



Pathways Program Application

Preschool for All Overview

Voters in Multnomah County overwhelmingly supported “[Preschool for All](#)” on Nov. 3, 2020 with 64 percent of voters approving the measure. Preschool for All (PFA) will give 3 and 4 year olds in Multnomah County access to free, high-quality, developmentally appropriate, culturally responsive preschool experiences.

The [Preschool for All Plan](#) reflects more than two years of engagement with community members including parents, educators, culturally specific organizations, policy makers and early childhood specialists and will be the framework for program implementation.

Preschool for All:

- Allows families to choose the type of preschool experience that is right for their child,
- Increases wages and provides professional development for early educators, and
- Invests in coaching and other key supports for preschool providers.

Preschool for All will grow over time, increasing the number of children and families that it serves each year. All families in Multnomah County will be eligible to apply and families who currently have the least access to high-quality preschool will be prioritized for the first-available slots.

What is the Pathways Program?

The Pathways Program will partner with preschool providers to support quality improvement and professional growth. Pathways Providers can engage in training and educational opportunities, business development, peer networks, and individualized coaching. Supports will be tailored to the strengths and needs of each provider.

All preschool providers in Multnomah County are eligible to apply for the Pathways Program, regardless of licensing status, education level, or setting type. The Pathways Program has been designed to meet the needs of home based providers, as well as other types of providers. There is no deadline for applications to be submitted, providers can apply at any time.

Pathways Providers are not guaranteed Preschool for All slots. Slots will be awarded through a separate process starting in Fall 2021.

Submitting Your Application

Pathways Program applications can be submitted anytime. There is no deadline!

Providers only need to submit one application and can complete [an online application here](#)
OR email a completed paper application to preschoolforall@multco.us.

If you would like to mail your application, please send it to:

Child Care Resource & Referral- Pathways Program

PO BOX 301426

Portland, OR 97294

Please visit www.multco.us/dchs/information-providers-0 for more details about the Pathways Program and send questions about the application to PFInfo@mhcc.edu.

Applicant Information

Full Name of Business Owner: _____

Name of Preschool Program: _____

Preferred Pronouns (e.g. she/her, he/him, they/them): _____

Why do we ask about pronouns? By using a person's pronouns, you demonstrate that you affirm and respect their identity.

Email Address: _____

Phone Number: _____

What are the ways that you would like us to communicate with you about this application?

	Email	Call	Text
First Choice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Second Choice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Third Choice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What is your preferred language for communication about this application?

We may not be able to accommodate every language in every communication and we will do our best to communicate with you in the language that you prefer.

- | | | |
|------------------------------------|-----------------------------------|--|
| <input type="checkbox"/> Amharic | <input type="checkbox"/> Chuukese | <input type="checkbox"/> Karen |
| <input type="checkbox"/> Arabic | <input type="checkbox"/> English | <input type="checkbox"/> Korean |
| <input type="checkbox"/> Burmese | <input type="checkbox"/> Farsi | <input type="checkbox"/> Laotian (Lao) |
| <input type="checkbox"/> Cambodian | <input type="checkbox"/> French | <input type="checkbox"/> Mandarin |
| <input type="checkbox"/> Cantonese | <input type="checkbox"/> Japanese | <input type="checkbox"/> Marshallese |

- | | | |
|-----------------------------------|------------------------------------|-------------------------------------|
| <input type="checkbox"/> Nepali | <input type="checkbox"/> Swahili | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Romanian | <input type="checkbox"/> Tagalog | <input type="checkbox"/> Other |
| <input type="checkbox"/> Russian | <input type="checkbox"/> Thai | _____ |
| <input type="checkbox"/> Somali | <input type="checkbox"/> Tigrinya | |
| <input type="checkbox"/> Spanish | <input type="checkbox"/> Ukrainian | |

Business Mailing Address:

Please check any of the boxes that apply to you. I am interested in applying for the Pathways Program because I want to:

- Work with a coach who will observe me, answer my questions, and help me set goals to be a better teacher
- Learn more details about Preschool for All
- Strengthen my business: budget planning, record-keeping, supporting staff, recruiting families, and other business skills
- Participate in trainings
- Prepare for Preschool for All contracted slots
- Get support from other child care providers
- Receive funding for participating
- None of the above
- Other _____

Primary language spoken by Business Owner:

- | | | |
|------------------------------------|--|-------------------------------------|
| <input type="checkbox"/> Amharic | <input type="checkbox"/> Karen | <input type="checkbox"/> Swahili |
| <input type="checkbox"/> Arabic | <input type="checkbox"/> Korean | <input type="checkbox"/> Tagalog |
| <input type="checkbox"/> Burmese | <input type="checkbox"/> Laotian (Lao) | <input type="checkbox"/> Thai |
| <input type="checkbox"/> Cambodian | <input type="checkbox"/> Mandarin | <input type="checkbox"/> Tigrinya |
| <input type="checkbox"/> Cantonese | <input type="checkbox"/> Marshallese | <input type="checkbox"/> Ukrainian |
| <input type="checkbox"/> Chuukese | <input type="checkbox"/> Nepali | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> English | <input type="checkbox"/> Romanian | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Farsi | <input type="checkbox"/> Russian | _____ |
| <input type="checkbox"/> French | <input type="checkbox"/> Somali | |
| <input type="checkbox"/> Japanese | <input type="checkbox"/> Spanish | |

Race/Ethnicity of Business Owner (Please check all that apply):

To have a strong preschool system, we need to have providers from many different racial, ethnic and cultural backgrounds.

- | | |
|--|--|
| <input type="checkbox"/> African Immigrant | <input type="checkbox"/> Native American or Alaska Native |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Native Hawaiian or Pacific Islander |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Slavic |
| <input type="checkbox"/> Latino or Hispanic | <input type="checkbox"/> White |
| <input type="checkbox"/> Middle Eastern | <input type="checkbox"/> Decline to Answer |

Gender of Business Owner:

- | | |
|-------------------------------------|--|
| <input type="checkbox"/> Female | <input type="checkbox"/> Transgender (FTM) |
| <input type="checkbox"/> Male | <input type="checkbox"/> Transgender (MTF) |
| <input type="checkbox"/> Non-Binary | <input type="checkbox"/> Decline to Answer |
| | <input type="checkbox"/> Other: _____ |

What type of child care setting is your business located in? If you have a second location, you will have the chance to enter that information later.

- Registered Family Child Care
- Certified Family Child Care
- Certified Center
- License Exempt
- I don't know

How many years have you been in business?

- 0-2 Years
- 3-5 Years
- 6-9 Years
- 10+ Years
- I haven't opened my business yet

What days and hours is your business open?

Days	Hours of Care
<input type="checkbox"/> Monday	_____
<input type="checkbox"/> Tuesday	_____
<input type="checkbox"/> Wednesday	_____
<input type="checkbox"/> Thursday	_____
<input type="checkbox"/> Friday	_____
<input type="checkbox"/> Saturday	_____
<input type="checkbox"/> Sunday	_____

Is your business currently licensed by the State of Oregon Office of Child Care?
If yes, please go to the licensing section below. If no or I don't know, please go to the multiple location section.

- Yes
- No
- I don't know

Licensing Information

What is your license number? _____

How many children is your business licensed to care for? _____

What ages of children is your business licensed to care for? Please check all that apply:

- 6 Weeks - 2 Years Old
- 3-5 Years Old
- 6-12 Years Old
- I don't know

Multiple Locations

Do you have more than one location?

- Yes
- No

If yes, please complete the questions below. If not, please go to the additional program information section below.

What type of child care setting is your second business located in?

- Registered Family Child Care
- Certified Family Child Care
- Certified Center

How many years has your second location been in business?

- 0-2 Years
- 3-5 Years
- 6-9 Years
- 10+ Years
- I haven't opened my business yet

What days and hours is your second location open?

Same as my first location

Days	Hours of Care
<input type="checkbox"/> Monday	_____
<input type="checkbox"/> Tuesday	_____
<input type="checkbox"/> Wednesday	_____
<input type="checkbox"/> Thursday	_____
<input type="checkbox"/> Friday	_____
<input type="checkbox"/> Saturday	_____
<input type="checkbox"/> Sunday	_____

What is the license number of your second location? _____

How many children is your second location licensed to care for? _____

What ages of children is your second location licensed to care for?

- 6 Weeks- 2 Years Old
- 3-5 Years Old
- 6-12 Years Old
- I don't know

Additional Program Information

Oregon Registry Online (ORO) Step Level of Provider/Director

- | | |
|---------------------------------|---------------------------------------|
| <input type="checkbox"/> Step 0 | <input type="checkbox"/> Step 6 |
| <input type="checkbox"/> Step 1 | <input type="checkbox"/> Step 7 |
| <input type="checkbox"/> Step 2 | <input type="checkbox"/> Step 8 |
| <input type="checkbox"/> Step 3 | <input type="checkbox"/> Step 9 |
| <input type="checkbox"/> Step 4 | <input type="checkbox"/> Step 10 |
| <input type="checkbox"/> Step 5 | <input type="checkbox"/> I don't know |

Education Level of Provider/Director

- High School Diploma/GED
- AA Degree in _____
- BA Degree in _____
- Master's Degree _____
- Other _____

What languages do you feel comfortable participating in coaching and training?

We may not be able to accommodate every language in every communication and we will do our best to communicate with you in the language that you prefer.

- | | | |
|------------------------------------|--|-------------------------------------|
| <input type="checkbox"/> Amharic | <input type="checkbox"/> Karen | <input type="checkbox"/> Swahili |
| <input type="checkbox"/> Arabic | <input type="checkbox"/> Korean | <input type="checkbox"/> Tagalog |
| <input type="checkbox"/> Burmese | <input type="checkbox"/> Laotian (Lao) | <input type="checkbox"/> Thai |
| <input type="checkbox"/> Cambodian | <input type="checkbox"/> Mandarin | <input type="checkbox"/> Tigrinya |
| <input type="checkbox"/> Cantonese | <input type="checkbox"/> Marshallese | <input type="checkbox"/> Ukrainian |
| <input type="checkbox"/> Chuukese | <input type="checkbox"/> Nepali | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> English | <input type="checkbox"/> Romanian | <input type="checkbox"/> Other |
| <input type="checkbox"/> Farsi | <input type="checkbox"/> Russian | _____ |
| <input type="checkbox"/> French | <input type="checkbox"/> Somali | |
| <input type="checkbox"/> Japanese | <input type="checkbox"/> Spanish | |

Are you currently accepting Employment Related Day Care (ERDC) payments from the state?

- Yes
- No
- I don't know

Are you currently or have you recently (in the last two years) cared for children who have an Individualized Family Service Plan (IFSP)?

- Yes
- No
- I don't know

Are you currently or have you recently (in the last two years) cared for children who primarily speak languages other than English at home?

- Yes
- No
- I don't know

Do you employ any staff?

- Yes
- No

If yes, please complete the section below. If not, please skip the next two questions.

How many staff do you currently employ?

- | | |
|----------------------------|------------------------------|
| <input type="checkbox"/> 1 | <input type="checkbox"/> 6 |
| <input type="checkbox"/> 2 | <input type="checkbox"/> 7 |
| <input type="checkbox"/> 3 | <input type="checkbox"/> 8 |
| <input type="checkbox"/> 4 | <input type="checkbox"/> 9 |
| <input type="checkbox"/> 5 | <input type="checkbox"/> 10+ |

What are the Oregon Registry Online (ORO) Step levels for each of your staff?

	Step 0-2	Step 3-4	Step 5-6	Step 7 or above
Staff #1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff #2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff #3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff #4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff #5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff #6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff #7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff #8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff #9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff #10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Child Care Resource & Referral- Pathways Program
PO BOX 301426
Portland, OR 97294

Next Steps

After completing the application:

1. Wait for your application to be reviewed. If your application is complete, you will receive your welcome email and self-assessment within four weeks.
2. Complete your self-assessment.
3. Send in your self-assessment, coaching agreement, W-9, and invoice
4. Receive a check for \$500 within six weeks after Child Care Resource & Referral reviews your documents.

Please visit www.multco.us/dchs/information-providers-0 for more details about the Pathways Program and send questions about the application to PFInfo@mhcc.edu.

THANK YOU! We look forward to working with you!