



APPLICATION FOR ENROLLMENT PATHS TO QUALITY™

State Form 56383 (R3 / 07-25)

FAMILY AND SOCIAL SERVICES ADMINISTRATION

OFFICE OF EARLY CHILDHOOD & OUT-OF-SCHOOL LEARNING



Name of program / family childhood program				
Location address (number and street, city, state, and ZIP code)				
Mailing Address (if different) (number and street, city, state, and ZIP code)				
Telephone number ()	E-mail address		Preferred method of communication <input type="checkbox"/> Telephone <input type="checkbox"/> E-mail	
Name of director / administrator			Date attended Paths to Quality introduction session (month, day, year)	
Type of program (check one) <input type="checkbox"/> Licensed Child Care Center <input type="checkbox"/> Licensed Family Child Care Home <input type="checkbox"/> Unlicensed Registered Child Care Ministry that is VCP certified, meets CCDF Provider Eligibility Standards and other voluntary standards <input type="checkbox"/> Public / Private School				
License number / exempt / registered ministry	Years in operation	Ages served	Number of early childhood staff employed	Number of classrooms
Are you an accredited site? <input type="checkbox"/> Yes <input type="checkbox"/> No		Name of accrediting body		
I would like my program to go through <i>Paths to QUALITY</i> ™ (Check one): <input type="checkbox"/> With support to reach my quality improvement goals <input type="checkbox"/> On a Self-Guided study basis <input type="checkbox"/> I would like to request an immediate Rater visit.			Date attended (month, day, year) <input type="checkbox"/> Completed Early Learning Standards Training	

QUESTIONNAIRE

1. What is the highest level of education you have completed so far? (Check one) <input type="checkbox"/> Less than High School diploma <input type="checkbox"/> High School diploma <input type="checkbox"/> Some college credits but no degree <input type="checkbox"/> Child Development Associate Credential <input type="checkbox"/> Associates Degree (Two (2) year) <input type="checkbox"/> Bachelors Degree (Four (4) year) <input type="checkbox"/> Masters Degree <input type="checkbox"/> Doctorate	
Major	
2. Do you belong to any early childhood professional organizations? (Check each of which you are a member.) <input type="checkbox"/> National Head Start Association <input type="checkbox"/> National Association for the Education of Young Children (NAEYC) <input type="checkbox"/> Association for Childhood Education International (ACEI) <input type="checkbox"/> National Association for Family Child Care (NAFCC) <input type="checkbox"/> Council for Exceptional Children (CEC) <input type="checkbox"/> Community Child Care Provider Organization or Network <input type="checkbox"/> International Association of Christian Schools <input type="checkbox"/> Other Professional Organization	
Name of other professional organization	
3. How many early childhood conferences (one (1) day or more) have you attended in the past two (2) years? <input type="checkbox"/> None <input type="checkbox"/> One (1) day <input type="checkbox"/> Two (2) days <input type="checkbox"/> Three (3) days <input type="checkbox"/> Four (4) days <input type="checkbox"/> More than four (4) days	
4. Approximately how many total training hours have you completed during the past twelve (12) months? <input type="checkbox"/> Less than twelve (12) hours <input type="checkbox"/> Twelve (12) to twenty-three (23) hours <input type="checkbox"/> Twenty-four (24) to fifty (50) hours	
Authorized signature	Date signed (month, day, year)

Complete and mail to:

Place agency label here.

MEMORANDUM OF AGREEMENT

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This is a Memorandum of Agreement entered into between _____ (early care and education program) (hereinafter referred to as "program") and Paths to QUALITY partners (hereinafter referred to as "partners") (Indiana Family and Social Services Administration, Office of Early Childhood and Out of School Learning; the Indiana Association for the Education of Young Children; Early Learning Indiana; TCC Software Solutions; and any other State funded partners as necessary). The purpose of the agreement is to identify the responsibilities and duties of the partners and programs regarding the Paths to QUALITY program.

Pursuant to this agreement, the partners agree to offer the following services to programs participating in the Paths to QUALITY program:

- Consultation and technical assistance by phone or email when appropriate and when requested.
- On-site consultation to the program, which may include observations of the early childhood setting, goal setting, feedback and training. (Coached programs only).
- Recognition awards and financial supports as outlined in the Paths to QUALITY guidelines.
- Ongoing evaluation of the Paths to QUALITY system.

Programs participating in the Paths to QUALITY process have the right to treatment that is fair and does not discriminate. Federal laws prohibit discrimination in the provision of services based on race, color, national origin, age, sex, disability, or status as a veteran.

Pursuant to this agreement the program enrolled in Paths to QUALITY agrees to:

- Maintain compliance with all licensing requirements for the program type. Program owners agree they are responsible for ensuring all documentation submitted for a rating visit is accurate and valid. Failure to meet these requirements may result in a loss of ability to participate in Paths to QUALITY.
- Comply with all voluntary requirements affiliated with the Paths to QUALITY system. Failure to meet voluntary requirements of the Paths to QUALITY program may result in the loss of ability to participate.
- Notify their Office of Early Childhood and Out of School Learning Consultant of any changes to business information (address, director, etc.).
- Consistently and conscientiously strive toward implementing a quality program and attaining the Paths to QUALITY level standards.
- Attend, and encourage staff to attend, trainings and professional development opportunities as needed.
- Complete an Exit Interview and/or Exit Evaluation should the program choose to withdraw from the Paths to QUALITY system.

The program understands that the following conditions apply to participation in the Paths to QUALITY program:

Paths to QUALITY partner's staff is required to report abuse, neglect, unsafe circumstances and regulatory violations deemed critical by the Office of Early Childhood and Out of School Learning to the appropriate authorities.

- Program understands they are solely and voluntarily responsible for any non-regulatory changes implemented within their program as a result of participation in Paths to QUALITY.
- Program understands that lack of compliance with the Paths to QUALITY standards may result in reduction in level status.
- By signing this agreement, the program gives written consent allowing information to be shared between partners. Program understands that Paths to QUALITY partners may be required to share proprietary information. This information will be available to all partners. Other parties requesting program information must have the written permission of the program. Each partner will maintain the confidentiality of proprietary information and use proprietary information only and exclusively for purposes related to Paths to QUALITY program. Partners shall maintain the confidentiality of all confidential information and records.
- The rating that the program receives through Paths to QUALITY will be made available to the public on Indiana's carefinder website (www.childcarefinder.in.gov) and through parent referrals.

The undersigned, being the Program, or having the specific authority to bind the Program, to the terms of this agreement, and having read this agreement, and understanding it in its entirety, does hereby agree, both individually and on behalf of the Program, to abide by and comply with all terms and conditions set forth herein.

Name of program entity	
Mailing address (number and street, city, state, and ZIP code)	
Name of authorized representative (Must be an authorized officer, owner, or partner.)	Title
Signature of authorized representative	Date signed (month, day, year)
Signature of Director / Lead Caregiver / Public or Private School Administrator (The individual signing here is the person responsible for the day to day program implementation and is present at the center/home/ministry to oversee and/or participate in the childhood program.)	Date signed (month, day, year)
Signature of Paths to QUALITY™ representative	Date signed (month, day, year)