



***Infant/Toddler 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: \_\_\_\_\_

Quality Start Los Angeles

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"/> CaISAFE           |
| <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](mailto:qualitystartla@lacoedu)

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

**Quality Start Los Angeles**