



Helping Families Grow Healthy Children.

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## FAMILY CHILD CARE PROVIDER APPLICATION\*\*

DATE OF APPLICATION \_\_\_\_\_

A. NAME \_\_\_\_\_

PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/ZIP \_\_\_\_\_ / \_\_\_\_\_

B. LICENSE CAPACITY: \_\_\_\_\_

LICENSE NUMBER \_\_\_\_\_

LICENSING WORKER: \_\_\_\_\_

MARK DAYS OPEN:

Su	M	Tu	W	Th	F	S
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

HOURS  
OPEN: (from) \_\_\_\_\_ (to) \_\_\_\_\_

DO YOU OFFER  
SHIFT CARE?  Yes  No

WHAT AGE CHILDREN  
DO YOU CARE FOR?  0-24 Months  2-5 Years  6-9 Years  10 Years+

HOW LONG HAVE YOU BEEN LICENSED? \_\_\_\_\_ OTHER CHILD CARE EXPERIENCE, \_\_\_\_\_

HAVE YOU RECEIVED ANY SUBSTANTIATED VIOLATIONS FROM LICENSING (CCL) WITHIN THE LAST 3 YEARS?  
 Yes  No

TRAINING COURSEWORK OR UNITS? \_\_\_\_\_

C. IF ENROLLED IN THE FUNDED PROGRAM AS A CONTRACTOR, CAN YOU VERIFY THAT THE FOLLOWING INFORMATION IS CURRENT?

Day Care License	<input type="checkbox"/> Yes	<input type="checkbox"/> No	First Aid Training	<input type="checkbox"/> Yes	<input type="checkbox"/> No
CPR Training	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Car Insurance	<input type="checkbox"/> Yes	<input type="checkbox"/> No (If you transport)
Day Care Liability Insurance*	<input type="checkbox"/> Yes	<input type="checkbox"/> No (\$100/300,000 minimum)			
* If you currently do not have day care liability coverage, are you willing to obtain?					<input type="checkbox"/> Yes <input type="checkbox"/> No

D. CHILD CARE RATES ARE:

Current Rates as follows:

0-24 Months:	Rate = \$ _____	<input type="checkbox"/> Daily	<input type="checkbox"/> Hourly	<input type="checkbox"/> Weekly	<input type="checkbox"/> Monthly
2-5 Years:	Rate = \$ _____	<input type="checkbox"/> Daily	<input type="checkbox"/> Hourly	<input type="checkbox"/> Weekly	<input type="checkbox"/> Monthly
School-Age:	Rate = \$ _____	<input type="checkbox"/> Daily	<input type="checkbox"/> Hourly	<input type="checkbox"/> Weekly	<input type="checkbox"/> Monthly

Other: \_\_\_\_\_

E. IF YOU OFFER SCHOOLAGE CARE, WHAT IS/ARE THE NEAREST SCHOOL(S)?

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F. DO YOU CURRENTLY HAVE SPACE(S)?  Yes  No How Many? \_\_\_\_\_ What Age? \_\_\_\_\_

G. ARE YOU PARTICIPATING IN ANY OF THE CHILD CARE FOOD PROGRAMS?  
 Yes: Which one? \_\_\_\_\_  No IF NO, PLEASE SUBMIT A DAILY MENU.

H. WHAT TECHNIQUES DO YOU USE TO MAKE NEW FAMILIES FEEL WELCOME?

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I. WHAT IS YOUR CHILD CARE HOME'S PHILOSOPHY? \_\_\_\_\_

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J. WHAT IS YOUR GUIDANCE AND DISCIPLINE POLICY?

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K. I PROVIDE A SAFE ENVIRONMENT:  
 There are no obvious safety hazards, such as long cord, open electrical sockets, broken equipment, small parts to toys, cleaning supplies within children's reach, unsecured furniture  
 I post a fire and disaster plan  
 I have regular fire drills

L. I PROVIDE A HEALTHY ENVIRONMENT:  
 Describe your diaper changing process \_\_\_\_\_

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All required health cards are current  
 Napping materials and toys are washed (How Often) \_\_\_\_\_

M. I PROVIDE A LEARNING ENVIRONMENT:  
 Age-appropriate toys, materials, and equipment available for children:  
Indoors: \_\_\_\_\_  
Outdoors: \_\_\_\_\_

Children are given opportunity to choose from activities such as: art, puzzles, blocks, etc.  
 Children have the ability to decide whether or not to participate in any given activities  
 Child-sized furniture and equipment is provided

**N. HOW ARE YOU MAINTAINING PARENT-PROVIDER PARTNERSHIP:**

- Regular parent meetings/conferences/encouragement of parental involvement/newsletters
- Mutual approach to problem solving
- Support cultural and family background
- Other \_\_\_\_\_

**O. PROFESSIONAL DEVELOPMENT:**

- Do you have a Parent handbook
- Do you provide informational material to parents
- Do you have a Parent/Provider contract
- Are you a member of a professional organization \_\_\_\_\_

**P. DO YOU SPEAK A FOREIGN LANGUAGE?**       Yes     No  
IF SO WHAT LANGUAGES(S) \_\_\_\_\_

**Q. FROM OPENING TO CLOSING, WHAT IS YOUR DAILY SCHEDULE? DESCRIBE THE ROUTINE AND THE ACTIVITIES THAT ARE OFFERED TO THE CHILDREN. BE SURE TO NOTE ANYTHING THAT IS SPECIAL ABOUT YOUR CARE.**

\_\_\_\_\_  
PROVIDER'S SIGNATURE

\_\_\_\_\_  
DATE SIGNED

**\*\*Completion of this application does not obligate the provider to participate in the state funded program. Completion of this application does not guarantee the providers enrollment in the state funded child care program. Enrollment is based upon the availability of funding and the needs of the eligible population. Please note that an incomplete application will not be considered for review. Attach any documents or pictures that are relevant to your application.**