with statewide program planning.

Your CCIP Project Plan is a live document, meaning that agency submissions from FY 17 - 18 can now be updated to reflect community needs for FY 18 - 19. You can update your agency’s Project Plan via the link emailed to you by smccullough@rrnetwork.org on September 28, 2018. If you would like to start a Project Plan from scratch, please contact your Regional Coordinator and they will email you a new form. You will have 30 days after receiving your CCIP contract to submit the Project Plan to the Network.

**Instructions:**

1. Read all questions before responding.
2. Spell out acronyms the first time they are used.
3. Follow these “How to Save” directions:

JotForm will save your progress whenever you hit the "Next" or "Back" buttons at the bottom of each page. If you close the form before submitting it, **you can resume where you left off by locating the link emailed to you by smccullough@rrnetwork.org**.

**Helpful Tips:**

1. You can use this Word template to answer complete the Project plan. Then, copy and paste your responses in JotForm. Formatting executed in Word is likely to be lost in JotForm, so avoid using the tab key, special fonts, italics, bold or bullet features.
2. You can print your report before selecting “Submit” on the last page, but JotForm will automatically email you a copy of your submission immediately after your plan is submitted.
3. [Policies and Procedures](https://d3n8a8pro7vhmx.cloudfront.net/rrnetwork/pages/1340/attachments/original/1538171047/CCIP_Policies_Procedures_FY_18-19.pdf?1538171047) will be a useful document to reference as you write the Project Plan.
4. If you encounter technical difficulties or have questions, contact [your Regional Coordinator](https://d3n8a8pro7vhmx.cloudfront.net/rrnetwork/pages/1344/attachments/original/1534353592/Public_Network_CCIP_Contacts_-_August_2018.pdf?1534353592).

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| **CONTACT INFORMATION:** For person completing the Project Plan |

County & Agency:\*

Name:\*

E-mail:\*

Phone Number:\*       Extension:

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| ASSESSING CHILD CARE SUPPLY & DEMAND: Conduct an analysis of the availability and need for licensed family child care (FCC) in the CCR&R service area using resources such as: CCR&R database, [California Child Care Portfolio](http://www.rrnetwork.org/2015_portfolio), Local Child Care and Development Planning Council, U.S. Census data, etc.  |

Based on your assessment of the child care supply and demand in the service delivery area, what specific communities and/or populations will you target?\*

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| **OUTREACH PLAN:** Outreach is information sharing about CCIP to inform and involve the community, parents, and providers in the service area. |

How you will conduct outreach to the entire continuum of home-based child care providers in your service area (i.e., license-exempt/licensed family child care providers)?\*

Explain how you will conduct outreach to providers who serve children receiving a child care subsidy (both license-exempt child care providers and licensed family child care providers?)\*

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| BUILDING THE CAPACITY OF LICENSED FAMILY CHILD CARE: Set New Licensee and Expansion Licensee goals and explain how you plan to meet these goals. Participants interested in becoming licensed should be offered a CCIP pre-licensing visit and up to $1,000 in reimbursements (e.g. fingerprinting for all adults in the household) and materials (e.g. fire extinguisher) to offset start-up costs. |

What is your New Licensee goal?\*

(# of recipients of a FCC license within the fiscal year)

Please describe how you will inform participants about the home visits CCIP is able to offer. The purpose of these visits is to help prospective licensees prepare for the required CCL pre-licensing inspection.

What is your Expansion Licensee goal?\*

(# of FCCs that will expand capacity within the fiscal year)

How do you plan to meet these goals and increase the amount of FCC available in the service area?\*

How do you plan to increase the amount of home-based child care for infants and toddlers in your service area?\*

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| ENHANCING THE QUALITY OF HOME BASED CHILD CARE: After thinking about the strengths and needs of providers in your service area, set a license-exempt, Trainee, and Advanced Trainee goal, and explain how you plan to meet these goals. |

Indicate the number of license-exempt providers you expect will participate in at least one CCIP activity that you offer to them this year.\*

(Unduplicated #)

How many of the license-exempt providers participating in your CCIP project do you expect will be caring for children who receive subsidies?\*

What is your Trainee goal?\*

(# of participants that will complete 25 hours of training in the fiscal year)

What is your Advanced Trainee goal?\*

(#of participants that have already completed the Trainee requirement plus 20 hours of additional CCIP training (totaling 45 hours)

How will you help your participants to complete 25 hours of CCIP training or more?\*

What activities do you plan to offer for license-exempt child care provides? (check all that apply)\*

[ ]  CPR/First Aid (EMSA approved 8 hours)

[ ]  Preventative Health and Safety training (EMSA approved 8 hours)

[ ]  Home visit (a visit to a license-exempt provider’s home)

[ ]  Lending library activity

[ ]  Play based gatherings (e.g., workshop)

[ ]  Other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

When will you start providing these monthly activities?\* (add month drop-down October - Jan)

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| TRAINING TIMELINE: Please use the California Early Care and Education Workforce Registry (“Registry”) to document all the CCIP training that will be provided during the 2017-18 contract year. (See [www.caregistry.org](http://www.caregistry.org)). The [Training Calendar User Guide](https://d3n8a8pro7vhmx.cloudfront.net/rrnetwork/pages/322/attachments/original/1496168077/Deliverable_2.2.B2_Final_Training_Module_User_Guide_-_Sponsor___Instructor_rev05032017.338.pdf?1496168077) and [Training Organization Flow Chart](https://d3n8a8pro7vhmx.cloudfront.net/rrnetwork/pages/322/attachments/original/1496168088/TrainingCalendar_OrgFlowChart-RolesFunctionMap_TrainingOrg_Rev_04192017.54.pdf?1496168088) are resources that will be helpful as you start entering workshops into the Registry’s training inventory/catalogue. You can find more information at <http://www.rrnetwork.org/ece_workforce_registry>. |

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| ONGOING PROVIDER SUPPORT: Technical assistance is the sharing of information with customized support to develop or strengthen processes, knowledge application, or implementation of services by participants. |

How does the T.A. you provide impact participant success?\*

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| INCENTIVES: If you plan to provide incentives to CCIP participants, what kinds of incentives will be given to license-exempt child care providers, Potential New Licensees, New Licensees, Expansion Licensees, Training Participants, Trainees, and Advanced Trainees and when will they be distributed? |

Describe your New Licensee incentive plan (i.e., a requirement of the new CCIP expansion contract is that CCIP participants will be reimbursed for up to $1,000 for start-up costs incurred when opening a licensed family child care home).\*

Please describe your incentive plan for the following categories (these incentives are optional). You can leave the field blank if no incentive will be provided.

License-exempt:

Expansion Licensee:

Trainee:

Advanced Trainee:

Other:

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| **COLLABORATIONS** |

Which community groups will you work with? (check all that apply)\*

* + Alternative Payment Program (APP)
	+ CalFresh
	+ California Preschool Instructional Network (CPIN)
	+ California State University
	+ CARES Plus (or equivalent)
	+ Child Abuse Prevention Council
	+ Child and Adult Food Program (CACFP)
	+ Child Care and Development Planning Council (LPC)
	+ Child Care Law Center
	+ Child Care Resource and Referral
	+ Community Care Licensing Division
	+ Community College
	+ County Department of Public Health
	+ County Department of Social Services
	+ County Office of Education
	+ Early Childhood Mentor Program
	+ Family Child Care Association
	+ Family Child Care at Its Best, UC Davis
	+ Family Child Care Home Education Network (FCCHEN)
	+ Family Resource Center
	+ Farm to Preschool
	+ Fire Department
	+ First 5 Commission
	+ Head Start, Early Head Start, or Migrant Head Start
	+ Kaleidoscope: Play and Learn
	+ Local Association for the Education of Young Children (AEYC)
	+ Parks and Recreation District or Department
	+ Police Department
	+ Program for Infant Toddler Caregivers (PITC), WestEd
	+ Public Library
	+ Quality Counts California
	+ Small Business Development Centers (SBDC)
	+ Tribal Child Care Program
	+ University of California
	+ Women, Infants, and Children(WIC)
	+ Other

If other, please list:

Does your agency receive First 5 IMPACT funding?\*

* Yes
* No

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| COACHING: We are collecting information regarding CCIP team members and their relationship to coaching. |

Has any member of your CCIP staff received training and support on how to coach and mentor family child care providers?\*

* Yes
* No

If yes, please describe this support.\*

What types of supports and/or training resources would be helpful to your coaching and mentoring work?

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| **FISCAL:** |

How will the new CCIP expansion funding impact your project?

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| ADDITIONAL COMMENTS: |

What kind of support from the Network CCIP team would be helpful to your CCIP Team this contract year?

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| STAFFING: Information about your CCIP team members will be used to update the Network’s CCR&R CCIP sites contact sheet and the CCIP Database. |

If any of your CCIP staff are involved with the Bridge program, please indicate to what capacity?

[ ]  n/a

[ ]  Bridge trauma Informed care trainer

[ ]  Bridge trauma Informed care trainer and coach

[ ]  Bridge navigator trainer

[ ]  Bridge coach

[ ]  Bridge trauma Informed care coach

[ ]  Bridge navigator

[ ]  Bridge Manager/supervisor

[ ]  Bridge coordinator

[ ]  Other, Please specify:

To avoid a growing number of inactive users, we want to remove access to the CCIP Database from those no longer working on the project. Please list the names of any CCIP personnel at your agency who worked on the project anytime between July 1, 2017 and June 30, 2018, but are no longer members of the CCIP staff now

**Note:** in the future, please contact your Regional Coordinator to notify us as soon as staff are no longer working on the CCIP.

In order to make sure that all communications from CDE, EESD and the Network regarding the CCIP are sent to the right people at your agency, we are providing the following list of contact types and descriptions to help as you fill in the contact information requested below.

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| **Contact type** | **Description** |
| Public | The public contact person for CCIP at your agency (**only** **one per agency**)  |
| Primary | Receives all communications about CCIP from the Network and CDE, EESD (**only** **one per agency**) |
| Data entry/reporting | Enters data into the CCIP Database, CA ECE Workforce Registry, and Child Development Training Consortium (CDTC) Portal; receives information about reporting and due dates; and verifies the accuracy of data |
| Training | Conducts CCIP training, and/or coordinates CCIP training |
| Fiscal | Responsible for fiscal decisions and reporting |

Primary Contact:

First Name:\*

Last Name:\*

Email:\*

Title:\*

Hours per week dedicated to CCIP activities:\*

Can we share this contact info on the CCIP website?\* (Public Contact)

If not: (conditional logic – show public contact)

Public Contact (complete staffing information for this individual below the line, also):

First Name:\*

Last Name:\*

Email:\*

Title:\*

 CCIP role(s) (check all categories that apply):\*

* Data entry/reporting
* Training
* Fiscal

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**Please indicate the name, email address, title, hours per week dedicated to CCIP activities, and CCIP role(s) for all other CCIP team members below.**

1. First Name:\*

 Last Name:\*

 Email:\*

 Title:\*

 Hours per week dedicated to CCIP activities:\*

 CCIP role(s) (check all categories that apply):\*

* Data entry/reporting
* Training
* Fiscal
1. First Name:\*

 Last Name:\*

 Email:\*

 Title:\*

 Hours per week dedicated to CCIP activities:\*

 CCIP role(s) (check all categories that apply):\*

* Data entry/reporting
* Training
* Fiscal
1. First Name:\*

 Last Name:\*

 Email:\*

 Title:\*

 Hours per week dedicated to CCIP activities:\*

 CCIP role(s) (check all categories that apply):\*

* Data entry/reporting
* Training
* Fiscal
1. First Name:\*

 Last Name:\*

 Email:\*

 Title:\*

 Hours per week dedicated to CCIP activities:\*

 CCIP role(s) (check all categories that apply):\*

* Data entry/reporting
* Training
* Fiscal
1. First Name:\*

 Last Name:\*

 Email:\*

 Title:\*

 Hours per week dedicated to CCIP activities:\*

 CCIP role(s) (check all categories that apply):\*

* Data entry/reporting
* Training
* Fiscal