



Race to the Top Early Learning Challenge

A Child Care Quality Rating and
Improvement System Pilot

Family Child Care Home Application



Los Angeles County Office of Child Care
222 South Hill Street, 5th Floor
Los Angeles, CA 90012
(213) 974-4103
www.childcare.lacounty.gov

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Race to the Top – Early Learning Challenge Pilot Family Child Care Application

For Office Use Only

Confirmation: Call Email
 Application Date Received: _____
 Application: Complete Incomplete
 CCLD Office: NW E Passed Failed
 Date Sent: _____ Received: _____
 Program referred to Orientation

FAMILY CHILD CARE FACILITY INFORMATION

1A. Family Child Care Facility Name: _____
(As shown on child care license)

1B. Does your child care business operate under a different name? Yes No

Doing Business As (DBA): _____

2. Address: _____
(Number and Street) (City) (Zip Code)

3. Child Care License Number: _____

4A. License Effective Date: ____ / ____ / ____ 4B. License Capacity: _____ children
(Month) (Day) (Year)

4C. Attach a copy of your current child care license (issued by the Community Care Licensing Division). Note: You must be licensed for at least one year to join the RTT-ELC Pilot.



Yes, I have attached a copy of my current child care license to this application.

5A. This program runs on a: Year round -OR- Academic calendar;
 calendar Months open: _____

5B. What days and hours is your family child care business open? Check all that apply:

Monday _____ a.m. to ____ p.m. Tuesday _____ a.m. to ____ p.m. Wednesday _____ a.m. to ____ p.m. Thursday _____ a.m. to ____ p.m.

Friday _____ a.m. to ____ p.m. Saturday _____ a.m. to ____ p.m. Sunday _____ a.m. to ____ p.m.

6. Which languages are spoken on a daily basis as part of your child care program?
 Check all that apply:

- Armenian Japanese Russian
- Arabic Farsi Tagalog
- Chinese Khmer (Cambodian) Spanish
- English Korean Vietnamese
- Other language(s): _____

7. Does your family child care business have a website address? Yes No

Website address: _____

PROVIDER INFORMATION

8. Licensed Child Care Provider: _____
(First Name) (Last Name)

Date you started working in early education field: _____ / _____
(Month) (Year)

Date of birth: _____ / _____ / _____ Gender: M F
(Month) (Day) (Year)

Ethnicity: Alaska Native/American Indian Hispanic/Latino Multiracial
 Asian Pacific Islander Other
 Black/African American White/Caucasian Unknown

Taxpayer Identification Number (*provide only one AND attach a copy*):

Social Security Number: _____ - _____ - _____

-OR-

Employer Identification Number: _____ - _____



Yes, I have attached a copy of my SSN or EIN.

Email: _____

Phone: (____) _____-_____ Alternate Phone: (____) _____-_____

9. Alternate Contact Person: _____
(First Name) (Last Name)

Title: _____ Email: _____

Phone: (____) _____-_____ Alternate Phone: (____) _____-_____

FUNDING INFORMATION

10A. What are your family child care business' funding sources? Check all that apply:

Family Child Care Home (Education) Network

Alternative Payment (AP) Voucher Program

Note: Check this box if, for example, you receive payment from your local R&R agency.

Department of Children and Family Services – DCFS (e.g. foster care)

Other: _____

Parent fees; complete the following chart if you charge parent fees:

Weekly Parent Fees Per Age Group			
	Infant	Toddler	Preschool
Part-time care (less than 30 hours)	\$	\$	\$
Full-time care (more than 30 hours)	\$	\$	\$

10B. Which of the following options best describes your gross annual income from early education employment? Select only one option:

- Less than \$10,000
 \$10,000-\$30,000
 \$30,000-\$50,000
 \$50,000-\$80,000
 \$80,000-\$100,000
 \$100,000-\$120,000
 \$120,000-\$150,000
 Over \$150,000

CHILD AND PROGRAM INFORMATION

11A. In the past, has your family child care business served children that are:

- In foster care or child protective services (DCFS)
 Receiving welfare/CalWORKS
 Low-income
 Dual language learners
 Special needs

11B. Please indicate how many children from each category below is currently being served by your family child care business:

	Foster care/child protective services (DCFS)	Receiving welfare/CalWORKS	Low-income	Dual language learners	Special needs
Number of children:					

12. How many children per the following age groups do you currently serve:

Younger than 3 yrs.: _____ 3 yrs. to 5 yrs.: _____ 6 yrs. & older: _____

13. Do you use a specific curriculum for your child care program? Yes No

Curriculum name: _____

14. Are you participating in the AB 212 Program (also known as the Investing in Early Educators - Stipend Program)? Yes No Not sure

15. Are you participating in the LAUP ASPIRE Program? Yes No Not sure

16. Is your family child care business accredited by the National Association for Family Child Care (NAFCC)?

Yes No

17. Do you have liability insurance* for your child care business? Yes No

Note: If you marked "No", your program will need to purchase liability insurance soon in order to accept a RTT-ELC Pilot grant from our office. More information about this requirement will be provided during your RTT-ELC Pilot orientation meeting.

18. If you employ assistants, do you have workers compensation insurance for your child care business?

Yes No N/A (No assistants)

Note: If you marked "No", your program will need to purchase workers compensation insurance soon in order to accept a RTT-ELC Pilot grant from our office. More information about this requirement will be provided during your RTT-ELC Pilot orientation meeting.

SELF CERTIFICATION OF LICENSING COMPLIANCE

Has this family child care home experienced any of these licensing actions in the past 12 months?

- | | | |
|--|------------------------------|-----------------------------|
| 1) A non-compliance conference..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2) An administrative action taken (or is in the process of being taken)..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3) A probationary license..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4) A zero tolerance violation..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

I hereby certify that this information is true and correct: _____
(Provider's initials)

CONSENT TO PARTICIPATE

By completing and submitting this application form, I am stating my intent to fully participate in the Los Angeles County Office of Child Care's RTT-ELC Pilot through December of 2015. I certify that, to the best of my knowledge and belief, the information reported in this application is true and correct.

Print Name: _____ **Date:** _____

Signature: _____

Please submit your RTT-ELC Pilot application via mail or fax to:

Los Angeles County Office of Child Care
C/O RTT-ELC Pilot – Helia Castellon
222 South Hill Street, 5th Floor
Los Angeles, CA 90012
Fax: (213) 217-5106

If you have any questions: Please call Helia Castellon at (213) 974-1188 or email hcastellon@ceo.lacounty.gov