



5. In order to understand your client population, please indicate number of **families** served per category:

- \_\_\_\_\_ Parent(s) live and work in Milpitas
- \_\_\_\_\_ Parent(s) live in Milpitas but work in another City
- \_\_\_\_\_ Parent(s) live in another City but work in Milpitas
- \_\_\_\_\_ Parent(s) do not live or work in Milpitas

6. Do you currently belong to any Professional Child Care Associations? Please list.

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7. What hours are you open to provide child care services?

\_\_\_\_\_ AM to \_\_\_\_\_ PM Days of the week: \_\_\_\_\_

8. Is your program accredited? \_\_\_\_\_

If yes, by what organization? \_\_\_\_\_

If no, do you have plans to become accredited? \_\_\_\_\_

9. Please list measures, instruments or methods you use to ensure program quality (such as the ECCERS scale, NAEYC criteria, or NAFCC guidelines).

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10. What is your alternative plan if City funding is not granted or if granted at a reduced level?

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11. Please list the previous years you have received grant funding from the City of Milpitas.

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12. Do you have Liability Insurance? Indicate your safety precautions if no insurance coverage has been obtained.

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⇒ **Please attach a copy of your current license issued by the Department of Social Services Community Care Licensing.**

**Please return completed application to:**  
Toby Librande, City of Milpitas Child Care Coordinator  
455 E. Calaveras Blvd., Milpitas, CA 95035  
(408) 586-3077, [tlibrande@ci.milpitas.ca.gov](mailto:tlibrande@ci.milpitas.ca.gov)