



***California State Preschool Program
Quality Rating and Improvement System
Block Grant Application***

Quality Start Los Angeles

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Quality Start Los Angeles

AGENCY INFORMATION

1A. Agency Name: _____

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

1C. Type of Organization: Check only one

- | | | |
|--|--|--|
| <input type="checkbox"/> C Corporation | <input type="checkbox"/> Partnership | <input type="checkbox"/> Not for Profit Organization |
| <input type="checkbox"/> S Corporation | <input type="checkbox"/> Not for Profit 501(c)(3) Tax Exempt | |
| <input type="checkbox"/> LLC Corporation | <input type="checkbox"/> Faith-based Organization | <input type="checkbox"/> For Profit Organization |
| <input type="checkbox"/> Family Childcare Provider | <input type="checkbox"/> College or University | <input type="checkbox"/> Public School District |
| <input type="checkbox"/> Head Start | <input type="checkbox"/> Municipality | <input type="checkbox"/> Other _____ |

SITE CONTACT INFORMATION

2A. Contact Person for Site: _____ (First name) _____ (Last name)

2B. Title: _____ 2C. Email: _____ 2D. Phone: (____) ____ - ____

2E. Fax: (____) ____ - ____ 2F. Best time(s) to reach? Morning Afternoon

3A. Alternate Contact Person: _____ (First name) _____ (Last name)

3B. Title: _____ 3C. Email: _____ 3D. Phone: (____) ____ - ____

4A. Is your Site registered on the California ECE Workforce Registry? Yes No

4B. If so, Name of Staff member with administrator access to the
California ECE Workforce Registry: _____ (First name) _____ (Last name)

SITE FACILITY INFORMATION

5A. Site Facility Name: _____ (As shown on child care license)

5B. Does your site operate under a different name? Yes No

Doing Business As (DBA): _____

6A. Address: _____ (Number and street) _____ (City) _____ (Zip code)

5B. Does your site have a website address? Yes No

Website address: _____

7A. License Number: _____

7B. License Capacity: _____

7C. License Effective Date: _____

8A. Infant/Toddler License Number: _____

8B. Infant/Toddler License Capacity: _____

8C. Infant/Toddler License Effective Date: _____

9. Attach a copy of your current child care license(s) (issued by the Community Care Licensing Division). Note: You must be licensed for at least one year to join Quality Start QRIS.

Yes, I have attached a copy of my site's child care license(s) to this application.

FUNDING INFORMATION

10. What are your Site's funding sources? Please check all that apply:

- | | | |
|---|---|--|
| <input type="checkbox"/> Head Start | <input type="checkbox"/> IDEA Part B (Special Education) | <input type="checkbox"/> Private |
| <input type="checkbox"/> Early Head Start | <input type="checkbox"/> Migrant Head Start | <input type="checkbox"/> Tribal Head Start |
| <input type="checkbox"/> IDEA Part C (Early Intervention) | <input type="checkbox"/> CSPP QRIS Block Grant | <input type="checkbox"/> Military |
| <input type="checkbox"/> Title 1 | <input type="checkbox"/> Home Visiting | <input type="checkbox"/> State Migrant |
| <input type="checkbox"/> General Child Care | <input type="checkbox"/> Infant Toddler Block Grant | <input type="checkbox"/> Voucher |
| <input type="checkbox"/> First 5 Local Non-CSP Funds | <input type="checkbox"/> California State Preschool Program (Title V) | <input type="checkbox"/> CaSAFE |
| <input type="checkbox"/> First 5 IMPACT (state & local) | <input type="checkbox"/> Local Education Agency | |
| <input type="checkbox"/> Other: _____ | | |

11A. What is your Site's Employer Identification Number (EIN)? _____

11B. Legal name registered with EIN: _____

12. Is your Site accredited by any of the following? Check all that apply:

- | | | |
|---------------------------------------|--------------------------------|-------------------------------|
| <input type="checkbox"/> NAEYC | <input type="checkbox"/> NECPA | <input type="checkbox"/> SACS |
| <input type="checkbox"/> NAC | <input type="checkbox"/> COA | <input type="checkbox"/> ACSI |
| <input type="checkbox"/> AMS | <input type="checkbox"/> NAFCC | |
| <input type="checkbox"/> Other: _____ | | |


INTENT TO PARTICIPATE

By completing and submitting this Quality Start Los Angeles application form, I am stating my intent to fully participate in the Quality Start Los Angeles Quality Rating Improvement. 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 submitting electronically, check this box instead of signing to indicate consent:*

If you are mailing, please send to:

LACOE Head Start-State Preschool
Attn: QSLA
10100 Pioneer Boulevard, Ste. 325
Santa Fe Springs, CA 90670

If you are emailing, please send to: qualitystartla@lacoedu

Please note you must save the file prior to attaching it to the email.

Quality Start Los Angeles