Family Child Care (FCC) and Family, Friends, & Neighbors (FFN) Application User Guide

Quality Start Los Angeles

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LOS ANGELES COUNTY OFFICE OF EDUCATION
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# Table of Contents

**Introduction** ................................................................................................................................................................................................. 3  
  Considerations before beginning an application: .................................................................................................................. 3  
  Forgot Password ................................................................................................................. 3  

**Creating an Application** ................................................................................................................................................................................. 4  
  Registering for New User Account .................................................................................................................. 4  

**Edit or Check Application Status** ........................................................................................................................................................................ 5  
  Preferred Language ................................................................................................................. 5  
  Required documentation before beginning the application: .................................................................................................................. 5  

**Begin Application** .......................................................................................................................................................................................... 6  
  Agency Information ................................................................................................................. 6  
  Additional Information ........................................................................................................... 8  
  Attachments ............................................................................................................................ 8  

**Community Care Licensing** .................................................................................................................................................................................. 9  

**Instruction Information** .................................................................................................................................................................................... 9  
  Age Group of Children Served .................................................................................................................. 10  
  Subsidy Type ............................................................................................................................ 10  
  Review for Accuracy .................................................................................................................. 10  

**Submitting an Application** .................................................................................................................................................................................. 11  
  Edits and Status Updates ........................................................................................................... 11
Introduction

Thank you for your interest in participating in Quality Start Los Angeles (QSLA), LA County’s local Quality Improvement System (QIS).

To be eligible for enrollment, your Family Child Care home (FCC) or Family, Friends, and Neighbor (FFN) must be located in Los Angeles County. Please visit the Quality Counts California webpage to find the quality program in a different county.

All participants must complete an online application to be considered for program entry. Detailed instructions follow to guide the user with successful completion of a “Family Child Care” application.

Center-Based Providers, please refer to the “Center-Based Application User Guide” v.2.0, with specific instructions for your agency type.

Considerations before beginning an application:

- Completion of an online application can take approximately 20 minutes. Users have the option to save and complete at a later time.
- FCC or FFN may edit the application at a future point in time.
- Required entries are marked with an asterisk (*).
- FCC or FFN must enter all applicable data before selecting to save and close.

Forgot Password
To reset your password, or for additional questions and concerns, please contact us at:

Quality Start Los Angeles (QSLA) at (855) 507–4443
QualityStartLA@lacoe.edu
Creating an Application

1. Click the link to begin the application process.
   https://qsla.ipinwheel.org/application/account/register

Registering for New User Account
User accounts are utilized to create/edit the one-time application.

1. Name
   a. Enter Full name (e.g. First and Last).
      Sample Name: Julia Smith. (DO NOT use all CAPITAL LETTERS)

2. Email
   a. Enter a valid email address.
      Note: All program communications will be directed to this address. Please be sure to add System_iPinwheel@pw.org to your contacts to avoid junk email filing.
   b. User email is the username.

3. Password
   a. Create and Confirm Password.
   b. To reset password, please click “Forgot Password.” (see page 3)

4. Click Register.
DO NOT create a new application by re-registering with a new email address. Duplicate records for your FCC or FFN, will delay processing.

Edit or Check Application Status

Checking the status of complete/incomplete applications, or updating contact information can be performed after creation of an initial account. Click the link below to access your existing application, using the registration email address (User Name).

https://qsla.ipinwheel.org/application

Preferred Language

Users can select preferred language when creating a new user account, by clicking on the dropdown menu displayed. (Default is English)

- Chinese
- Filipino
- Korean
- Spanish
- Vietnamese

Required documentation before beginning the application:

1. Agency Type - “Family Childcare Provider.”
2. Community Care Licensing Division (CCLD) 9-digit license number.

Important Note: If you are a Family, Friend or Neighbor (FFN) provider, it is not necessary for you to have a license number to participate in QSLA. You can still submit an application to enroll.
Begin Application

1. Click “Begin Application.”

Agency Information

1. **Agency Name** - Enter the name as listed on your licensing certificate if you are an FCC. For FFN, enter your full name.
   a. Spell out FCC full name and please **do not use ALL CAPITAL LETTERS**
   b. **Doing Business As**: If you operate under a different business name, enter your DBA as: “Smith Family Child Care (Petunia Petals Daycare)”
   b. **Do not** use acronyms (e.g. Smith FCC).
   c. **Use of acronyms can delay the application process.**
2. **Agency Type** – Select “**Family Childcare Provider**” OR “**Family, Friend, Neighbor**,” from the dropdown menu.
   a. Selecting “Center-Based Provider” directs the user to answer non FCC-related questions.
3. **Other** – Leave blank.
4. Click “Save.

**Agency Information Continued...**

1. **Phone number** – Enter FCC or FFN phone number in the following format: (xxx) xxx-xxxx.
2. **Address (Line 1)** – Enter the address associated with the FCC or FFN.
3. **Address (Line 2)** – Enter apartment number or suite number, associated with address line 1.
4. **City, State, Zip** – Enter the city, state (CA), and zip code associated with address line 1.
5. **Agency Type** – Information will auto-populate from previous entry.
6. **Returning Participant Status** – Indicate “new” or “returning” status.
**Additional Information**

1. **Program Year-Round?**
   a. For year-round programs: enter July as the program start month, and June, as program end month.
   b. For non-year-round programs, enter the start and end months of service. (Ex: January – June).
2. **Preferred Language:**
   a. Select preferred language
3. **Email Address for Contact:**
   a. Enter email address for the FCC or FFN contact (same as username).
   b. Please enter contact name and phone number associated with Email Address.
4. Click “Save.”

**Attachments**

1. Click **Add Attachment** and follow the system prompts to upload a copy of your license certificate.
   **Note:** Uploading attachments is not mandatory to submit your application successfully.
Community Care Licensing

1. **CCL License #1** – Enter your 9-digit license number *without* hyphens (e.g. xxxxxxxxxx).  
   **Note**: To avoid delays in application processing, be sure to verify for accuracy.  
   If you are a Family, Friend or Neighbor (FFN) provider, it is *not* necessary for you to have a license number to participate in QSLA. You can still submit an application to enroll.

2. **Facility Type**: For FCC, select the appropriate facility type (small FCC or Large FCC) as indicated on your license.

3. **CCL License #2**: If applicable, enter a separate CCL# for infant/toddler settings. Select the appropriate accompanying Facility Type.

4. Click “Save.”

Instruction Information

1. **Capacity of children** – Enter maximum capacity of session/classroom.
2. **Time of day the session operates** – **User must indicate AM, PM, or Full-day**.
3. **Start/End time** – Enter program start/end times, including “AM” or “PM” appropriately.
4. **Language of Instruction** – Select the language(s) of instruction.
5. **Language of Children** – Select language(s) of the majority of children being served per session.

**Age Group of Children Served**
1. Select all applicable age groups served by the session/classroom.

**Subsidy Type**
1. Select all applicable *Family Child Care* funding sources.
2. Click “Save.”

**Review for Accuracy**
1. Click “Check for Errors” to review for missing and/or incomplete information.

**DO NOT** click “Start Over.” All information will be deleted, and cannot be retrieved.
Submitting an Application

Upon completion of data entry and review for accuracy, submit your application.

1. After clicking “Check for Errors,” the following message indicates ready for submission.

![No errors found. Application may be ready for submission.]

2. Click “Submit Application.”

3. **Warning Prompt:** Final chance to ensure all data is accurate. Click “Submit.”

![Please Confirm]

Edits and Status Updates

1. For edits to your application, click the link: [https://qsla.ipinwheel.org/application](https://qsla.ipinwheel.org/application).
   a. Enter the username/password created to apply for services. Applicants may check the status of the application at any time. *(see page 5)*

2. When status updates occur, an email will be sent to the email address used during registration.

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**DO NOT** create a new application by re-registering with a new email address. Duplicate records for your FCC will delay processing.