



Helping Families Grow Healthy Children.

1771 Tribute Rd. Ste-A

Sacramento, CA. 95815

(916) 344-6259 FAX (916) 344-2736

email to: tobraztsov@beanstalk.ws

FAMILY CHILD CARE PROVIDER APPLICATION**

DATE OF APPLICATION _____

A. NAME _____

PHONE _____

ADDRESS _____

CITY/ZIP _____ / _____

B. LICENSE CAPACITY: _____

LICENSE NUMBER _____

LICENSING WORKER: _____

MARK DAYS OPEN:

email _____

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	Car Insurance	<input type="checkbox"/> Yes	<input type="checkbox"/> No
CPR/First Aid Training	<input type="checkbox"/> Yes	<input type="checkbox"/> No	(If transporting children		

Liability Insurance OR bond OR affidavits signed by each parent of every child enrolled in the home.
Yes 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)?

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?

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

J. WHAT IS YOUR GUIDANCE AND DISCIPLINE POLICY?

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 _____

- 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.**