



# **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, 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 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 calendar -OR-  Academic 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:*

- |   |  |                                     |
|---|--|-------------------------------------|
| <input type="checkbox"/> Armenian                 | <input type="checkbox"/> Japanese          | <input type="checkbox"/> Russian    |
| <input type="checkbox"/> Arabic                   | <input type="checkbox"/> Farsi             | <input type="checkbox"/> Tagalog    |
| <input type="checkbox"/> Chinese                  | <input type="checkbox"/> Khmer (Cambodian) | <input type="checkbox"/> Spanish    |
| <input type="checkbox"/> English                  | <input type="checkbox"/> Korean            | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> 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*):

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

-OR-

Employer Identification Number: \_\_\_\_\_ - \_\_\_\_\_

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)
- 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)	\$ _____	\$ _____	\$ _____

Other: \_\_\_\_\_

**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:**

	<i>Foster care/child protective services (DCFS)</i>	<i>Receiving welfare/CalWORKS</i>	<i>Low-income</i>	<i>Dual language learners</i>	<i>Special needs</i>
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)     Does not apply (Assistants are family)

*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.*

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**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, 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)