



# KINDERGARTEN READINESS PARTNERSHIP & INNOVATION PROGRAM RULEMAKING ADVISORY COMMITTEE APPLICATION



***Thank you for your interest in the Kindergarten Readiness Partnership & Innovation (KPI) Program Rulemaking Advisory Committee!*** The Early Learning Council must adopt rules to govern KPI. This RAC will help develop and shape rule language to govern KPI grant making and support children in their transition from preschool to kindergarten.

## **WHAT IS A RULEMAKING ADVISORY COMMITTEE?**

A Rulemaking Advisory Committee (RAC) is a group of internal and external stakeholders who come together to help implement rules in response to new or updated legislation. RACs are composed of state agency staff and members of groups impacted by rulemaking.

For this KPI RAC, we are seeking a diverse group of individuals interacting in the program, such as Early Learning Hubs; representatives of the K-12 system; Oregon Pre-Kindergarten (OPK) and Preschool Promise (PSP) providers; and parents and families of children enrolled in OPK or PSP programs. Diversity of voice includes, but is not limited to, race, ethnicity, socioeconomic status, geographic location, English language proficiency. We are also looking for individuals representing culturally specific organizations (CSOs) providing or interested in providing kindergarten readiness programming. Emphasis will be placed on selecting individuals who have or currently interact with KPI programs. Those chosen to participate in this RAC will be individuals who are able to represent a broad perspective of various populations served. Participants will be reimbursed for their time dedicated to this RAC.

To apply, simply complete the RAC application attached to this form and send it along in PDF form to the Division's Rule Coordinator via email to [remember.watts@ode.oregon.gov](mailto:remember.watts@ode.oregon.gov) OR mail copies of documents to Rulemaking Advisory Committees C/O ELD, 700 Summer St NE Suite #350, Salem, OR 97301. For consideration, all applications should be received by ***Friday, January 21.***

## **WHEN AND WHERE IS IT?**

There will be between two and four meetings of the KPI RAC held over the end of February through March, 2022. Two meetings will be required; we will only go beyond the two meetings if we have not developed the finalized rule recommendation. The meetings will be held virtually. Scheduling will be finalized with the RAC participants.

## **ADDITIONAL QUESTIONS?**

Feel free to contact the Division's Rule Coordinator Remy Watts at (971) 701-1535 OR [remy.watts@ode.oregon.gov](mailto:remy.watts@ode.oregon.gov). We look forward to working with you!



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This form is an application for a Rulemaking Advisory Committee (RAC) informing the Early Learning Division. To complete your application packet, please return this form to the Division's office to Remy Watts, Rules Coordinator. You must be an Oregon resident to apply unless otherwise noted. Please contact Remy Watts, Rules Coordinator at (971) 701-1535 or [remy.watts@ode.oregon.gov](mailto:remy.watts@ode.oregon.gov) if you have any questions.

<b>Options to Return Application Packet:</b>	
<b>Mail:</b> Rulemaking Advisory Committees C/O ELD, 700 Summer Street NE, Suite 350, Salem, OR 97301	
<b>Email:</b> <a href="mailto:remy.watts@state.or.us">remy.watts@state.or.us</a> ( <i>all attachments as PDFs</i> )	
<b>Note:</b> This application is subject to the Public Records Act and may be disclosed upon request. Personal information will be redacted.	
Organization / Company: _____	
Stakeholder Group:	Preschool educators <input type="checkbox"/> K-12 <input type="checkbox"/> Early Learning Hub <input type="checkbox"/> Tribal Nations <input type="checkbox"/> Union or advocate <input type="checkbox"/> Parent/family of eligible children <input type="checkbox"/> Other: _____
First Name: _____	MI: _____
Last Name: _____	
Preferred Name: _____	Title: (Mr., Ms., Dr.) _____
Suffix: (Jr, PhD) _____	
Work or Permanent Address: _____	
City: _____	County: _____
Zip Code: _____	
Email: _____	Home Phone: _____
Cell Phone: _____	Work Phone: _____
To better assist us in meeting our affirmative action objectives, we would appreciate information about your gender identity and background. This information is optional and is used for data collection only. Under state and federal law, this information may not be used to discriminate against you. Thank you for your participation.	
Gender identity: Female <input type="checkbox"/> Male <input type="checkbox"/> Non-binary <input type="checkbox"/> Other: _____	
Race / Ethnicity: African American / Black <input type="checkbox"/> American Indian / Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian / White <input type="checkbox"/> Hispanic / Latinx <input type="checkbox"/> Native Hawaiian / Pacific Islander <input type="checkbox"/> Multi / Other: _____	



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Disability:      Yes     No

Please provide brief (1 – 3 sentences) answers to the questions below.

*(1) Why do you want to participate on this RAC?*

*(2) Do you have any previous work or volunteer experience that would be applicable to this RAC?*