

BENEFITS OF JOINING

CHILD CARE PARTNERSHIP



Playground Structure:
Center Based



Playground Structure:
Family Childcare



Creative Curriculum



New Furniture

STIPENDS

\$530 (per child) - Center Based

\$300 (per child) - FCCH

For more details, visit our website at www.CrystalStairs.org or call us at (323)-421-2695 or (323)421-1225. This institution is an equal opportunity provider.



5110 W. Goldleaf Circle
Suite 150
Los Angeles, California
90056-1282

(323) 421-1100
www.crystalstairs.org

Early Head Start Family Child Care Partnership

Dear Provider,

We thank you for your interest in establishing a partnership with CSI Early Head Start. Early Head Start (EHS) is an exceptional program and all children and families will have the opportunity to benefit from comprehensive services that will be offered.

In order to partner with your Family Child Care Home (FCCH) you must meet the following requirements:

- ✓ Have a minimum of 1 year operating your business;
- ✓ Have completed 6 semester units of early childhood education;
- ✓ Have an active agreement with Crystal Stairs, Inc.;
- ✓ Participate or be willing to participate in the Child Care Food Program;
- ✓ Be in good standing with Community Care Licensing, Crystal Stairs, Inc., Better Business Bureau, and System for Award Management;
- ✓ Child Care license must be established in target zip codes: 90002, 90003, 90011, 90037, 90058, 90061, 90220, 90221, 90222, 90248, 90262, 90001, 90044, 90047, 90056, 90062, 90059, 90007, 90008, 90016, 90018, 90043, 90723, 90250, 90301, 90302, 90303, 90304, and 90305;
- ✓ Must currently be providing services to children with subsidized child care.

Things to remember about Early Head Start partnerships:

- ✓ Children must be eligible for both state subsidies and Head Start;
- ✓ Families must agree to participate in the Early Head Start Program;
- ✓ For a Small FCCH the Ratio is 1:6 at all times with no more than 2 infant/toddlers under 24 months at one time;
- ✓ For a Large FCCH Ratio is 2:12 at all times with no more than 2 infant/toddlers under 18 months at one time;
- ✓ Services will be provided for 48 weeks over a period of 12 months;
- ✓ Provider must meet CDA educational requirements, or equivalent, within the next 18 months – scholarships available;
- ✓ Provider will continue to receive reimbursement regardless of child eligibility as long as Head Start Standards are met;
- ✓ EHS children will receive services for up to 5 continuous years;
- ✓ The provider must be able to work in collaboration with Child Development Specialist weekly to ensure Head Start Performance Standards are met.

We look forward to your potential participation in this exciting partnership! Please submit the attached application and supporting documentation as soon as possible. **Application packet must be emailed to (syoung@crystalstairs.org) or mailed to Shavan Young, Child Care Partnership Coordinator, at 5110 W. Goldleaf Circle, Suite 150, Los Angeles, California 90056.** We want to work with you and support you through the application process.

Sincerely,
LaShonna Grant,
Head Start/Early Head Start Assistant Director



Crystal Stairs, Inc.
Head Start / Early Head Start Program
**Early Head Start Family Child Care Partnership
COVER SHEET**

Applications Documents Checklist

Documents	
1. EHS/FCCH Partnership Application	
2. Child Care License (LIC 203)	
3. Notification of Site Visits (LIC 9213)	
4. Child Care Handbook	
5. Child Care Fee Rate Sheet	
6. Copy of all contracts with other agencies	
7. Personnel Record (LIC 501)	
8. Proof of cleared DOJ for all adults over 18	
9. CPR-First Aide Certification	
10. Copy of Provider College Transcripts (doesn't have to be originals)	
11. Facility Sketch – Floor Plan and Yard (LIC 999A)	
12. Program Flyer or Business card	
13. Copy of Insurance documents	
14. Current Children's Roster (LIC 9040)	
15. Criminal Record Statement (LIC 508)	
16. Personnel Report (LIC 500)	
17. Business Plan	
Please return cover sheet and documents with your application.	



Crystal Stairs, Inc.
EARLY HEAD START FAMILY CHILD CARE HOME PARTNERSHIP APPLICATION

Please answer all questions.	
Name of Child Care Provider Applicant:	
Address:	
City:	
Zip Code:	
Telephone Number:	
Alternate Telephone	
Fax Number:	
Cell Number:	
Email:	

List Owner Name:			
Provider Type (check one):	<input type="checkbox"/> FCCH (<input type="checkbox"/> Small ___to___ <input type="checkbox"/> Large ___to___)		

LICENSE

Business Name: (as it appears on Crystal Stairs Agreement)			
Provider Name: (As it appears on License if different than above)			
Child Care License Number:		Issue Date:	
Number of years licensed:			

CAPACITY

What is your total licensed capacity: (Number of children you are licensed to care for)	
How many children do you currently service?	
What is the most number of children you choose to care for?	
Are you able to accept enroll infants as of today and maintain ratio (yes or no)?	

In the chart below please indicate: The actual number of children enrolled (combining both full & part time children enrolled) as of **today**.

Enter results by age group:	Infant Under 12 months	1 year old	2 year old	3 year old	4 year old	5 year old
Actual number of children enrolled:						
Identify child care subsidy or enter "cash" if not subsidized:						

*Include your own children

FEES

How much do you charge for:	Amount	How often are the fees charged? (See Frequency Options Below)	Is this fee per child or family? (C/F)
Part time		Weekly	
Full time		Weekly	
School Age		Weekly	
Application Registration			
Diapers			
Insurance			
Late Pick-up			
Late Payment			
Meals/Snacks			
Overtime/Early Drop Off			
Returned Check			
Supplies/Materials			
Evening Care			
Weekend Care			
Other (List Below):			

MEALS

Are you currently participating in the USDA Food Program (CACFP)			<input type="checkbox"/> Yes	<input type="checkbox"/> No
What meals does your program provide? (Check all that apply)				
<input type="checkbox"/>	Breakfast	<input type="checkbox"/>	Dinner	<input type="checkbox"/> Peanut-Free environment
<input type="checkbox"/>	Morning Snack	<input type="checkbox"/>	Late Snack	<input type="checkbox"/> Special Diet Request
<input type="checkbox"/>	Lunch	<input type="checkbox"/>	Breast milk provided by parent	<input type="checkbox"/> Vegetarian
<input type="checkbox"/>	Afternoon Snack	<input type="checkbox"/>	Parent Supplies Formula	<input type="checkbox"/> Gluten Free

PROGRAM PARTICIPATION

What programs have you participated in with the children you service? (check all that apply)			
<input type="checkbox"/>	Private Only	<input type="checkbox"/>	Afterschool program
<input type="checkbox"/>	Foster Parent	<input type="checkbox"/>	LAUP
<input type="checkbox"/>	Early Head Start 0 to 3	<input type="checkbox"/>	First 5 LA School Readiness
<input type="checkbox"/>	Head Start 3 to 5	<input type="checkbox"/>	Regional Center
<input type="checkbox"/>	Child Care Subsidies – Crystal Stairs	<input type="checkbox"/>	Child Care Subsidies other Resource and Referral agency:
<input type="checkbox"/>	Other:		
<input type="checkbox"/>	Other:		

SCHEDULE

What days of the week does your program operate? (check all that apply)	
Sunday <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/>	
What are your hours of operation? Open time: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM Close time: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM	

ENHANCED SCHEDULE

Does your program provide the following schedule? (check all that apply)			
<input type="checkbox"/>	24-hour Care	<input type="checkbox"/>	Full Time 6 to 10 hours
<input type="checkbox"/>	After School (For School Age Children)	<input type="checkbox"/>	Full Year (12 months)
<input type="checkbox"/>	Before School (For School Age Children)	<input type="checkbox"/>	Overnight
<input type="checkbox"/>	Drop In Care (on the spot)	<input type="checkbox"/>	Part Time (Less than 6 hours)
<input type="checkbox"/>	Emergency/Temporary Care	<input type="checkbox"/>	Evening Care
<input type="checkbox"/>	Summer Only Program	<input type="checkbox"/>	Other

ENHANCED SERVICES

What other services does your program offer? (check all that apply)					
<input type="checkbox"/>	Computers	<input type="checkbox"/>	Gymnastics	<input type="checkbox"/>	Homework/Tutor
<input type="checkbox"/>	Field Trips	<input type="checkbox"/>	Music Lessons	<input type="checkbox"/>	Swim Lessons
<input type="checkbox"/>	Dance	<input type="checkbox"/>	On-Site Screenings	<input type="checkbox"/>	Other:
<input type="checkbox"/>	Research-Based Curriculum (Type):				

TRANSPORTATION

Do you provide transportation? (check all that apply)			
<input type="checkbox"/>	Pick up children from home	<input type="checkbox"/>	Transport to Child's Home
<input type="checkbox"/>	Pick up children from school	<input type="checkbox"/>	No transportation provided

STAFFING PATTERN

How many individuals care for the children daily?			#
Provider is the only one:		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Assistant:	Name:	Live Scan Yes	
Assistant:	Name:	Live Scan Yes	
On Call Substitute:	Name:	Live Scan Yes	
Other:	Name:	Live Scan Yes	

EDUCATION LEVEL – PROVIDER

What is the highest educational level the provider has?			
	Training/Education Type	Number	Training/Education Area
<input type="checkbox"/>	No Formal Education Degree	<input type="checkbox"/>	High School Education/GED
<input type="checkbox"/>	AA/AS	Area in	
<input type="checkbox"/>	BA/BS	Area in	
<input type="checkbox"/>	MA/MS Degree	Area in	
Total number of semester ECE units completed:			#
Total number of Infant/Toddler ECE units completed			#
Do you hold a CA Child Center Permit? <input type="checkbox"/> NO <input type="checkbox"/> Yes If so which one			
<input type="checkbox"/>	Child Development Assistant Permit	# _____	
<input type="checkbox"/>	Child Development Associate Teacher Permit	# _____	
<input type="checkbox"/>	Child Development Teacher Permit	# _____	
<input type="checkbox"/>	Child Development Master Teacher Permit	# _____	
<input type="checkbox"/>	Child Development Site Supervisor Permit	# _____	

<input type="checkbox"/> Child Development Program Director Permit	#
--	---

EDUCATION LEVEL ASSISTANT #1

What is the highest educational level the provider has?			
	Training/Education Type	Number	Training/Education Area
<input type="checkbox"/>	No Formal Education Degree	<input type="checkbox"/>	High School Education/GED
<input type="checkbox"/>	AA/AS	Area in	
<input type="checkbox"/>	BA/BS	Area in	
<input type="checkbox"/>	MA/MS Degree	Area in	
Total number of semester ECE units completed:			#
Total number of Infant/Toddler ECE units completed:			#
Do you hold a CA Child Center Permit? ☞ No ☞ Yes If so which one			
<input type="checkbox"/>	Child Development Assistant Permit	#	_____
<input type="checkbox"/>	Child Development Associate Teacher Permit	#	_____
<input type="checkbox"/>	Child Development Teacher Permit	#	_____
<input type="checkbox"/>	Child Development Master Teacher Permit	#	_____
<input type="checkbox"/>	Child Development Site Supervisor Permit	#	_____
<input type="checkbox"/>	Child Development Program Director Permit	#	_____

EDUCATION LEVEL ASSISTANT #2

What is the highest educational level the provider has?			
	Training/Education Type	Number	Training/Education Area
<input type="checkbox"/>	No Formal Education Degree	<input type="checkbox"/>	High School Education/GED
<input type="checkbox"/>	AA/AS	Area in	
<input type="checkbox"/>	BA/BS	Area in	
<input type="checkbox"/>	MA/MS Degree	Area in	
Total number of semester ECE units completed:			#
Total number of Infant/Toddler ECE units completed			#
Do you hold a CA Child Center Permit? <input type="checkbox"/> NO <input type="checkbox"/> Yes If so which one			
<input type="checkbox"/>	Child Development Assistant Permit	#	_____
<input type="checkbox"/>	Child Development Associate Teacher Permit	#	_____
<input type="checkbox"/>	Child Development Teacher Permit	#	_____
<input type="checkbox"/>	Child Development Master Teacher Permit	#	_____
<input type="checkbox"/>	Child Development Site Supervisor Permit	#	_____
<input type="checkbox"/>	Child Development Program Director Permit	#	_____

PROVIDER TRAINING:

What Child Care Training have you received:			
	Training/Education Type	Number	Training/Education Area
<input type="checkbox"/>	FCCH 40 Hour Training (Passport)		
<input type="checkbox"/>	40 HR Intro Child Care		

PROVIDER QUESTIONNAIRE:

Why do you want to participate in the Early Head Start Family Child Care Partnership Program?		
I want to participate because I am not at full licensed capacity	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I want to participate because I want to care for more children	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I want to participate because I want to increase the quality of program services.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I want to participate because I need help getting children	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I want to participate because I need help with paper work	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I want to participate because I want to increase my staff	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I have some knowledge of ASQ and ASQ-SE Questionnaires	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I have some knowledge of Desired Results Developmental Profile Revised (DRDP-R)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I have participated in a mentor coaching program (QRS)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
My program is computer literate and has internet access?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have a business plan?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
How did you hear about us? <input type="checkbox"/> Word of Mouth <input type="checkbox"/> One of Our Partners (Name):		
<input type="checkbox"/> Mailer/Flyer <input type="checkbox"/> Crystal Stairs, Inc. Website <input type="checkbox"/> Social Media <input type="checkbox"/> Other:		

Comments/Questions: _____

APPLICATION DISCLOSURE

I understand that the information I provided will be reviewed and verified and is correct to the best of my abilities and will be used to assist Crystal Stairs, Inc. in determining my candidacy for the Early Head Start Program.

Signature of FCCH Provider: _____ Date: _____