



## *Quality Rating and Improvement System Enrollment Application*

Quality Start Los Angeles

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# Quality Start Los Angeles (QSLA)

## AGENCY INFORMATION

Agency Name: \_\_\_\_\_

Agency Address: \_\_\_\_\_

(Number and Street)

(City)

(Zip code)

**Type of Organization** (check one only)

- |  |  |  |
|--|--|--|
| <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"/> Municipality                |
| <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"/> Other _____                         |  |

## SITE CONTACT INFORMATION

Contact Person for Site: \_\_\_\_\_ Title: \_\_\_\_\_  
(First & Last name)

Email: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Best time(s) to be reached:  Morning  Afternoon  Other \_\_\_\_\_

Alternate Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_  
(First & Last name)

Email: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

## SITE FACILITY INFORMATION

Site Facility Name: (As shown on child care license)  
\_\_\_\_\_

Does the site use a different name?  Yes  No If yes, Doing Business As: \_\_\_\_\_

Site Address: \_\_\_\_\_

(Number and street)

(City)

(Zip code)

Website Information: \_\_\_\_\_

Preschool License Number: \_\_\_\_\_ Infant/Toddler License Number: \_\_\_\_\_

## FUNDING INFORMATION

**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"/> First 5 IMPACT (state & local)   | <input type="checkbox"/> Local Education Agency                       | <input type="checkbox"/> CalSAFE           |
| <input type="checkbox"/> Other: _____                     |   |  |

# Quality Start Los Angeles (QSLA) CONT.

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: _____ |                                |                               |

## REQUIRED ATTACHMENTS

- Attached copy of site's current child care license(s) issued by Community Care Licensing Division  
**NOTE: Must be licensed for at least one year to qualify for QSLA**
- Attached copy of Site Certification Form

## INTENT TO PARTICIPATE

By submitting this application I am stating my intent to fully participate in the Quality Start Los Angeles Quality Rating and Improvement System. I certify that, to the best of my knowledge, the information reported in this application is correct.

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

SIGN HERE PLEASE! **Signature:\*** \_\_\_\_\_ **Date:** \_\_\_\_\_

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

<b>Email Application</b>	<a href="mailto:qualitystartla@lacoedu">qualitystartla@lacoedu</a>
<b>Mail Application</b>	<b>LACOE Head Start &amp; Early Learning Division</b> Attn: QSLA 10100 Pioneer Blvd., Ste. 325 Santa Fe Springs, CA 90670
<b>Phone</b>	1 (855) 507-4443

## FOR OFFICE USE ONLY

Date Received: \_\_\_\_\_ Assigned Coaching:  Child360  CCALA

QSLA Eligibility: CSPP \_\_\_/IT \_\_\_

- Copy of License
- Self-Certification
- QSLA Waitlist: \_\_\_\_\_
- License Verification
- Pinwheel: \_\_\_\_\_
- Assessment Google.doc
- Forward to Partners

**Priority Areas**

Priority #1 \_\_\_\_\_

Priority #2 \_\_\_\_\_

Priority #3 \_\_\_\_\_

Priority #4 \_\_\_\_\_

Total #1-4 \_\_\_\_\_

**Quality Start Los Angeles**