How to Complete a Family Child Care (FCC) Application to Quality Counts

This step-by-step application guide is intended for Family Child Care Owners in Alameda County interested in applying to the Alameda County Quality Counts program during this application period: ==May 16, 2022 to== ==June 19, 2022==.

Alameda County licensed Family Child Care (FCC) owners caring for children birth to age 5 and in good standing with Community Care Licensing are invited to apply to the Alameda County Quality Counts (QC) program. Alameda County QC supports caregivers and early care and education professionals to provide quality learning services and environments for children birth to five years. .

There are 5 sections in this application: Agency information, Site information, Instruction information, student counts, and additional questions.

Take breaks and come back to your application as often as needed. Remember to click the blue **Save** button where available or your information will be lost.

ℹ️   **Helpful Definitions**

The application requires agency/site information.

Please use your licensed Family Child Care name, address, and information in these sections as follows:

- *Agency:* your FCC owner name and address exactly as found on your child care license
- *Site:* use the same FCC owner name and information above

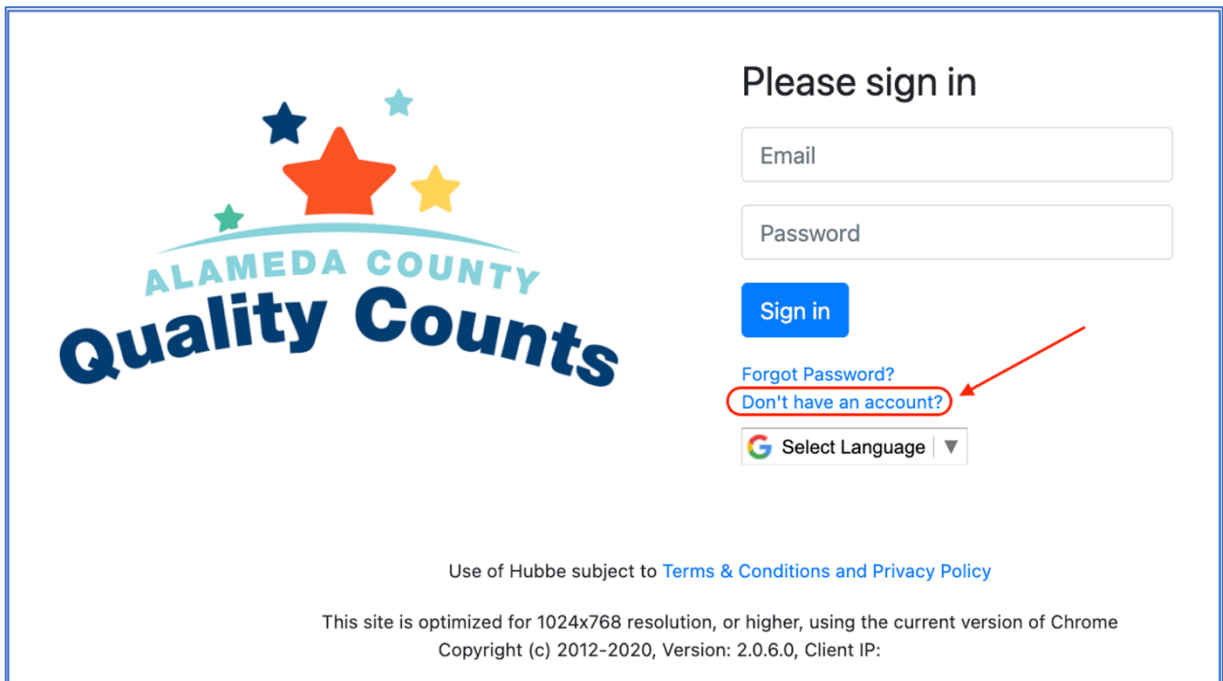## Table of Contents

Accessing the Application

1 **Access Online** — When accessing the Application portal from the link on the

alamedakids.org/qualitycounts/enrollment.php website, you will need to create an account.

To create an account:

(1) Visit https://alameda.ipinwheel.org/Application
(2) Click **"Don't have an account?"**

(3) Then, fill out the following information:

1. **Name:** enter the Family Child Care Owner's full name as it appears on the license.
2. **Email:** use an email address that you can access and receive communications about your application

3**. Password:** keep this information for yourself somewhere safe so you can log-in

4. **Confirm Password**

5. Click **Register**

Once you click **Register**, you will receive an email containing the link for the application portal and your username. *The email does not contain the password you created for security purposes.*
Access the online application in the future using the link provided in the email.

Your email address will be your application username you use to log-in.

If you don't see it in your inbox, **check your SPAM or Junk Folder.** The email will come from **noreply@hubbeinc.com. Example email:**
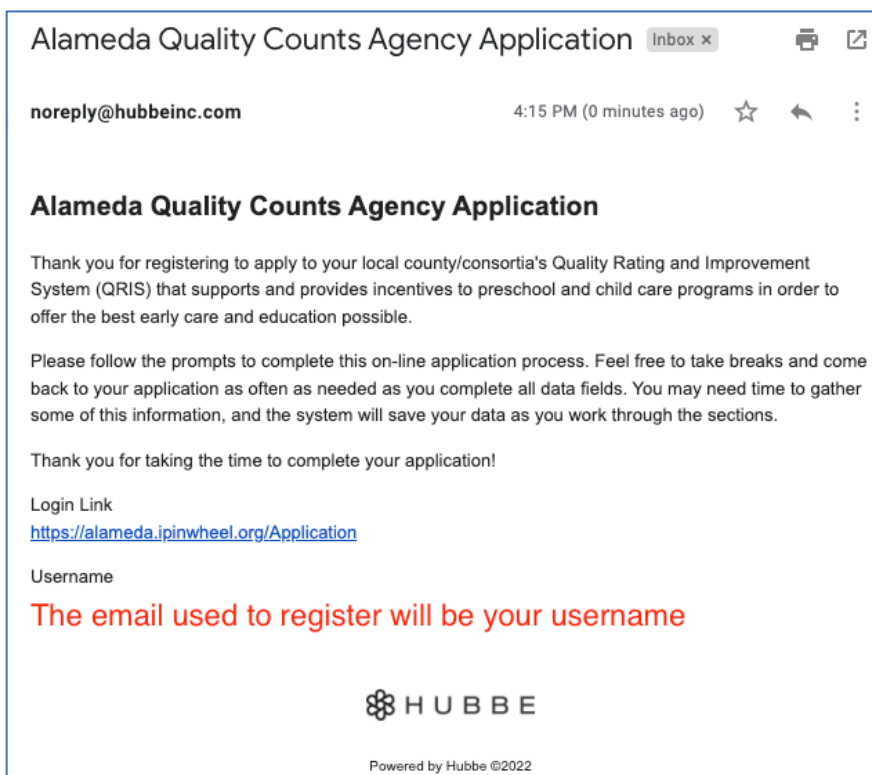
3 Use the link and log-in information in the email you received.

The Application Portal includes a Google Translate tool located at the top of each page. Google Translate can be used to translate the application into other languages. If you want to use the tool, click the drop-down menu, and select a language.

Please read the instructions on the page carefully.

Click the "**Home**" button at the top right to return to this page at any point in your application.
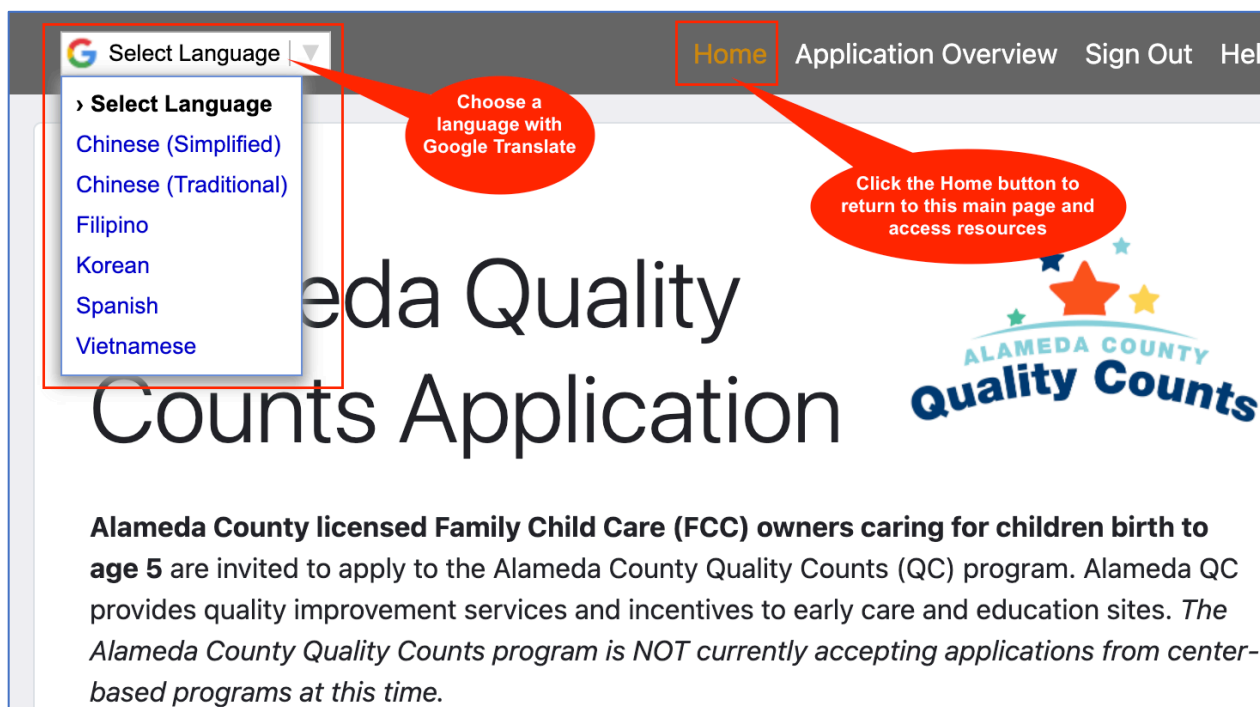
Before beginning the application, **download resource documents** in the **Downloadable Resources** section at the bottom of the home page. These documents will help you complete the application process.
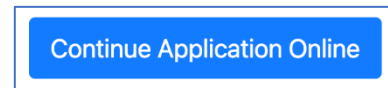
When you are ready to start the application click the **Begin Application** button.

At any point during the application process, you may **save** your progress and sign out. Click the blue **Save** button where available to save your progress frequently.

To continue your application, sign back in using the application link and click the blue **"Continue Application"** button.

If you want to start your entire application over, click the **Start Over** button.

⚠ If you want to start your entire application over, click the Start Over button.

Caution: This will delete the information entered on the application allowing you to start a new application

Start Application

First, fill out the **agency name** and select the **agency type**. An "**agency**" refers to your Family Child Care Owner name and information.

1   Enter the name of the Family Child Care Owner(s) as it appears on the child care license in the **Agency Name** question *(required).*

Start Application

Agency Name

JJ Kotler

2   From the **Agency Type** drop-down menu, select "**Family Childcare Provider**" *(required).*

Agency Type | Agency Type (Other)

- SELECT -
Center-Based
Family Childcare Provider
Friend, Family, Neighbor (FFN)
Other

Save

3   Click **Save.**

Start Application

Agency Name

JJ Kotler

Agency Type | Agency Type (Other)

Family Childcare Provider

Save

Agency Information
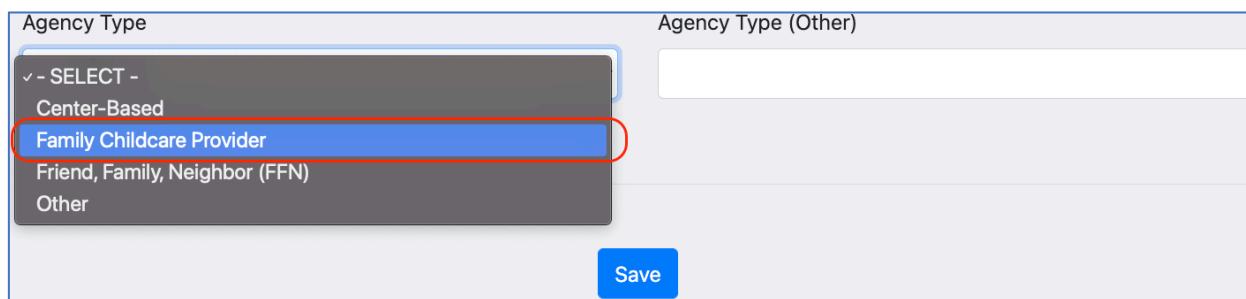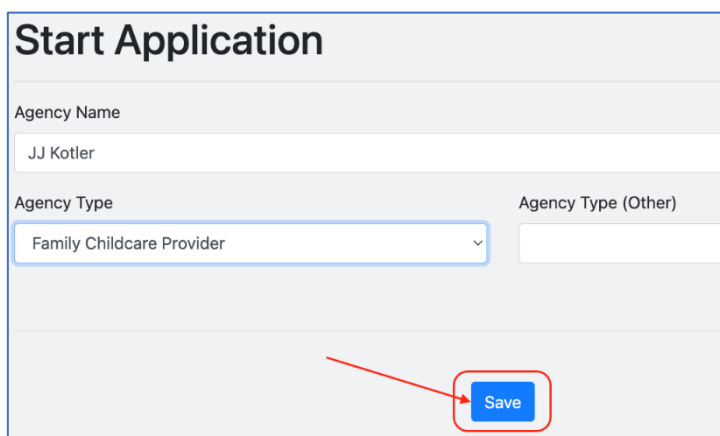
The name you entered for the **agency name** and **agency type** will automatically carry over to the **Agency Information** page. These can still be edited if needed before submitting the application.

1 Enter the Family Child Care's **phone number** and **address**.

Agency Information

Agency Name	**Phone Number**
JJ Kotler	(510) 222-2222

Address (Line 1)	**Address (Line 2)**
1234 ABC Lane	

City	**State**	**Zip Code**
Alameda	CA	94501

Agency Type	**Agency Type (Other)**
Family Childcare Provider	

2 Add staff

For the **FCC Owner**, enter the information of the individual operating the FCC named on the child care license. To add this information:

(1) click on **Select FCC Owner** in the FCC Owner section.
(2) A pop-up screen will appear with the option to select staff or add staff.
(3) Click the blue + Add Staff link.

FCCH Owner

👤 Select FCCH Owner

➡️

Select Staff ✕

Select	Name	Email	Phone	Title	Actions
🔘	NO STAFF SELECTED				

+ Add Staff

Cancel   Apply selection

(4) Enter the **name***, **email***, **phone number**, **title** ("Owner" for the FCC owner).
Optional information: workforce registry ID, ethnicity, and race.

> The contact information you enter here will be used to contact the Family Child Care Owner after the application has been reviewed

(5) When finished, click the blue **Save** button.

3 Apply Staff Information

(1) On the **Select Staff** screen, click on the **circular button** next to the staff member you would like to add as the Family Child Care Owner.

*If you would like to add additional staff, you can click the **+ Add Staff** button again. You can also edit the staff information by clicking the pencil icon or delete the staff information by clicking the pencil icon or trash can icon.*

(2) When you have selected the desired staff, click the blue **Apply selection** button.

Select Staff ⛶ ✕

Select the person you want to add as the FCC Owner

Click to edit or delete

Select	Name	Email	Phone	Title	Actions
🔵	Kotler, JJ	jj.kotler@email.com	(510) 222-2222	Owner	✏️ 🗑️
◯	NO STAFF SELECTED				

+ Add Staff

Click here to add the FCC Owner

Cancel   **Apply selection**

↓

FCCH Owner

JJ Kotler
jj.kotler@email.com
(510) 222-2222
Owner
Ethnicity: Unknown

👤 Select FCCH Owner

4 In the **Returning Participant Status** section, select whether you are a returning or new participant.

*If you have not participated in Alameda County's Quality Counts program in the past, select **"I'm a new participant"** from the drop down*

Returning Participant Status

Have you ever participated in Alameda Quality Counts?

✓ - SELECT -
I'm a returning participant
I'm a new participant

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5 In the **Additional Information section**, enter:

(1) **Is your program year-round or not year-round?** Year-round means that your child care does not close for more than 3 weeks at a time, including summers.

(2) **Program start and end months.** *You may leave this as-is.*

(3) The best time to reach you by phone to contact you about the application

(4) The preferred language of the person to contact about the application

(5) Your name

(6) A phone number and email to contact you

(7) *Optional: If you would like to include additional notes for the reviewer to see, you may do so here. There will be more questions about your program later in the application.*

6 Click the blue **Save** button at the bottom of the page.

7 Review the information you entered so far for accuracy. If you need to edit the information, click the **Edit** button.

jj.kotler@email.com

Returning Participant Status
New

Additional Comments
None

Attachments

File Name	Type	Size	Delete

+ Add Attachment

When ready, click Edit to start the next section

Site License Information - To be Completed by All Providers [Edit]

CCL License #1   CCL License #2
(no data)   (no data)

Instruction Information   (-)   [Edit]

Language of Instruction   Language of Children (Majority)   Capacity

Lead Teacher   Other Teacher   Instructional Assistant

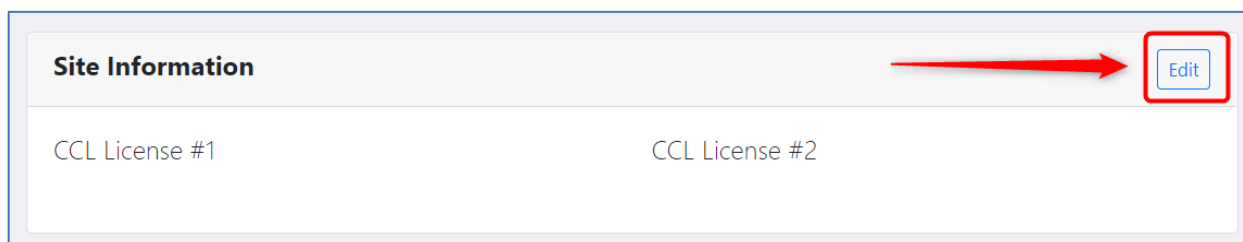Age Group of Children Served   Funding Sources for the Children

Student Counts   [Edit]

Number of Preschoolers (36 months to kindergarten entry) served

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Site Information

1   To enter a CCL License for the Family Child Care, click the **Edit** button in the **Site Information** section. "CCL" means Community Care Licensing.

2   "Is this Site License Exempt?": use the drop down option to select "No". This means that your FCC is licensed with Community Care Licensing.
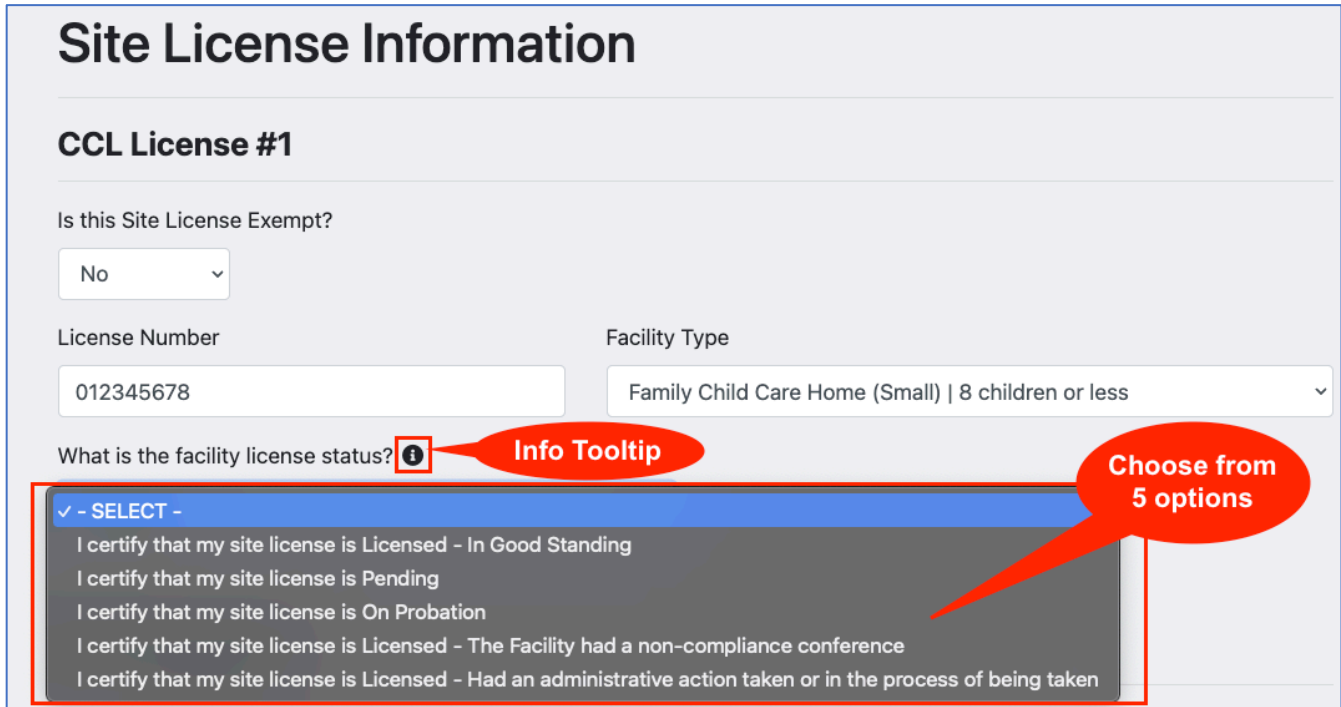
Then, enter the 9-digit CCL License number under **License Number**.

Choose either the large family child care or small family child care based on your license from the **Facility Type** drop-down menu.

3 Finally, you will be prompted to answer whether your license entered is in **good standing** or not. The definition of **In Good Standing** can be found by hovering your mouse or clicking on the tooltip icon: ⓘ

There are **5 license statuses** to choose from to certify the following information:

(1) Licensed – In Good Standing
(2) My license is Pending
(3) My license is On Probation
(4) Licensed – The facility had a non-compliance conference
(5) Licensed – had an administrative action taken or in the process of being taken

4   If you select a license status *other than* **"In Good Standing",** you will be asked to provide more information.

Pending: Complete all information below.

What is the facility license status? ⓘ

| I certify that my site license is Pending | ⌄ |

Anticipated Licensing Date

Comments ⓘ

On Probation: Enter the date your family child care's license was placed in probationary status. Complete all information below.

What is the facility license status? ⓘ

| I certify that my site license is On Probation | ⌄ |

Date of Event

mm/dd/yyyy 📅

Anticipated date that site will be changed to Good Standing

mm/dd/yyyy 📅

Please summarize the reason, or attach documentation such as a copy of the non-compliance hearing report ⓘ

Non-compliance Conference: Enter the date of the non-compliance conference hearing. Complete all information below.

What is the facility license status? ⓘ

| I certify that my site license is Licensed - The Facility ha | ⌄ |

Date of Event

mm/dd/yyyy 📅

Anticipated date that site will be changed to Good Standing

mm/dd/yyyy 📅

Please summarize the reason, or attach documentation such as a copy of the non-compliance hearing report ⓘ

Administrative Action: Enter the date the administrative action was taken or had first begun below. Completed all information.

What is the facility license status? ℹ

I certify that my site license is Licensed - Had an adminis ⌄

Date of Event

mm/dd/yyyy 📅

Anticipated date that site will be changed to Good Standing

mm/dd/yyyy 📅

Please summarize the reason, or attach documentation such as a copy of the non-compliance hearing report ℹ

Instruction Information

1   To enter instruction information for the Family Child Care, click the **Edit** button in the **Instruction Information** section.

Instruction Information	(-)		Edit
Language of Instruction	Language of Children (Majority)	Capacity	
Lead Teacher	Other Teacher	Instructional Assistant	
Age Group of Children Served	Funding Sources for the Children		

2   Enter the license capacity of the number of children you can care for at one time according to your child care license.

In this example, I have a small family child care that is licensed to have up to 8 children in care at a time.

Capacity

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3 **(1)** Select the time of day your FCC primarily operates.

> ℹ️ *Time of Day -* **Most FCC care for children for a full day.**
>
>   **Full Day** =morning and afternoon; **Other** = provide an explanation
>
>   (*Example other: full day and weekend hours or special evening hours.*)
>
>   **AM** = mornings only; **PM** = afternoons only; **Before/after school**

(2) Then input the time of day your program typically begins in the morning and the time your program ends in the afternoon/evening.

Time of Day	Start Time	End Time
Full Day ⌄	07:00 AM 🕐	06:00 PM 🕐

4   From the drop-down menu, select the **language(s) of instruction** *(the language used by the FCC Owner and staff with the children)* and the **language(s) of the *majority* of children** your FCC serves.

Language of Instruction	Language of Children (Majority)
English ⌄	English and Spanish ⌄

5   Select the **age group(s) of children** at your FCC. *Select all that apply.*

Age Group of Children Served

☑ Infants (0-18 months)   ☑ Toddlers (18-36 months)   ☑ Pre K (ages 3-5)

6 Select the type of funding or payment received for the children in your care. *Select all that apply.*

> ⓘ ***CAPP California Alternative Payment*** *(Alternative Payment Program and/or CalWORKs voucher) = Subsidies are administered through the state-run voucher-based child care subsidy program to help low-income families who qualify for vouchers pay for child care. Voucher payments are distributed as a reimbursement to the child care facility from a State contracted agency. This includes Alternative Payment Program and/or CalWORKs vouchers reimbursed or paid through 4Cs of Alameda County, BANANAS, Hively, and Davis Street Family Resource Center.*
>
> *For more information, please visit the following link:*
> *https://www.cdss.ca.gov/inforesources/calworks-child-care/subsidized-programs*
>
> ***CCTR General Child Care and Development Program*** *= a type of State contracted and funded payment program. For FCCs, this might be paid through a center or agency that is directly contracted with the State.*
>
> ***FCCHEN Family Child Care Home Education Network =*** *a group of licensed providers who offer subsidized child care. A FCCHEN is NOT an FCC Association.*

Funding Sources for the Children

- ☐ Federal Early Head Start
- ☐ Federal Head Start
- ☐ CAPP California Alternative Payment
- ☐ CCTR General Child Care and Development Program
- ☐ FCCHEN Family Child Care Home Education Network
- ☑ Parent Tuition
- ☐ Other

7 Enter the information of any additional assistants/teachers/staff that work directly with the children at your FCC.

> **ⓘ** *Lead Teacher = FCC Owner*

(1) Click on **Select lead teacher** in the Lead Teacher section.

(2) A pop-up window will appear with the option to select staff or add staff.

(3) If no staff have been added yet, click the blue **+ Add Staff** link. If staff information is already entered, select the staff member by clicking on the **circular button** next to their name and then click **Apply selection.**

Lead Teacher

👤 Select lead teacher

Select Staff

Select	Name		Phone	Title	Actions
🔘	Kotler, JJ	jj.kotler@email.com	(510) 222-2222	Owner	✏️ 🗑️
⭕	NO STAFF SELECTED				

Select the FCC Owner Name for Lead Teacher

+ Add Staff

Add staff if you work with other teachers or assistants

When done, click here

Cancel   **Apply selection**

8   Repeat this step for both the **Other Teacher** and the **Instructional Assistant**, if applicable. Adding staff with **+ Add Staff**.

Click the blue **Save** button at the bottom of the page.

Lead Teacher	Other Teacher	Instructional Assistant
JJ Kotler	Jeremy Kotler	👤 Select instructional assistant
jj.kotler@email.com	jeremy.kotler@email.com	
(510) 222-2222	(510) 222-2222	
Registry ID: 1234567	Teacher	
Owner	Ethnicity: Unknown	
Ethnicity: Unknown		
	👤 Select other teacher	
👤 Select lead teacher		

[Save] [Cancel]

Student Counts

1   In the **Student Counts** section, enter the number of children for each question below

based on your current enrollment at the time of your application including any children who might attend only on certain days of the week or at staggering times.

The total number of children enrolled *might* exceed license capacity because they do not attend full-day or who do not attend every weekday.

Please DO NOT include school-age children who are in kindergarten or older.

Answer every question. Enter zero "0" if this does not apply to the children in your care.

Student Counts

Enter the number of children ENROLLED at the time of the application.

Number of Preschoolers (36 months to kindergarten entry) served	3
Number of Toddlers (18–35 months) served	3
Number of Infants (birth–17 months) served	0
Number of Children with an IFSP	0
Number of Children with an IEP	1
Number of Children Receiving an Alternative Payment Program and/or CalWORKs Voucher	2
Number of Children from Families Experiencing Homelessness	0
Number of Children in foster care	0
Count of Dual Language Learners: # of children who primarily speak a language other than English or speak another language and English equally	5

Of the children enrolled above, enter the number of children for each question

ⓘ *IFSP =* **Individualized Family Service Plan** – *An IFSP describes the early intervention services and supports that a young child (birth – age 3) with developmental delays will receive.*

IEP = **Individualized Education Plan** – *An IEP describes the goals and services for a child (3 years-old and older) that needs additional support to be successful in their early care and education/PreK/school setting.*

Alternative Payment Program and/or CalWORKs Voucher *= Subsidies are administered through the state-run voucher-based child care subsidy program to help low-income families who qualify for vouchers pay for child care. Voucher payments are distributed as a reimbursement to the child care facility from a State contracted agency. This includes Alternative Payment Program and/or CalWORKs vouchers reimbursed or paid through 4Cs of Alameda County, BANANAS, Hively, and Davis Street Family Resource Center.*

For more information, please visit the following link:
https://www.cdss.ca.gov/inforesources/calworks-child-care/subsidized-programs

2   When you are certain you have entered all required information, click the blue **Save** button at the bottom of the page.

Additional Questions

Answer all **Additional Questions** before submitting your application.

1   In the **Additional Questions** section, click on the blue **Edit** button to begin filling out your questions.

Additional Questions   Edit

Please state which Quality Counts program option you are applying to from the options below. When choosing "both" please let us know your 1st and 2nd choice:

Please explain why you want to participate in Quality Counts, including your goals for improvement and what you hope to gain by participating.

2   Answer every question in this section.

You may see some free-response questions, or some multiple-choice questions. Click the blue **Save** button when finished.

Additional Questions   ⌕ ✕

▪ Please state which Quality Counts program option you are applying to from the options below. For descriptions of each program option, please copy and paste the following to your web browser: alamedakids.org/qualitycounts/enrollment When choosing "both" please let us know your 1st and 2nd choice: Coaching for Continuous Quality Improvement or Early Identification

✓
Coaching for Continuous Quality Improvement Only
Early Identification Only
Both – 1st choice is Coaching for Continuous Quality Improvement; 2nd choice is Early Identification
Both–1st choice is Early Identification; 2nd choice is Coaching for Continuous Quality Improvement

Choose one

ℹ **For descriptions of each program option, please copy and paste the following:**

https://alamedakids.org/qualitycounts/enrollment.php

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■ Please explain why you want to participate in Quality Counts, including your goals for improvement and what you hope to gain by participating.

Enter your answer here

■ How will you ensure that you will be able to participate in QC quality improvement activities, such as Professional Learning Community meetings, individual coaching sessions, and trainings/workshops? *Please note that FCC assistants are welcome to participate in QC quality improvement activities; however, it is not required.

Enter your answer here

■ Please describe the needs of any child or children currently in your care that have special needs, including children who have a pending referral for child development supportive services.

* Please do NOT include children's names, birth dates, or any other information that could identify a child or individual in this application.

Children who have special health needs/disabilities is defined as the following:
a) Have, or are at–risk for a developmental disability as defined by the Individuals with Disabilities Education Act (IDEA) Part C (Early Start 0-3 years old)

b) Or, have a specific diagnosis as defined by Individuals with Disabilities Education Act (IDEA) Part B (3 years and above)

c) Or, who do not fit a) or b) above, but whose mental health, behavior, development, and/or health as defined by a licensed professional (physician, nurse, social worker, psychologist, speech specialist, etc.) requires services above and beyond those required by children generally.

This includes conditions lasting 6 months or more that have been identified by the licensed professional.

Children with Special Health Needs/Disabilities are protected by the Americans with Disabilities Act (ADA).

Enter your answer here. Write "None" if it does not apply.

■ **Are you planning or committed to serving children paying with a subsidy or alternative payment voucher?**

Choose "Yes" or "No"

■ **Do you provide care during non-traditional hours, including weekend or overnight care?**

Choose "Yes" or "No"

3 Review your responses

Once you have taken the time to answer all the Additional Questions, your application is now ready for submission. Check all your responses for accuracy and completeness before submitting.

Submit Application

1 Once you are done entering information on your application, click on the yellow **Check for errors** button at the bottom of the screen.

Check for Errors   Submit Application

2 A banner on the page and in each section of your application will indicate if there is missing information on your application.

A green banner at the top indicates the application is ready for submission.

✓ No errors found. Application may be ready for submission.

A red banner at the top or in a section below indicates there are errors or missing information that should be addressed before submitting.

3 When your application is ready, **(1)** click the green **Submit Application** button.

⚠️ Once an application is submitted, you will ***not be able to make any edits*** or review your application information.

Please email QCapplication@first5alameda.org to request to make changes to your submitted application **before 3:00PM on Friday June, 10, 2022**. All changes must be made by **11:59PM on June 19, 2022.**

(2) A **Certify and Submit pop-up screen** will appear.

(3) You can certify the statement by **clicking on the checkbox** and then clicking on the blue **Sign** button as shown below:

Please Certify and Submit

> ℹ Once you submit your application, you will be unable to make any more changes to it. Click "Save" only if you are finished and ready to submit your application.

1 ☑ I certify that the information provided in this application is true and correct. This form gives permission to Maple County QCC staff to discuss my application with partnering Maple County QCC agencies, Community Care Licensing and the funders of Maple County QCC.

2 🖊 Sign

Name

Date

mm/dd/yyyy 📅

Cancel Submit

4 The "**Signature**" box will open for you.

How to e-sign:

🖥 If you are on a computer you can sign in the box by clicking, holding, and dragging your mouse to draw your signature.
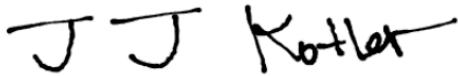
📱 If you are on a mobile device, you can e-sign using your finger, and by dragging and drawing on your mobile device screen.

You can reset your signature by clicking on the red return arrow in the left of the box.
We know this might be challenging, please do your best. Please do not worry. It is fine as long as there is a signature here.

Signature

Reset signature

↺

J J Kotler

Draw your signature with the computer mouse
or your finger if using a smartphone

Click to use this signature

Cancel Apply Signature

5   Click the blue **Submit** button at the bottom of the pop-up screen to submit your application.
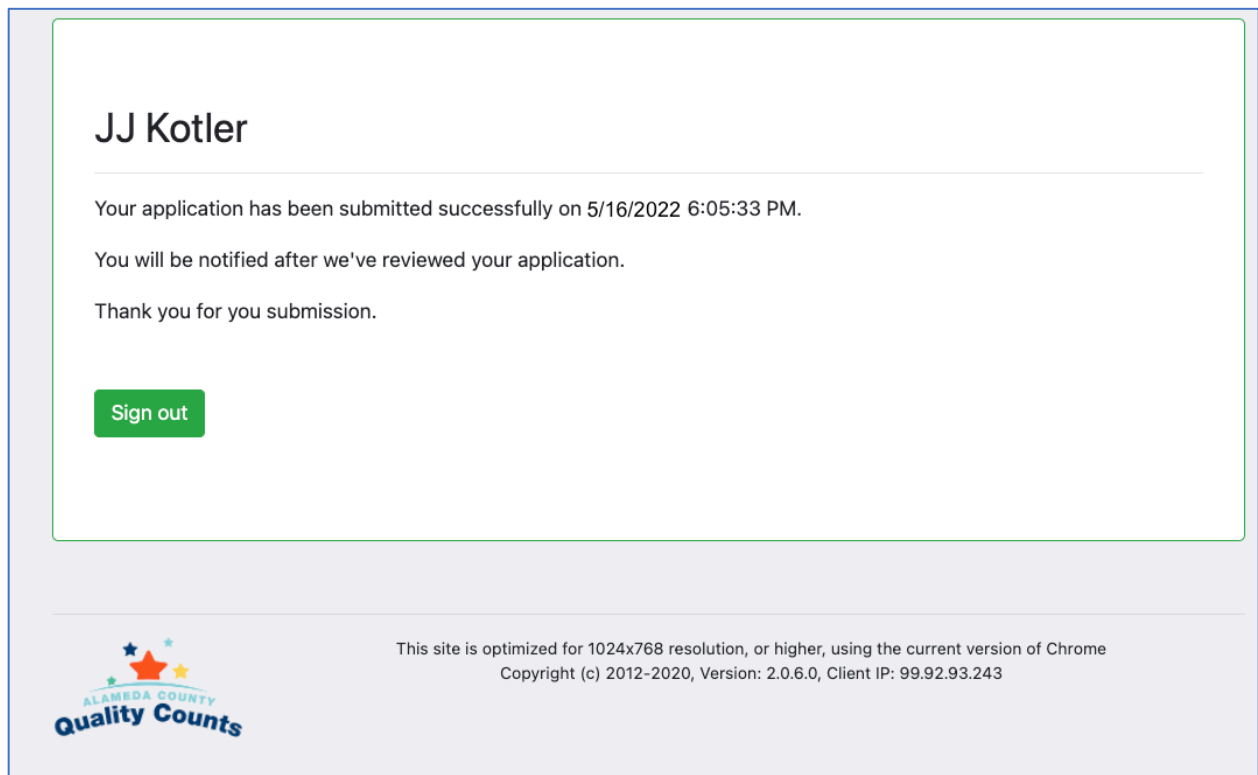
6   The application portal displays the status of your application after it has been submitted.

What's next?

We will use the contact email provided to notify you about the status of your application **by 5:00 pm on July 15th, 2022**.

If we have questions or if revisions are needed, we will contact you after the application deadline and all applications have been reviewed. We may change your application status to "Revisions Needed", at which point you would receive an email from a Quality Counts staff member with instructions on making edits and resubmitting your application.

THANK YOU FOR YOUR INTEREST IN APPLYING TO ALAMEDA COUNTY QUALITY COUNTS