

Project Plan

FY 2016 – 2017

This plan will provide you with 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. Please submit your CCIP plan in [Formstack](https://californiachildcareresourcereferralnetwork.formstack.com/forms/ccip_project_plan_fy_16_17) by Friday, August 19, 2016.

**Instructions:**

1. Read all questions before responding.
2. Spell out acronyms the first time they are used.
3. Save frequently to prevent loss of data.
4. Complete the [Training Timeline](https://d3n8a8pro7vhmx.cloudfront.net/rrnetwork/pages/155/attachments/original/1469043176/CCIP_Training_Timeline_FY_16_17.docx?1469043176) and attach to Formstack prior to submitting your Project Plan.

**How to Save and Submit Your Responses**

* Use the *Save & Resume* button at the bottom of each section and enter your email address when prompted to do so. A link to the most recent version of your document will be sent to you.
* Always **check your email inbox** **before exiting Formstack** to make sure you have received a link. All information entered will be saved for 30 days.
* IMPORTANT: Save your responses each time you stop working on the document. Every time you select *Save & Resume,* you will need to **re-enter your email address** sothat a new link is generated for you.
* The link will take you to the beginning of the form with your most recent responses saved. When ready to submit, click ***Next*** until you are on the Confirmation Page.
* Review your Project Plan and click ***Submit Form***.

**Tips:**

* Complete the plan in Word. Then, copy and paste responses in Formstack. Formatting executed in Word may be lost, as options in Formstack are very limited; avoid using the tab key, italic or bold fonts and bullets.
* Be as brief and concise as possible.
* For CCIP terms and definitions, see the most current version of the [CCIP Policies and Procedures](https://d3n8a8pro7vhmx.cloudfront.net/rrnetwork/pages/231/attachments/original/1469132042/CCIP_Policies___Procedures_FY_2016-17.pdf?1469132042) document and this cheat sheet, [Quick Reference: CCIP Participant Status](https://d3n8a8pro7vhmx.cloudfront.net/rrnetwork/pages/132/attachments/original/1448045334/Quick_Reference_CCIP_Participant_Status.pdf?1448045334).

For questions about the CCIP Project Plan, you may contact your [Regional Coordinator](https://d3n8a8pro7vhmx.cloudfront.net/rrnetwork/pages/230/attachments/original/1470267664/Network_CCIP_Contacts_-_August_2016.pdf?1470267664).

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| **CONTACT INFORMATION:** about the person completing this Project Plan |

CCIP Contracting Agency:\*

County:\*

Contact Person:\*

Job Title:\*

Email Address:\*

Phone Number:\*

Phone Extension:

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| ASSESSING CHILD CARE SUPPLY & DEMAND: Summarize the availability and need for licensed family child care (FCC) in the CCR&R service area. Please include the sources for the information you provide (e.g., [California Child Care Portfolio](http://www.rrnetwork.org/2015_portfolio), R&R Database, Local Child Care and Development Planning Council, U.S. Census data, etc.). |

Describe the amount and type of FCC available. (I.e., How many licensed FCC homes are operating in the communities that your agency serves? Provide specific numbers according to: location; schedules daytime, evening or overnight hours; weekday, weekend, rotating, part-time, full-time, part week or full week; and the number of small and large FCC homes in operation.)\*

**How was the supply of child care in the service area determined?   
(Provide sources)\***

**How did you determine the child care needs in your service area?**

**(Provide sources)\***

What kinds of child care are families looking for? (I.e. By age: infant, toddler, preschool or school-age; full time and part time, schedules needed; special needs accommodation; etc.)**\***

What specific communities within your service area will you target?\*

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| BUILDING THE CAPACITY OF LICENSED FAMILY CHILD CARE: Based on your assessment of the child care supply and demand in the service delivery area, set New Recruit and Expansion Recruit goals and explain how you plan to meet these goals. |

What is your New Recruit goal?\*

What is your Expansion Recruit goal?\*

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

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| ENHANCING THE QUALITY OF LICENSED FAMILY CHILD CARE: After thinking about the strengths and needs of FCCHs in your service area and considering the CA ECE Competencies, set Trainee and Advanced Trainee goals and explain how you plan to meet these goals. |

What is your Trainee goal?\*

What is your Advanced Trainee goal?\*

What will you do to help your training participants complete at least 5 hours of training in each Module area so that they can finish the 25 hour Trainee requirement?\*

What California Department of Education (CDE), Early Education and Support Division (EESD) publications and other resource materials will be used to develop training?\*

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| Resources | Will Use |
| *CA Early Childhood Educator Competencies* |  |
| *CA Infant and Toddler Learning & Development Program Guidelines* |  |
| *The Workbook: CA Infant and Toddler Learning & Development Program Guidelines* |  |
| *CA Infant/Toddler Curriculum Framework* |  |
| *CA Infant/Toddler Learning and Development Foundations* |  |
| *CA Preschool Curriculum Framework* |  |
| *CA Preschool Learning Foundations* |  |
| *CCIP Training Module One: Operating a Strong Family Child Care Business* |  |
| *CCIP Training Module Three: Developmental Needs of Children (select sections)* |  |
| *CCIP Training Module Four: Professionalism and Provider Support (select sections)* |  |
| *Center on the Social & Emotional Foundations for Early Learning (CSEFEL) materials* |  |
| *Guidelines for Early Learning in Child Care Home Settings* |  |
| *Inclusion Works! Creating Child Care Program that Promote Belonging for Children with Special Needs* |  |
| *Prekindergarten Learning and Development Guidelines* |  |
| *Preschool English Learners: Principles and Practices to Promote Language, Literacy, and Learning* |  |
| *Strengthening Families resources* |  |
| *Touchpoints materials* |  |
| *Other* |  |

If other, please list

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| TRAINING TIMELINE: Click here to access the [CCIP Training Timeline](https://d3n8a8pro7vhmx.cloudfront.net/rrnetwork/pages/155/attachments/original/1469043176/CCIP_Training_Timeline_FY_16_17.docx?1469043176) template as a Word document. Once you've downloaded the timeline, complete the form, save it, and attach in Formstack. |

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| ONGOING PROVIDER SUPPORT: Describe the technical assistance (TA) and support activities you will offer to CCIP participants. |

**TA Topics**

Select the issues you plan to address with CCIP participants (check all that apply):\*

* Opening and operating a family child care business
* The licensing and fingerprinting process (includes small to large FCC home expansion)
* The licensing orientation process
* Setting up a family child care environment
* Working with parents & families
* Health and safety
* Developmental needs of children
* Inclusion of children with special needs
* Providing care for mixed age groups
* Infant/Toddler care (includes assistance with I/T expansion)
* Child care data (e.g., California Child Care Portfolio, regional market rates, census data, slots)
* Community resources (referrals to outside agencies)
* Quality Rating and Improvement Systems
* ECE Workforce Registry
* Other

If other, please explain

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| **Coaching:** is a relationship-based process led by an expert with specialized knowledge and skills who works with adult learners. Coaches build capacity for specific professional dispositions, skills, and behaviors and focus on goal-setting and achievement for individuals or groups of ECE professionals. Coaching is proving itself to be increasingly valuable to FCC providers involved in quality improvement projects, including CCIP. |

Will your R&R provide coaching to any of your CCIP participants during the coming contract year?\*

* Yes
* No

Does your R&R plan to participate in a local Quality Rating and Improvement System (QRIS) during the

new contract year?\*

* Yes
* No

If yes, please describe your involvement.

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| INCENTIVES: If you plan to provide incentives to CCIP participants, what kinds of incentives will be given to Potential New Recruits, New Recruits, Expansion Recruits, Training Participants, Trainees, and/or Advanced Trainees, and at what stage will they be distributed? |

Do you provide incentives to CCIP participants?\*

* Yes
* No

If yes, please describe your incentive program.

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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
  + 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
  + 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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| ADDITIONAL COMMENTS: |

Anything else you'd like to tell us about your project and the support that you plan to provide to CCIP participants?

What type of support from the Network CCIP team would be helpful this fiscal year?

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| MANAGEMENT & STAFFING: Include the name, title, hours per week dedicated to CCIP activities, and CCIP responsibilities of your team members. To understand more about who CCIP trainers are and how to better support a system of ongoing professional development, we are collecting information regarding Trainer’s experience and educational background. |

1. First Name:\*

Last Name:\*

Title:\*

Hours per week dedicated to CCIP activities:\*

CCIP responsibilities (check all that apply):\*

* Coordinator
* Data entry/reporting
* Fiscal
* Manager/Supervisor
* Trainer
* Other

**Please answer the following questions as it pertains to this staff member if she/he is a CCIP TRAINER:**

How many years has the trainer provided direct services for children (birth- 3rd grade) in an early care and education setting? This experience is defined as taking place in a group setting at a licensed or license-exempt early childhood program, where the individual worked for pay or volunteered:\*

* No experience
* 2 years or less
* 3 years
* 4 to 6 years
* 7 to 10 years
* More than 10 years

How many hours of experience does the trainer have working with adult learners? (Experience with adult learners includes the development and presentation of content at conferences, workshops or in-service training, and may include credit and non-credit bearing courses. Coaching, mentoring, administration of an ECE program, family support and the provision of one-on-one technical assistance with adult learners are all examples of experience with adult learners).\*

* No experience
* 11 hours or less
* 12 to 19 hours
* 20 to 39 hours
* 40 to 49 hours
* 50 or more hours

Select the trainer's highest level of training or education this individual has completed within the field of Early Childhood Education (ECE)/Child Development (CD):\*

* 12 ECE/CD credits **or** 180 hours of ECE/CD Training
* Associate's Degree in ECE/CD **or** Associate's Degree with at least 12 units of ECE/CD
* Bachelor's Degree in ECE/CD **or** Bachelor's Degree with at least 24 units of ECE/CD
* Master's Degree in ECE/CD **or** Master's Degree with at least 24 units of ECE/CD
* None of the above

Does the trainer have any licenses, credentials, certificates in training areas relevant to the field? (e.g., certified CLASS trainer, PITC, CPA, CPR/First Aid, Registered Dietitian)\*

* Yes
* No

If yes, please name the license, credential, certificate, or relevant experience:

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| FISCAL: All CCIP contractors are required to submit a [Budget Form](https://d3n8a8pro7vhmx.cloudfront.net/rrnetwork/pages/155/attachments/original/1469124718/CCIP_Budget_FY_16-17.xlsx?1469124718). Please email these documents to [ccipreports@rrnetwork.org](mailto:ccipreports@rrnetwork.org). The subject line should include the name of your agency and county. |