2011/2012
Lessons Learned
Application and Participation Agreement

Eligible Participants:
Licensed Childcare Providers
Preschool Educators

The Sutter County Children & Families Commission recognizes that children are our most valuable resource. The first five years of a child’s life are critical; they grow and learn at an extraordinary pace. The SCCFC is committed to supporting the efforts of caregivers to improve the quality of early care and education for children in Sutter County.

California voters passed Proposition 10 (the Children and Families First Act) in 1998, adding a 50 cents per pack tax on tobacco products to support programs for expectant parents and children ages birth to five. The SCCFC funds an array of programs to improve the health, development and school readiness of children in Sutter County.
Lessons Learned

Provider Education Program Terms and Conditions

What is Lessons Learned?

- Classes are instructed by Lizabeth Lundberg and provide instruction on lesson planning, themed activities – seasons, holidays, science, math, art, early literacy etc. and reproducible materials. In addition classes provide an opportunity for networking and professional support to participants. Classes are held the third Thursday of each month.

Class Dates for 2011/2012-

<table>
<thead>
<tr>
<th></th>
<th>September 15</th>
<th>November 17</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2012</td>
<td>January 19</td>
<td>March 15</td>
</tr>
</tbody>
</table>

Who is eligible for Lessons Learned?

- Licensed Childcare providers, preschool educators.
- One provider per location. Organizations with multiple sites can choose one participant per location to apply/attend based on class space availability. Organizations with multiple sites may be allowed to send more than one educator per site if they are teaching different classes, but this will depend on class space availability.
- Lessons Learned will be limited to 30 participants.

Due to the limited number of available spaces it is important that you attend every class. If you notify the Commission office in advance you may for one class only, send a representative in your place.

In the event of an emergency that prevents you from attending a provider class you must notify the Commission office in advance.

Application Process

- Submit a complete original application and a copy of your license to the Commission office by August 12th 12noon. Do not add additional pages to your application.

Office location and mailing address: Sutter County Children & Families Commission 1527 Starr Drive Suite O, Yuba City, CA 95993

- Applications may be reviewed by a review committee comprised of Commissioners, Commission Staff and/or Community members. The committee will be responsible for reviewing all applications and making recommendations to the Commission. The review committee will consider the following –
  o Overall quality of the application
  o Past mini grant performance
  o Past attendance in Commission programs
  o License status

The Commission is the final authority regarding the approval or disapproval of mini grant funding. The Commission will not hear appeals.

SCCFC CONTACT INFORMATION

Contact: Deb Coulter, Executive Director, Bev Dal Porto, Executive Assistant
Telephone: 530-822-7505 Email: Debcoulter@co.sutter.ca.us; bDALporto@co.sutter.ca.us

The Commission may, at its sole discretion, reject any or all applications submitted in response to this document. The Commission also reserves the right to cancel this offer at its sole discretion at any time. The Commission shall not be liable for any costs incurred in connection with the preparation of any application submitted in response to this document. Any applications, including attached materials, submitted in response to this document shall become property of the Commission.
Sutter County Children & Families Commission
Provider Education
Lessons Learned Application and Attendance Agreement 2011-2012

Please print.

Participant Name:

Site Name:

If you work at a site with multiple classes which class do you teach?

Address:

City, State, Zip: Phone:

Email address: Fax:

Provider Type:

☐ Small Family Day Care (licensed for 8 or less) ☐ Private Owned Preschool

☐ Large Family Day Care (licensed for over 8) ☐ State/Federal Preschool

☐ Other - ____________________________

Please tell us about the children registered at your site.

<table>
<thead>
<tr>
<th>Children Served age 0-5</th>
<th>Ethnicity of Children Served</th>
<th>Language of Children served</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children less than 3 years old</td>
<td>African American</td>
<td>English</td>
</tr>
<tr>
<td>Children age 3 to 6th birthday</td>
<td>Caucasian</td>
<td>Spanish</td>
</tr>
<tr>
<td></td>
<td>Hispanic/Latino</td>
<td>Other</td>
</tr>
<tr>
<td></td>
<td>Other</td>
<td><strong>TOTAL</strong></td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>TOTAL</strong></td>
<td><strong>TOTAL</strong></td>
</tr>
</tbody>
</table>

**Family Day care sites include your own children if aged 0-5.

**Totals of Ethnicity and Language must be the same as total number of children served age 0-5.

Please tell us about yourself and your site.

Education

☐ High School Graduate ☐ ECE Certificate ☐ AA/AS Degree ☐ BA/BS Degree

How many ECE units have you completed? __________

How long have you been working in the childcare field? ___________________

Do you currently use a “prepared” curriculum program? YES NO

If yes which curriculum:

____________________________________________________________________

____________________________________________________________________

Why did you choose the curriculum?

____________________________________________________________________

____________________________________________________________________

Do you currently conduct “daily structured” physical activities? YES NO

If yes, what type and how often:

____________________________________________________________________

____________________________________________________________________
Does your site have “formal” nutrition policies? For example a nutrition policy sheet that is posted or provided to parents?   YES   NO

Have you ever had a rating scale (ECERS/ITERS/FCERS) completed?   YES   NO
Is yes, which scale, who conducted the rating scale and when was it completed?

Please tell us about your professional goals.

Participation Requirements
Requirements for participants in SCCFC programs, classes and/or workshops:
1. You and/or your site must provide care, instruction or service to children aged 0-5 in Sutter County.
2. License must be in good standing with Community Care Licensing and have no current complaints, violations or administrative actions pending. A copy must be provided to SCCFC.
3. As a part of participation in an SCCFC funded program, SCCFC staff may conduct scheduled site visits.
4. Provide evaluation data to SCCFC as requested. SCCFC is required to evaluate all funded programs. Data required may include:
   i. numbers of children 0-5 in your program
   ii. names and addresses of parents
   iii. language and ethnicity of children enrolled

Attendance Requirements
The classes/workshops offer a limited number of available spaces and it is important that you commit to attend every class. SCCFC and instructors set provider education workshop/class dates far in advance and the dates are available to participants prior to enrollment.
• If you have an emergency or unavoidable situation that prevents you from attending a class notify the instructor in advance.
• If you notify the instructor in advance you may for one class only, send a representative in your place.
• Participants that miss class without prior notification to the instructor may be dropped from the class and may not receive class materials.
• Participants that miss two (2) classes without prior notification to the instructor will be dropped from the class.
• Participants earn professional growth hours only for classes that they attend in person.

I have read and agree to the participation and attendance requirements.

Print Name: _____________________________________ Date: ________________
Signature: ______________________________________

Return this form and a copy of your license to the Commission office by August 12, 2010 12noon.

If you have any questions please contact the Commission office at 822-7505.