

Pathways to Program Excellence Overview

Program Overview

Pathways to Program Excellence is a short-term business coaching program designed to provide child care centers with the tools needed to enhance their operational success. The program is structured into quarterly coaching cycles, each lasting approximately three months.

Using the Program Administration Scale (PAS) as a framework for quality improvement, each participating child care provider will select an area of focus, receive onsite coaching, participate in professional development sessions and network with other child care owners and directors through monthly office hours. All administrators at a selected school are encouraged to participate, however a minimum of one administrator point-of-contact is required to join coaching and professional development sessions.

Coaching & Support Areas

Human Resources Development
Personnel Cost and Allocation
Center Operations

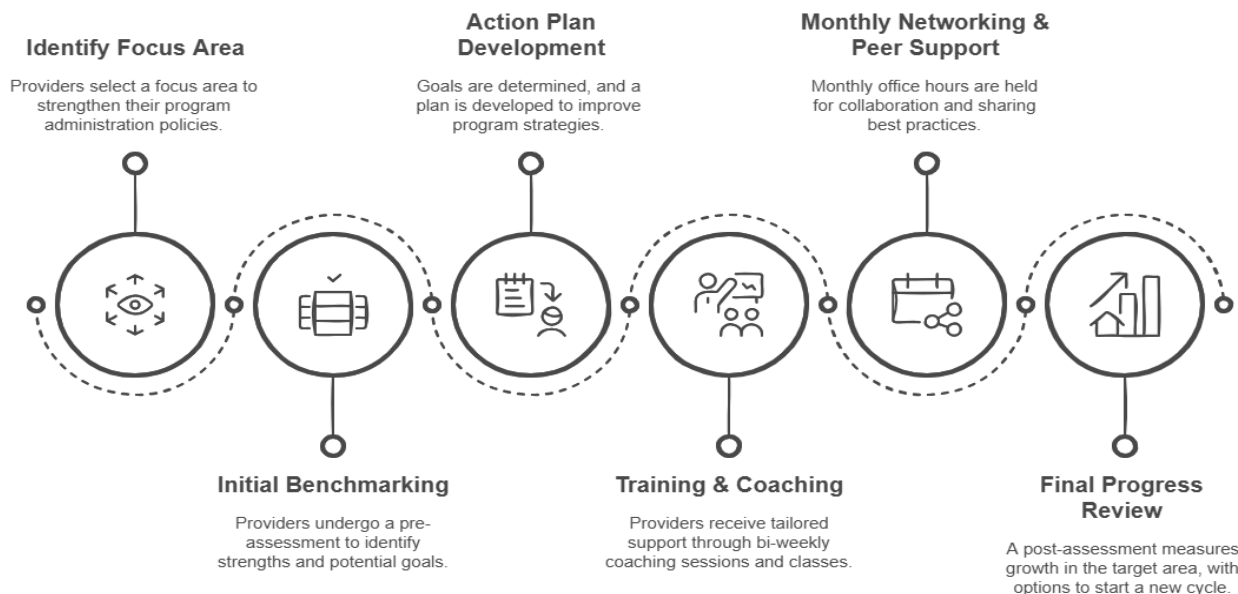
Child Assessment
Fiscal Management
Program Planning and Evaluation

Family Partnerships
Marketing and Public Relations
Technology

Who should participate?

- Licensed child care centers who can benefit from targeted business support and coaching.
- Priority will be given to applicants who are on a QRIS waitlist, undergoing current administration or director turnover, participating in the subsidy program and facing challenges,
- Centers on QRIS system and needing additional business support.

Coaching Cycles At-A-Glance



Once your application is received and all documents are submitted, you will receive a notification of program determination via email.

FOR MORE INFORMATION & TO APPLY:

Email: akharrat@childrencabinet.org

Phone: (702) 209-9905



Pathways to Program Success Interest Application

All information is **required** for the application to be considered complete.

I. Applicant General Information			
Applicant Name:		Date of Application:	
Mailing Address:		City:	Zip:
Phone:	E-mail:		
Applicant Race* (select one): <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Multiracial		Applicant Ethnicity* (select one): <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino	Applicant Gender* (please self-identify):
Are you bilingual? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what other languages do you speak?			
*These items are required for federal reporting purposes.			

II. Provider Child Care Information			
Child Care Name:			
Physical Address:	City:	County:	Zip:
Total Children Capacity: # _____		Total Staff Employed: # _____	

III. Areas of Interest	
Type of Support (Select all that apply)	
<input type="checkbox"/> Human Resources: Hiring & Orientation Supervision & Performance Appraisal Staff Development & Professional Growth	
<input type="checkbox"/> Personnel Costs & Allocation: Compensation Benefits Staff Patterns & Scheduling	
<input type="checkbox"/> Operations: Facilities Risk Management Marketing & Public Relations Technology	
<input type="checkbox"/> Screening & Assessment of Children: Screening & Identification	
<input type="checkbox"/> Fiscal Management: Budget Planning Accounting Practices	
<input type="checkbox"/> Organizational Growth & Development: Strategic Planning Evaluation & Continuous Improvements	
<input type="checkbox"/> Family & Community Partnerships: Family Communications Family Support & Engagement Community Outreach	
<input type="checkbox"/> Relational Leadership: Meetings & Shared Decision Making Internal Communications	

IV. Business Readiness	
1- Does your program have a business plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress
2- Does your program use a budgeting tool to track expenses & revenue?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress
3- Does your program track staff qualifications & training?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress
4- Does your program engage families in program decision making?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress
5- Are your program's policies and procedures documented and up to date – which ones?	
<input type="checkbox"/> Parent Handbook <input type="checkbox"/> Staff Handbook <input type="checkbox"/> Fire & Emergency Plan <input type="checkbox"/> Risk & Crisis Management <input type="checkbox"/> Facilities Management <input type="checkbox"/> Technology	

Signature of Applicant	Printed Name	Date
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The following documentation must be provided with this support request:

☐ Copy of your center's current child care license.

Email Application & Supporting Documents in PDF Format or Word Document to: akharrat@childrencabinet.org