



PTQ: Enrollment Process for Paths to QUALITY™

An early care and education program who wishes to participate in Paths to QUALITY™ is required to attend the Paths to QUALITY™ Introduction session and submit the Paths to QUALITY™ Enrollment form and Memorandum of Agreement. As part of the enrollment process, SPARK Learning Lab will verify that the program's license or registration is in good standing. All programs will enter Paths to QUALITY™ as a Level 1.

Background

This guide will walk you through how to enroll in Paths to QUALITY™.

Taking Action

- Register for the Paths to QUALITY™ Introduction Session through I-LEAD
 - a. If you do not already have an I-LEAD account, you will need to register for one in order to access the Paths to QUALITY™ Introduction Session
- On your I-LEAD home page, click on “Start Your Indiana Learning Path”
- In Indiana Learning Paths, click on “Courses” and use the search bar to search for “Paths to QUALITY Introduction” to see the available options for taking live webinars, on-demand options and options in English and Spanish.



- Once you find the best option for you, click on the blue “Register” button. If you click on the on-demand option, you will go right into the training. If you click for a scheduled live webinar, you will receive a link in your email to complete the registration process.
- During the training, you will be able to download the Enrollment Packet and it is also linked [here](#) to download.

Next Steps

- Once you have completed the Enrollment Form and the Memorandum of Agreement, send them to ptq@indianaspark.com. ****Please ensure you fill in the date you took the Paths to QUALITY™ Introduction session, your license number, and all other necessary fields.***
- After SPARK Learning Lab processes the enrollment, your program will be a Level 1 and ready to begin the process of Level Advancement.

How to Get More Help

Contact the SPARK Learning Lab Help Desk for support at 1-800-299-1627. We are available Monday - Thursday 8:00 a.m.-7 p.m. EST and Friday 8:00 a.m.-5:00 p.m. EST.

Source

Paths to QUALITY™ Manual



You support Hoosier
children and families.
Let **SPARK** support you!



**APPLICATION FOR ENROLLMENT
PATHS TO QUALITY™**
State Form 56383 (R2 / 9-18)
FAMILY AND SOCIAL SERVICES ADMINISTRATION



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"/> Unlicensed Registered Child Care Ministry that is VCP certified, meets		
<input type="checkbox"/> Licensed Family Child Care Home		<input type="checkbox"/> 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 direct teachers employed	Number of classrooms
Are you an accredited site? <input type="checkbox"/> Yes <input type="checkbox"/> No		Name of accrediting body		
I would like the following in support of my Paths to QUALITY™ status (Check all that apply):				
<input type="checkbox"/> Request the Indiana Self-Assessment Tool (I-SAT) to support my quality improvement goals, including services like resources, training, and coaching.				
I am interested in advancing and would like more information on: <input type="checkbox"/> Level 2 <input type="checkbox"/> Level 3 <input type="checkbox"/> Level 4				
Completed Foundations Training Date attended (month, day, year)				

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"/> Child Development Associate Credential	<input type="checkbox"/> Associates Degree (Two (2) year)
<input type="checkbox"/> Masters Degree	<input type="checkbox"/> Doctorate
<input type="checkbox"/> Some college credits but no degree	
<input type="checkbox"/> Bachelors Degree (Four (4) year)	
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)
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Complete and email to PTQ@indianaspark.com

MEMORANDUM OF AGREEMENT

Part of State Form 56383 (R2 / 9-18)



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; Partners for Early Learning / Early Learning Indiana; TCC Software Solutions; and local Child Care Resource and Referral agencies). 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:

- 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, the local Child Care Resource and Referral Agency, and, as appropriate, the Indiana Association for the Education of Young Children, 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. At the exit interview/evaluation the program will be prepared to discuss arrangements for the return of any non-cash award or support items received from the partners with a value of \$500 or more.

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 from Child Care Resource and Referral Agencies.
- If the program withdraws from Paths to QUALITY, non-cash award or support items with a value of \$500 or more shall be returned to the Paths to QUALITY program.

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)