

Reach for the Stars Application  
Quality Improvement Grants:  
Child Development Homes  
FY 2011



For more information, please contact:

Nicole Neubauer, Child Care Home Consultant  
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*Grants will be available as funding allows. Grant amounts awarded will be determined by a grant review committee including representatives from United Way, Polk Early Childhood Iowa and CCR&R. An application including all required documentation must be submitted by the following deadlines.*

October 1, 2010  
January 1, 2011  
April 1, 2011

Name \_\_\_\_\_

Address \_\_\_\_\_

Street

City

Zip code

Phone \_\_\_\_\_ Email \_\_\_\_\_

1. Please verify eligibility:

I am currently registered as a Child Development Home (CDH)

Registration number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

I have completed all four visits with a Child Care Home Consultant focusing on 100% compliance with the DHS checklist.

I have returned all receipts for approved items from previous RFTS grants.

A copy of my training certificate verifying that I have completed a FCCERS environmental rating scale training series is attached.

To register for an environmental rating scale training series, go to the Polk County training calendar at [www.centraliowachildcare.org](http://www.centraliowachildcare.org)

- FCCERS series scheduled to begin in October.

I have contacted the QRS Specialist to identify steps to apply for a QRS rating. (QRS Specialist will verify contact with the Child Care Home Consultant)

Emily Brott, QRS Specialist  
515-246-3592 or [ebrott@orchardplace.org](mailto:ebrott@orchardplace.org)

FCCERS assessment by a CCR&R consultant has been completed

A mutually agreed upon action plan and time frame, prioritizing both financial and on-going consultation needs have been developed through assessments with appropriate CCR&R consultants using the following information:

- Program's FCCERS Self Assessment
- CCR&R consultant FCCERS assessment
- Program barriers identified in the grant application
- Observations by other appropriate CCR&R consultants which may include the Child Care Nurse Consultant or Infant Toddler Specialist

On a separate sheet(s) of paper, please answer the following questions:

1. Describe your child care program.
2. QRS level you plan to apply for: Level \_\_\_\_\_ by \_\_\_\_\_ (Date)
3. What is working well in your program, what are your strengths?
4. What challenges are there to meeting your QRS goal?
5. How will a grant and consultation assist you in meeting your QRS goal?

I agree to participate in on site consultation as specified in the agreed upon action plan for a minimum of six months from receipt of a RFTS grant.

I agree to purchase only approved items with grant funds and to turn in all receipts and packing slips.

I understand that if my program closes within three years of receipt of the grant, materials purchased with grant funds must be returned to CCR&R.

\_\_\_\_\_  
CDH Provider

\_\_\_\_\_  
Date

\_\_\_\_\_  
Child Care Home Consultant

\_\_\_\_\_  
Date