



# **Race to the Top Early Learning Challenge**

A Child Care Quality Rating and  
Improvement System Pilot

## **Center Application**



**Los Angeles County Office of Child Care**  
222 South Hill Street, 5<sup>th</sup> Floor  
Los Angeles, CA 90012  
(213) 974-4103  
[www.childcare.lacounty.gov](http://www.childcare.lacounty.gov)

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# Race to the Top – Early Learning Challenge Pilot Center 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

## AGENCY INFORMATION

1A. Agency Name (if applicable): \_\_\_\_\_

1B. Agency Address: \_\_\_\_\_  
(Number and street) (City) (Zip code)

2A. Agency Contact Person: \_\_\_\_\_  
(First name) (Last name)

2B. Contact Person's Title: \_\_\_\_\_

2C. Contact Person's Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

2D. Contact Person's Email Address: \_\_\_\_\_

## CENTER FACILITY INFORMATION

3A. Center Facility Name: \_\_\_\_\_  
(As shown on child care license)

3B. Does your center operate under a different name?  Yes  No

Doing Business As (DBA): \_\_\_\_\_

4A. Address: \_\_\_\_\_  
(Number and street) (City) (Zip code)

4B. Does your center have a website address?  Yes  No

Website address: \_\_\_\_\_

5A. Infant License Number: \_\_\_\_\_ -OR-  N/A

5B. Infant License Capacity: \_\_\_\_\_ 5C. Infant License Effective Date: \_\_\_/\_\_\_/\_\_\_  
MM DD YY

6. Preschool License Number: \_\_\_\_\_ -OR-  N/A

7A. Preschool License Capacity: \_\_\_\_\_ 7B. Preschool License Effective Date: \_\_\_/\_\_\_/\_\_\_  
MM DD YY

8A. Does your center program operate with a Toddler Option?  Yes  No

8B. Toddler License Capacity: \_\_\_\_\_

**9A. 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 center's child care license(s) to this application.

**9B. How many classrooms does your center have for each of the following age groups?**

Infant: \_\_\_\_\_ Toddler: \_\_\_\_\_ Preschool: \_\_\_\_\_

**10. How many teachers does your center employ for each of the following age groups?**

Infant: \_\_\_\_\_ Toddler: \_\_\_\_\_ Preschool: \_\_\_\_\_

**11. What days and times is your child care center 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.

**12A. Does your center operate on a year-round or academic calendar? Please select one:**

- Year round    -OR-     Academic calendar (Months center is closed: \_\_\_\_\_)

**12B. Does your center operate on a full-day or part-day basis?     Full-day     Part-day**

**CENTER CONTACT INFORMATION**

**13. Contact Person for Center:** \_\_\_\_\_  
(First name) (Last name)

**14A. Title:** \_\_\_\_\_

**14B. Email:** \_\_\_\_\_ **14C. Phone:** (\_\_\_\_) \_\_\_\_ - \_\_\_\_

**15A. Alternate Contact Person:** \_\_\_\_\_  
(First name) (Last name)

**15B. Title:** \_\_\_\_\_

**15C. Email:** \_\_\_\_\_ **15D. Phone:** (\_\_\_\_) \_\_\_\_ - \_\_\_\_

**FUNDING INFORMATION**

**16A. What are your center's funding sources? Please check all that apply:**

- Early Head Start only       Alternative Payment (AP) Voucher       Parent fees/Tuition  
 Head Start only       Head Start & Title 5       DCFS Voucher  
 General Child Care only       Head Start & First 5 funding  
 State Preschool only       Other: \_\_\_\_\_

16B. Which of the following organizational structures best describes your center?

- Private nonprofit     Private proprietary     Public agency

16C. What is your center's Employer Identification Number (EIN)? \_\_\_\_\_

16D. Legal name registered with EIN: \_\_\_\_\_

**CHILD AND PROGRAM INFORMATION**

17. 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): \_\_\_\_\_

18A. 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

18B. Please indicate how many children from each category below are currently being served by your center:

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

19. Do you use a specific curriculum?     Yes     No

Curriculum name(s): \_\_\_\_\_

20. Is this center accredited by any of the following? Check all that apply:

- National Association for the Education of Young Children (NAEYC)  
 National Accreditation Commission for Early Care and Education Programs (NAC)  
 American Montessori Society (AMS)  
 Other: \_\_\_\_\_

21. Is any staff from your center participating in the AB 212 Program (also known as the Investing in Early Educators Stipend Program)?     No     Yes     Not sure

22. Is any staff participating in the LAUP ASPIRE Program?     No     Yes     Not sure

**SELF-CERTIFICATION OF LICENSING COMPLIANCE**

Has this center experienced any of these licensing actions in the past 12 months?

- 1) A non-compliance conference.....  Yes
- 2) An administrative action taken (or is in the process of being taken).....  Yes
- 3) A probationary license.....  Yes
- 4) A zero tolerance violation.....  Yes

<input type="checkbox"/> No

I hereby certify that this information is true and correct: \_\_\_\_\_  
(Initials)

**SELF-CERTIFICATION OF LICENSING COMPLIANCE**

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:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Signature\*:** \_\_\_\_\_

*\*If you are submitting this form electronically, check this box instead of signing form to indicate consent:*

**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, 5<sup>th</sup> 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](mailto:hcastellon@ceo.lacounty.gov)