# 2008-2009 Family Child Care Mini-Grant Application Packet



676 Loughborough Drive Merced, CA 95348 Phone: 209-385-7337

Fax: 209-725-3778

# FAMILY CHILD CARE PROVIDER APPLICATION COVER SHEET

Business Nar	me:		Date:	
Addre	SS: Street/P.O. Box			
	Street/P.O. Box			
0 /0	City	State	Zip Code	
Owner/Operat	tor:Name	Title		
	Telephone	Fax	E-Mail	
	License # (provide copy	of license)	Year of licensure	
Type of	f Applicant Agency (Check one)	:		
( )	501 (c) (3) organization (include Business License holder (include Permit/License holder (include	de copy of Business Licen		
Tax ID No				
	f provider nsed family child care (up to e nsed family child care (up to t			
Please answ	er the following:			
*	# of children ages 0-30 mont	ths you <u>currently</u> serve		
*	# of children ages 0-5 you <u>cu</u>	children ages 0-5 you <u>currently</u> serve		
*	# of children ages 6 and ove	r you <u>currently</u> serve		
This applicant cert	ifies to the best of his or her knowledge	that the information provided with	hin this proposal is true and correct.	
Typed Name and Authorized to	Title of Individual sign Contracts	Authorized Signature	Date	

## **Narrative Page**

Early childhood learning experiences should increase physical skills, develop language, literacy skills, assist in social development, foster emotional development, build number and science concepts, develop creative abilities and recognize each infant, toddler and preschooler's individual abilities. The goal of early quality child care is to foster total development rather than to provide only custodial care as well as prepare the child to successfully transition into kindergarten.

### Please respond to each of the following items and number your responses accordingly.

- 1) How many children are **currently** in your care under the age of two? (15 points)
- 2) Have you ever received a Family Child Care Mini-grant from First 5 Merced County before? If so, please list year. (15 points)
- 3) How long have you held a **license** to provide child care in your home? (15 points)
- 4) Have you ever been trained on the Family Child Care Environmental Rating Scale (FCCERS) assessment tool? If so, please include trainer (s) and when you attended the training. (5 points)
- 5) Will you be willing to attend an 8 hour FCCERS training? Will you allow 2 or more individuals to be present during normal business hours to assess your child care environment utilizing the FCCERS assessment tool? (25 points)
- 6) A) What are you currently doing to improve/enhance quality in your child care environment? (15 points)
- 7) B) What other things would you consider doing to improve the quality of your child care environment? (15 points)

### FIRST 5 MERCED COUNTY

### POLICY ON TOBACCO FREE ENVIRONMENT

### 1. Development of a Comprehensive Smoke-Free Environment Policy

All contractors receiving funding and/or services from the Merced County Children and Families Commission must provide a written copy of an established comprehensive tobacco-free policy prior to the disbursement of granted funds.

This policy shall prohibit the use of tobacco products at any time inside agency vehicles and buildings, or outside within 15 feet of facilities or 25 feet of children's play areas and shall prohibit smoking as required by law.

Note: <u>Family day care homes and licensed day care centers</u>. California law prohibits smoking of tobacco in a private residence during the hours of operation as a licensed family day care home and in those areas of the licensed family day care home where children are present. The law also prohibits smoking of tobacco on the premises of a licensed day care center. Health and Safety Code section 1596.795.

The policy shall have clear procedures for implementation, protocols for monitoring compliance, reporting of violations and instituting sanctions.

The following activities should be included in the implementation of the policy:

- a. Information about the policy and enforcement procedures shall be communicated by administration clearly to staff, parents, and/or clients within the larger community.
- b. Signs stating "NO SMOKING" shall be prominently displayed at all entrances of building property. Additional "NO SMOKING" signs shall be posted in restrooms and other areas as appropriate, such as windows through which secondhand smoke can enter and playground areas.
- c. Information about smoking cessation and support programs shall be made available and promoted for staff, parents, and/or clients at intake and on a continuing basis when appropriate.
- d. Information about secondhand smoke and children shall be made available and promoted for staff, parents, and/or clients.
- e. Families with small children will be encouraged, and in some cases will be required, not to allow smoking in their homes, and whenever and wherever children are present, including outdoors.

Motion by: Fox Second by: Melville

Ayes: Brown, Fox, Goodger, Melville, Mochel, Nevatt, Pagan and Quigley

Adopted: September 26, 2002 Amended: December 2, 2002

ATTEST: Jerald O'Banion

Supervisor Jerald O'Banion First 5 Merced County Chair

# **AGREEMENTS AND CERTIFICATIONS**

Applicant/Agency Name:					
Project/Program Title:					
Address:					
Street/P.O. Box					
City	State		Zip Code		
I understand that if my proposal is selected for fundin Environment Policy in compliance with the Commission County Contract Agreement and subsequent funding.	on's Tobacco Free Environment				
A. I have reviewed the Expectations for Successful Applicants presented in Section IV of the Request for Applications, including contract requirements for insurance and other applicable rules. I understand that selection of an applicant for funding does not constitute a contract, and the contract to be developed will not be binding on either the Commission or the applicant until executed by each.					
3. I understand that in developing contract terms and negotiating a County Contract Agreement, certain evaluation trainings and/or informational meetings will be mandatory for successful applicants.					
C. Contract negotiation may include, but is not limited to, agreement to collect and report additional information and data that will be necessary for the evaluation of, and ongoing reporting on, the proposed project.					
D. I certify that all Proposition 10 funds will be used existing levels of service. No moneys shall be purpose, pursuant to Revenue and Taxation Code	used to supplant state or local				
Revenue and Taxation Code section 30131.4 identifies Families Act of 1998 shall be appropriated and expende the purposes expressed in the Act, but such moneys "st fund existing levels of services. No moneys in the Califo or local General Fund money for any purpose." All mor only to supplement (add to or augment) existing levels of expenditures of such moneys to supplant (replace) state used to fund any existing levels of service.	ed. Section 30131.4 not only requivall be used only to supplement extrain Children and Families Trust Funeys raised pursuant to the Act shift services. In contrast, the Act specifications	ires that expenditur isting levels of serv and shall be used to all be appropriated cifically prohibits ap	res must be for ices and not to supplant state and expended propriation and		
Typed Name and Title of Individual Authorized to sign Contracts	Authorized Signature		Date		
Please answer the following:					
		YES	NO		
Have you or anyone working in your child care facility I related to the administration and operation of a prograr impact on the proposed program, if funded?					
Have there been any unfavorable rulings by a funding s facility for improper management or contract compliance					
Have you or anyone working in your childcare facility e withheld?	ver had granted funds				
Have you ever received a substantiated violation(s) from	m Community Care Licensing?				

A "yes" answer WILL NOT automatically exclude your application from the review process.

# **ROSTER**

Birthdate (mm/dd/yyyy)	Age	Full Child Care or Before and After School Care (please indicate)
	Birthdate (mm/dd/yyyy)	Birthdate (mm/dd/yyyy) Age

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