



Race to the Top Early Learning Challenge Pilot

A Child Care Quality Rating and Improvement System

Center Application



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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: (____) _____ - _____ Ext. _____
- 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:

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> Monday
____ a.m. to ____ p.m. | <input type="checkbox"/> Tuesday
____ a.m. to ____ p.m. | <input type="checkbox"/> Wednesday
____ a.m. to ____ p.m. | <input type="checkbox"/> Thursday
____ a.m. to ____ p.m. |
| <input type="checkbox"/> Friday
____ a.m. to ____ p.m. | <input type="checkbox"/> Saturday
____ a.m. to ____ p.m. | <input type="checkbox"/> 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:

- | | | |
|--|---|--|
| <input type="checkbox"/> Early Head Start only | <input type="checkbox"/> Alternative Payment (AP) Voucher | <input type="checkbox"/> Parent fees/Tuition |
| <input type="checkbox"/> Head Start only | <input type="checkbox"/> Head Start & Title 5 | <input type="checkbox"/> DCFS Voucher |
| <input type="checkbox"/> General Child Care only | <input type="checkbox"/> Head Start & First 5 funding | <input type="checkbox"/> LAUP Network |
| <input type="checkbox"/> State Preschool only | <input type="checkbox"/> 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 center?

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 child care center 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 from your center participating in the LAUP ASPIRE Program? No Yes Not sure

22. Have you participated in Steps to Excellence Program (STEP)?

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 – **Tina Navarro**
222 South Hill Street, 5th Floor
Los Angeles, CA 90012
Phone: (213) 974-1372
Fax: (213) 217-5106

If you have any questions: Please call
(213) 974-1664 or email sib_occ@ceo.lacounty.gov.