

## Family Child Care Assistance Fund Grant Applications Summary FY 2009/2010

Provider Name & Date Application Received	Funding Request	Previous Years Funded	Serving Special Needs?	Tier 1	Tier 2	Tier 3	Services & Supplies to be Purchased
1. Georgette Christopher 8/7/09	\$500	04/05			✓		Tables, chairs, Pro-Care Software (to track child sign-in & out, parent payments, preschool progress), preschool curriculum program
2. Sherry Clanton 8/5/08	\$500	Annually beginning 96/97	✓	✓			Pretend cash register, wagon, stroller, books, art supplies, games, water toys, outdoor supplies, wading pool, puzzles, activity games, balls, videos, educational electronic games, bikes, educational supplies
3. Yan Ding 8/14/09	\$500	Annually beginning 96/97 except for 97/98 and 06/07	✓	✓			Workbooks, activity materials, toys and entertainment supplies, tables, chairs, equipment
4. Lisa Hodges 7/15/09	\$500	07/08, 08/09				✓	Toddler playpens, booster seats, games, arts and crafts materials, educational toys, sing-a-long and dance-a-long DVDs
5. Kim Lagman 7/14/09	\$500	Annually beginning 96/97 except for 08/09				✓	Mother Goose Time preschool curriculum program, Step 2 Kitchen, educational materials, stroller
6. Yu Ying Lai 7/22/09	\$500	08/09			✓		Books, DVDs, CDs, puzzles, toys, games, cots, table, chairs, arts and crafts materials
7. Nasreen Mohammed 7/15/09	\$500	05/06, 06/07, 07/08				✓	Circle time rug, sleeping mats, tricycles, educational toys, puzzles, art supplies, stroller, books, DVDs
8. Samiha Samawi 7/14/09	\$500 or more	Annually beginning 96/97 except for 01/02	✓	✓			Materials to support the care and education of the children
9. Sabina Sheikh 8/19/09	\$500	08/09	✓	✓			Blocks, manipulatives, play structure, learning activities, toy kitchen and kitchen toys, seatbelts an infant seats for the buggy
10. Araceli Tapia 7/23/09	\$500 or more	Never before funded		✓			Language and math books, manipulatives, science teacher/provider resources, arts and crafts supplies, special needs materials, equipment to support dramatic play, active play, sand and water, block play, puzzles, furniture, rest time
11. Christina Loan Tran 7/15/09	\$500	Never before funded		✓			Bikes, tricycles, sand tables, computer for children, workshop and babysitter fees for workshop attendance,
12. Jasmine Yousefkhachi 8/19/09	\$500	07/08			✓		Table, fence, outdoor play toys
<b>Tier Totals</b>			<b>4</b>	<b>6</b>	<b>3</b>	<b>3</b>	

### Funding Allocation Tier Schedule

**Tier One:** Currently serves special needs children and/or never before funded

**Tier Two:** Funded one prior year

**Tier Three:** Funded two or more prior years

**Ineligible:** Funded for past three consecutive years or licensed less than one year

**City of Milpitas  
Family Child Care Assistance Fund  
Grant Application**

Name of Applicant: Georgette Christopher

Address: 978 Pescadero St

City: Milpitas State: CA Zip: 95035

Home Telephone: 408 561-2826 Email: glashonec@yahoo.com

Department of Social Services Community Care Licensing Facility #: 434408593

⇒ Please attach a copy of your license to this application

Date License first issued: April 2001

1. What services or supplies do you want to purchase? How will this enhance the program quality of your family child care home?

I would like to purchase new tables & chairs for a preschool program I'm attempting to start in September. I would also like to by the program for tracking my childrens logins, payments and preschool progress

- 1# Pro Care software by Professional Solutions
- 2# Tables and Chair through daycarefurniture.com
- 3# Preschool Program is through First Beginnings or Mothergoose

I feel offering this program will increase my enrollment and offer Parent Preschool/Daycare

2. Amount you are requesting \$ 500.00

3. How many children are currently enrolled in your program? 5

4. Do any of the children have special needs or developmental delays? If so, please indicate how the grant funding will support their care and supervision.

Please Note: Privacy protections in various federal and state laws apply to children in child care. You should receive permission from parents prior to releasing any information regarding a child in child care.

NO

**Please return completed application to:**  
Toby Librande, City of Milpitas Child Care Coordinator  
457 E. Calaveras Blvd., Milpitas, CA 95035  
(408) 586-3203, [tlibrande@ci.milpitas.ca.gov](mailto:tlibrande@ci.milpitas.ca.gov)

**received** 9/26/2007  
8/7/09

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

- 5 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.

\_\_\_\_\_  
\_\_\_\_\_

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

6:30 AM to 6 PM Days of the week: Mon - Fri.

8. Is your program accredited? NO

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

If no, do you have plans to become accredited? yes

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

N/A

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

Apply for loans or wait until funds are available

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

2004 @ my old milpitas address.

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

I issue <sup>no</sup> Liability Insurance notice to parents, my insurance expired 5/2009 will renew in Sept or if program attendance picks up before then.

⇒ **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  
457 E. Calaveras Blvd., Milpitas, CA 95035  
(408) 586-3203, tlibrande@ci.milpitas.ca.gov

9/26/2007

**City of Milpitas  
Family Child Care Assistance Fund  
Grant Application**

Name of Applicant: Sherry L. Clanton

Address: 226 Greentree Way

City: Milpitas State: CA Zip: 95035

Home Telephone: 408-263-6879 Email: Sharidan@comcast.net

Department of Social Services Community Care Licensing Facility #: 43075183

⇒ Please attach a copy of your license to this application

Date License first issued: 1981

1. What services or supplies do you want to purchase? How will this enhance the program quality of your family child care home?

① I would like to purchase a cash register - wagon - stroller - books - art supplies - games - water toys and supplies. A new pool for summer time play... puzzles. Exciting Activity Games + balls to get kids running, tossing, + balancing. videos for V smile an educational Electronic Game. Bikes.

② Other Materials as needed - to stimulate their MINDS...

2. Amount you are requesting \$ 500.00

3. How many children are currently enrolled in your program? 8

4. Do any of the children have special needs or developmental delays? If so, please indicate how the grant funding will support their care and supervision.

Please Note: Privacy protections in various federal and state laws apply to children in child care. You should receive permission from parents prior to releasing any information regarding a child in child care.

Yes I do, I do have permission from parents that any material I buy to help their children learn and grow and develop socially, emotionally, physical and intellectually is appreciated.

**Please return completed application to:**  
Toby Librande, City of Milpitas Child Care Coordinator  
457 E. Calaveras Blvd., Milpitas, CA 95035  
(408) 586-3203, [tlibrande@ci.milpitas.ca.gov](mailto:tlibrande@ci.milpitas.ca.gov)

**received**  
21409

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

~~3~~ Parent(s) live and work in Milpitas - ~~4~~ Kids  
~~1~~ Parent(s) live in Milpitas but work in another City 3 Kids  
Parent(s) live in another City but work in Milpitas  
~~1~~ Parent(s) do not live or work in Milpitas 1 Kid  
5 parents = 8 Kids

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

Milpitas Alliance for better childcare

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

7 AM to 5:30 PM Days of the week: Monday - Friday

8. Is your program accredited? NO

If yes, by what organization?

If no, do you have plans to become accredited? NO

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

I adhere to licensing regulations and provide a pre school program and fieldtrips  
Books, painting, crafts.

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

ASK parents to help

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

12 consecutive years - beginning fiscal year 1996 - 1997

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

NO We don't have the extra liability insurance, I get the parents to sign a Waiver. My environment is very safe and I use close supervision of all children.

⇒ 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  
457 E. Calaveras Blvd., Milpitas, CA 95035  
(408) 586-3203, tlibrande@ci.milpitas.ca.gov



**City of Milpitas  
Family Child Care Assistance Fund  
Grant Application**

Name of Applicant: Yan Ding

Address: 919 Decoto Ct.

City: Milpitas State: Ca Zip: 95035

Home Telephone: (408) 942-6911 Email: yan ding99@yahoo.com

Department of Social Services Community Care Licensing Facility #: 434407532

⇒ Please attach a copy of your license to this application

Date License first issued: 3/30/04

1. What services or supplies do you want to purchase? How will this enhance the program quality of your family child care home?

I want to buy more workbooks and activity materials to enhance the children's learning skills. Also, I would buy toys and other things for entertainment so the children can have fun and express themselves. I also need more tables, chairs, etc. so the children feel more comfortable.

2. Amount you are requesting \$ 500.00

3. How many children are currently enrolled in your program? 4

4. Do any of the children have special needs or developmental delays? If so, please indicate how the grant funding will support their care and supervision.

Please Note: Privacy protections in various federal and state laws apply to children in child care. You should receive permission from parents prior to releasing any information regarding a child in child care.

I have 1 child with special needs and developmental delays. This child isn't social so I will buy some toys for group activities so he can become more social and open to the other kids.

**Please return completed application to:**  
Toby Librande, City of Milpitas Child Care Coordinator  
457 E. Calaveras Blvd., Milpitas, CA 95035  
(408) 586-3203, [tlibrande@ci.milpitas.ca.gov](mailto:tlibrande@ci.milpitas.ca.gov)

**received**  
8-14-09 (6)

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

- 10 Parent(s) live and work in Milpitas
- 2 Parent(s) live in Milpitas but work in another City
- 2 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.

4-C  
Milpitas Alliance for better child care

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

8:00 AM to 7:30 PM Days of the week: Mon Tues Wed Thurs Fri

8. Is your program accredited? Yes

If yes, by what organization? City of Milpitas Recreation Service

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).

I do not particularly follow the guide lines above; however, to ensure the quality of my daycare, I have continuously provided the children with new and existing learning materials while challenging them to reach their highest potential. I also ensure 2 full and nutritious meals every day as well as time to play in the fresh air

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

The plan will be held until we have enough money

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

2000, 2002, 2003, 2004, 2005, 2008

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

We don't have Liability Insurance, but, I keep my daycare's environment very safe. On top of that, I ask my helper to watch kids all the time

⇒ **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  
457 E. Calaveras Blvd., Milpitas, CA 95035  
(408) 586-3203, [tlibrande@ci.milpitas.ca.gov](mailto:tlibrande@ci.milpitas.ca.gov)



9/26/2007

City of Milpitas  
Family Child Care Assistance Fund  
Grant Application

Name of Applicant: LISA L. Hodges

Address: 902 Dempsey Road

City: Milpitas State: CA Zip: 95035

Home Telephone: 408-656-1764 Email: blthodges@hotmail.com

Department of Social Services Community Care Licensing Facility #: 434409402  
⇒ Please attach a copy of your license to this application

Date License first issued: 10/10/06

1. What services or supplies do you want to purchase? How will this enhance the program quality of your family child care home?

I have 2 toddlers starting here in Aug/Sept. I need to purchase 2 more playpens (for naps) and booster seats for them to use. I also need more games, arts + crafts materials and educational toys for younger children. I would also like to purchase some sing-a-long and dance-along DVD's for children of this age group so they have more activities to do when it is too hot or too cold/raining to go outside + play.

2. Amount you are requesting \$ 500.-

3. How many children are currently enrolled in your program? 4

4. Do any of the children have special needs or developmental delays? If so, please indicate how the grant funding will support their care and supervision.

Please Note: Privacy protections in various federal and state laws apply to children in child care. You should receive permission from parents prior to releasing any information regarding a child in child care.

no special needs children at this time

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)

received  
7/15/09 (82) 6/5/2008

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

- 2 Parent(s) live and work in Milpitas
- 2 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.

Milpitas Alliance for Better Childcare

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

6 AM to 6 PM Days of the week: M-F

8. Is your program accredited? NO

If yes, by what organization? N/A

If no, do you have plans to become accredited? Not At this time

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

NONE

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

use personal funds as they become available

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

2007 + 2008

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

Yes - STATE FARM INSURANCE CO.

⇒ **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)

6/5/2008

**City of Milpitas  
Family Child Care Assistance Fund  
Grant Application**

Name of Applicant: Kim Hagman

Address: 221 Greentree

City: Milpitas State: Ca Zip: 95035

Home Telephone: 408 263 2041 Email: \_\_\_\_\_

Department of Social Services Community Care Licensing Facility #: 430757017  
⇒ Please attach a copy of your license to this application

Date License first issued: 12.05.04

1. What services or supplies do you want to purchase? How will this enhance the program quality of your family child care home?

Mother Goose time, preschool program, help kids emotionally, physically and intellectually

step 2 kitchen

Materials needed to stimulate their minds

stroller

2. Amount you are requesting \$ 500.00

3. How many children are currently enrolled in your program? 5

4. Do any of the children have special needs or developmental delays? If so, please indicate how the grant funding will support their care and supervision.

Please Note: Privacy protections in various federal and state laws apply to children in child care. You should receive permission from parents prior to releasing any information regarding a child in child care.

**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)

**received**  
6/5/2008  
7-14-04

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

- 4 Parent(s) live and work in Milpitas
- 3 Parent(s) live in Milpitas but work in another City
- 1 Parent(s) live in another City but work in Milpitas
- 0 Parent(s) do not live or work in Milpitas

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

Milpitas Alliance for Better childcare

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

7:00 AM to 5:30 PM Days of the week: Monday - Friday

8. Is your program accredited? No

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

If no, do you have plans to become accredited? No

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

I adhere to licensing regulations and provide a preschool programs and field trips

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

Would not get it or ask the parents to help

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

1996 - 2007

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

Yes

⇒ **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)



City of Milpitas  
Family Child Care Assistance Fund  
Grant Application

Name of Applicant: Yu Ying Lai

Address: 689 Clauser Dr.

City: Milpitas State: CA Zip: 95035

Home Telephone: 408-263-8912 Email: yepp899@yahoo.com

Department of Social Services Community Care Licensing Facility #: 434409781  
⇒ Please attach a copy of your license to this application

Date License first issued: 04/06/07

1. What services or supplies do you want to purchase? How will this enhance the program quality of your family child care home?

Supplies to be purchased:  
Books, DVDs, CDs for children songs, puzzles, toys, games  
Cots, table and chairs.

It will help to educate children with DVDs, CDs, to learn new songs, basic language, numbers, and books for reading arts and crafts. It provides more tools for children to learn easily and efficiently.

Cots, top, table and chairs are to provide a better environment to sleep, rest, and eat, reading and writing and fun activities.

2. Amount you are requesting \$ 500.00

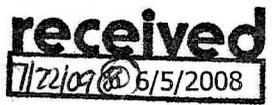
3. How many children are currently enrolled in your program? 8

4. Do any of the children have special needs or developmental delays? If so, please indicate how the grant funding will support their care and supervision.

Please Note: Privacy protections in various federal and state laws apply to children in child care. You should receive permission from parents prior to releasing any information regarding a child in child care.

No.

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



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

- 4 Parent(s) live and work in Milpitas
- 2 Parent(s) live in Milpitas but work in another City
- 2 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.

No.

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

8:30 AM to 6:30 PM Days of the week: 5

8. Is your program accredited? No.

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

If no, do you have plans to become accredited? Maybe

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

NAFCC

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

Reduce purchases

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

2008

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

Yes

⇒ **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)



**City of Milpitas  
Family Child Care Assistance Fund  
Grant Application**

Name of Applicant: Nasreen Mohammed

Address: 832 Russell Ln

City: Milpitas State: CA Zip: 95035

Home Telephone: 408 262-5582 Email: nasreen\_1965@hotmail.com

Department of Social Services Community Care Licensing Facility #: 434<sup>4</sup>07499  
⇒ Please attach a copy of your license to this application

Date License first issued: 11/4/03

1. What services or supplies do you want to purchase? How will this enhance the program quality of your family child care home?

I need a circle time rug, sleeping mats, tri-cycles, educational toys, puzzles, art supplies, stroller, books, DVDs.

All of these are required to improve the quality of day care eg circle time rug is useful for story time and any other reading time. The mats I have are worn out and I need something, if the childrens diaper leaks, it doesn't seep onto carpet. similarly the other items are either educational or to engage the children.

2. Amount you are requesting \$ 500-00

3. How many children are currently enrolled in your program? 6

4. Do any of the children have special needs or developmental delays? If so, please indicate how the grant funding will support their care and supervision.

Please Note: Privacy protections in various federal and state laws apply to children in child care. You should receive permission from parents prior to releasing any information regarding a child in child care.

No.

**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)

**received** 1/5/2008  
7/15/08 (R)

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

- 3 Parent(s) live and work in Milpitas
- 3 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.

Raising & Learning  
4 C's

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

7:30 AM to 8:30 PM Days of the week:       

8. Is your program accredited? NO

If yes, by what organization?       

If no, do you have plans to become accredited? Yes (TBD) - Taking classes at Mission College

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

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

I will use my limited resources to do what I can.

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

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

Yes through Allstate

⇒ **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)



City of Milpitas  
Family Child Care Assistance Fund  
Grant Application

Name of Applicant: Samira Samawi

Address: 1253 Fallen Leaf Dr.

City: Milpitas State: CA Zip: 95035

Home Telephone: 408-946-8173 Email: Suzie Samawi@yahoo.com

Department of Social Services Community Care Licensing Facility #: 434400940

⇒ Please attach a copy of your license to this application

Date License first issued: 10-14-2009 1994\*

1. What services or supplies do you want to purchase? How will this enhance the program quality of your family child care home?

Material convenient for me and  
kids in the day care.

2. Amount you are requesting \$ 500 or more

3. How many children are currently enrolled in your program? 10

4. Do any of the children have special needs or developmental delays? If so, please indicate how the grant funding will support their care and supervision.

Please Note: Privacy protections in various federal and state laws apply to children in child care. You should receive permission from parents prior to releasing any information regarding a child in child care.

Yes I have special needs kids.  
the material I need for Health needs and Education  
needs

\* change authorized  
by phone (fa)  
9.15.09

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)

received 6/5/2008  
7114109 (fa)

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

- 5 Parent(s) live and work in Milpitas
- 2 Parent(s) live in Milpitas but work in another City
- 2 Parent(s) live in another City but work in Milpitas
- 1 Parent(s) do not live or work in Milpitas

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

NO

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

7:00 AM to 7:30 PM Days of the week: 5-6 days

8. Is your program accredited? NO

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

If no, do you have plans to become accredited? I like to But How

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

???

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

If less help less I'd more help make

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

5 years

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

NO I dont have insurance

⇒ **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)



6/5/2008

City of Milpitas  
Family Child Care Assistance Fund  
Grant Application

Name of Applicant: Sabrina Sheikh

Address: 2095 Wellington Dr

City: Milpitas State: CA Zip: 95035

Home Telephone: 408-957-0662 Email: SabrinaSheikh@gmail.com

Department of Social Services Community Care Licensing Facility #: 434409875  
⇒ Please attach a copy of your license to this application

Date License first issued: 5/31/07

1. What services or supplies do you want to purchase? How will this enhance the program quality of your family child care home?

There are several items we have in mind to purchase. We don't believe that these items will have a positive impact on the quality of our program.

- Blocks - Manipulative skills
- Play structure for outside - Gross motor skills
- Learning activities from Lakeshore - Cognitive skills
- Toy kitchen & kitchen toys, pots, pans - Social skills
- Seat belts for and infant seats for our buggy - Outdoor/nature exposure.

2. Amount you are requesting \$ 500.00

3. How many children are currently enrolled in your program? 10-12 children

4. Do any of the children have special needs or developmental delays? If so, please indicate how the grant funding will support their care and supervision.

Please Note: Privacy protections in various federal and state laws apply to children in child care. You should receive permission from parents prior to releasing any information regarding a child in child care.

Yes, we have one child with autism. MCLC would like to purchase items such as blocks to keep him interested in new ways to further develop his manipulative and cognitive skills.

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(408) 586-3077, tlibrande@ci.milpitas.ca.gov

received  
8/21/09  
6/5/2008

first item received 8/19/09

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

- 2 Parent(s) live and work in Milpitas
- 8 Parent(s) live in Milpitas but work in another City
- 2 Parent(s) live in another City but work in Milpitas
- 0 Parent(s) do not live or work in Milpitas

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

Milpitas Childcare Alliance.

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

7 AM to 6 PM Days of the week: Monday through Friday

8. Is your program accredited? NO

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).

We currently do not use any measure but do attend Mission College and take early childhood classes. We hold a CA teacher credential for Early Childhood Education.

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

We plan on using other grants if available.

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

We received grant funding in 2008.

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

Currently, we have no liability insurance. We all state at NCLC are first aid and CPR trained also we are trained in fire safety and have a protocol for safety in case a emergency arises.

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City of Milpitas  
Family Child Care Assistance Fund  
Grant Application

Name of Applicant: Araceli Tapia

Address: 1736 Starlite Dr.

City: Milpitas State: CA Zip: 95035

Home Telephone: 408-956-1380 Email: celitapia1@gmail.com

Department of Social Services Community Care Licensing Facility #: 434408542

⇒ Please attach a copy of your license to this application

Date License first issued: 6-27-05

1. What services or supplies do you want to purchase? How will this enhance the program quality of your family child care home?

Language, Math, Books, Manipulatives, science  
Teacher/Provider resources, Arts, crafts, special needs material,  
Dramatic Play, Active Play, Sand Water, Block Play,  
Puzzles, Furniture, Rest time.

The importance of this grant will greatly improve the  
quality of daycare provided to children. They will  
develop the basic foundation necessary to excel in  
learning activities, most importantly at school,  
in the future. After all, everything we do for the  
children should be beneficial in the long term.

2. Amount you are requesting \$ 500.00 or more Thank You.

3. How many children are currently enrolled in your program? 5

4. Do any of the children have special needs or developmental delays? If so, please indicate how the grant funding will support their care and supervision.

Please Note: Privacy protections in various federal and state laws apply to children in child care. You should receive permission from parents prior to releasing any information regarding a child in child care.

N/A

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)

received  
7/23/09 @ 6/5/2008

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

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

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

NO

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

7:00 AM to 6:00 PM Days of the week: Monday to Friday

8. Is your program accredited? no

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).

Teach a curriculum: Home Preschool Program™

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

In the event that I do not receive or receive reduced amount, I will then still work with what resources I do have, and still concentrate on the childrens learning & creative thinking!

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

N/A

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

NO

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

**Please return completed application to:**

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6/5/2008

**City of Milpitas  
Family Child Care Assistance Fund  
Grant Application**

Name of Applicant: Christina Loan Tran

Address: 1191 Park Heights Dr.

City: Milpitas State: CA Zip: 95035

Home Telephone: 408-942-6636 Email: Christinatra@yahoo.com

Department of Social Services Community Care Licensing Facility #: 434409404

⇒ Please attach a copy of your license to this application

Date License first issued: 11/20/2006

1. What services or supplies do you want to purchase? How will this enhance the program quality of your family child care home?

bikes, triicycles, sand tables, and computer, and baby siter for my children when I attend some early childhood workshop, and workshop fee x  
We have a large family day care but we have only 2  
tricycles. Children in my care usually fighting over the  
bike/tricycles. I am running my daycare as an in-home preschool,  
so I need a computer for children to explore some educational  
games. Bike & triicycles are help children develop their large motor skills  
as well as eye-hand cooperation.

2. Amount you are requesting \$ 500

3. How many children are currently enrolled in your program? 14

4. Do any of the children have special needs or developmental delays? If so, please indicate how the grant funding will support their care and supervision.

Please Note: Privacy protections in various federal and state laws apply to children in child care. You should receive permission from parents prior to releasing any information regarding a child in child care.

**Please return completed application to:**  
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(408) 586-3077, [tlibrande@ci.milpitas.ca.gov](mailto:tlibrande@ci.milpitas.ca.gov)

**received**  
7/15/09 (8)

6/5/2008

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

- 12 Parent(s) live and work in Milpitas
- 2 Parent(s) live in Milpitas but work in another City
- 1 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.

Yes, It is Care programs

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

7:30 AM to 6:15 PM Days of the week: 5 days M-F

8. Is your program accredited? No

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

If no, do you have plans to become accredited? yes

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

I use the ECCERS scale to ensure my preschool program quality.

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

Asking parents / fee for donation.

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

None

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

Yes, I do have liability insurance

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6/5/2008

City of Milpitas  
Family Child Care Assistance Fund  
Grant Application

Name of Applicant: Jasmine Day care

Address: 2213 Bliss ave Milpitas

City: Milpitas State: CA Zip: 95035

Home Telephone: (408) 9841089 Email: \_\_\_\_\_

Department of Social Services Community Care Licensing Facility #: 43A4041235\*

⇒ Please attach a copy of your license to this application

Date License first issued: 07/06/01\*

1. What services or supplies do you want to purchase? How will this enhance the program quality of your family child care home?

table and fence and out door play toys

2. Amount you are requesting \$ \$500

3. How many children are currently enrolled in your program? 4

4. Do any of the children have special needs or developmental delays? If so, please indicate how the grant funding will support their care and supervision.

Please Note: Privacy protections in various federal and state laws apply to children in child care. You should receive permission from parents prior to releasing any information regarding a child in child care.

No

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

\* authorized by phone to fill these questions in. (6) 9-15-09

received  
8-19-09 8:57/2008

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.

4C

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

6 AM to 6 PM Days of the week: 5

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).

I have teaching program

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

\_\_\_\_\_

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

last year

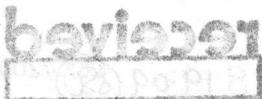
12. Do you have Liability Insurance? Indicate your safety precautions if no insurance coverage has been obtained.

No

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6/5/2008