



Quality Start Los Angeles 2018-19 Application



Complete this form in its entirety.
Please print or type.

Agency Information

Agency Name:		
Agency Address:		
Primary Contact for Agency:	Title:	E-mail:
Primary Phone Number:	Alternate Phone Number:	Best time(s) to reach: ___ Morning ___Afternoon
Type of Organization: Check only one		
<input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership	<input type="checkbox"/> School within a Public School District
<input type="checkbox"/> S Corporation	<input type="checkbox"/> Faith Based	
<input type="checkbox"/> Individual	<input type="checkbox"/> Tax Exempt (501(c)(3)	<input type="checkbox"/> Other: _____
If this organization is Faith Based, is there a 501 (c)(3) separate from the religious institution? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Site Information

Primary Contact for Site:	Title:	E-mail:
Primary Phone Number:	Alternate Phone Number:	Best time(s) to reach: ___ Morning ___Afternoon
What type of program is this? Check only one <input type="checkbox"/> Center Based <input type="checkbox"/> Family Child Care		
Does your site have a website address? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Website address:		

Licensing Information (as it appears on child care license)

Licensee Name:	
Facility Name:	
Facility Address:	
Preschool License #:	Preschool License Capacity:
Preschool License Effective Date: (mm/dd/yyyy)	
Infant / Toddler License #: <input type="checkbox"/> Not Applicable	Infant / Toddler License Capacity:
Infant / Toddler License Effective Date: (mm/dd/yyyy)	

Licensing Information (continued)



Quality Start Los Angeles 2018-19 Application



Attach a copy of your current Community Child Care Licensing Division (CCLD) child care license(s).

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

Does this site operate under a different name: Yes No

Doing Business As (DBA):

Date of last licensing inspection: (mm/dd/yyyy)

As a result of your last licensing inspection, did you receive any Type A or Type B violations? Yes No

If the violation did not clear in the past 6 months, please submit the facility evaluation report and proof of clearance.

Do you have any pending CCLD investigations at this location? Yes No

(If yes, please explain on separate sheet of paper)

Program Information

Is this program receiving subsidies from any of the following: Check all that apply

- | | | |
|---|---|--|
| <input type="checkbox"/> General Child-Care | <input type="checkbox"/> CalWORKS | <input type="checkbox"/> DCFS Voucher |
| <input type="checkbox"/> Early Head Start | <input type="checkbox"/> Alternative Payment | <input type="checkbox"/> Parent Fees/Tuition |
| <input type="checkbox"/> Head Start | <input type="checkbox"/> Title 1 | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> State Preschool | <input type="checkbox"/> Other Title 5 Program | |
| <input type="checkbox"/> First 5 LA | <input type="checkbox"/> USDA Child Care Food Program | |

Site's Employer Identification Number (EIN):

Legal name registered with EIN:

Is this site 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 Program (NAC)
 American Montessori Society (AMS)
 Other: _____

Is your site registered on the California ECE Workforce Registry: Yes No

If so, name of staff member with administrator access to the California ECE Workforce Registry:

Does your program currently carry general liability insurance? If so, what is the coverage per incident?

Yes No

Please check all that apply: Full-day program Half-day program

This program runs on a: (Please select **one**)

- Year-Round Calendar Academic Calendar Other

If other, please indicate months: _____

How many classrooms per age group:

Infant: _____ Toddler: _____ Preschool: _____

Program Information (continued)

How many children are currently enrolled in each of the following age groups:



Quality Start Los Angeles 2018-19 Application



Infant: _____	Toddler: _____	Preschool: _____	
How many teachers does this center employ for each of the following age groups:			
Infant: _____	Toddler: _____	Preschool: _____	
Which languages are used in this program on a daily basis (check all that apply):			
<input type="checkbox"/> Arabic Armenian	<input type="checkbox"/> Farsi	<input type="checkbox"/> Korean	<input type="checkbox"/> Tagalog
<input type="checkbox"/> Chinese/Mandarin	<input type="checkbox"/> Japanese	<input type="checkbox"/> Russian	<input type="checkbox"/> Vietnamese
<input type="checkbox"/> English	<input type="checkbox"/> Khmer (Cambodian)	<input type="checkbox"/> Spanish	<input type="checkbox"/> Other: _____

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 System through June 30, 2019. I certify that, to the best of my knowledge and belief, the information reported in this application is true and correct.

Signature: _____ **Date:** _____

Print Name: _____

Title: _____

Scanned submissions may be emailed to QSLA@laup.net. Mailed submissions should be sent to the following address:

Child360
515 South Figueroa Street, Suite 900
Los Angeles, CA 90071

If you have any questions regarding this application, please contact Schellee Rocher at (213) 416-1254.