

Family Child Care Assistance Fund Grant Applications Summary FY 2010/2011

***5**

| Provider Name & Date Application Received | Funding Request | Previous Years Funded | Serves Special Needs? | Tier 1 | Tier 2 | Tier 3 | Requested Services & Supplies |
|---|------------------|--|-----------------------|--------|--------|--------|---|
| 1. Victoria Burns 8/23/10 | \$500 | 06/07, 07/08, 08/09 | | | | ✓ | Curriculum materials (including monthly curriculum packages) and small outdoor toys. |
| 2. Janice Chaney 7/23/10 | \$500 | 96/97, 99/00, 01/02, 06/07, 07/08 | ✓ | ✓ | | | Hard back books for babies, Fisher Price Little People play sets, roll out grass, play toys for play yard, winter toys, games, reading, math, spelling books and bedding for naps. |
| 3. Sherry Clanton 8/16/10 | \$500 | Annually beginning 96/97 | ✓ | ✓ | | | Radio, books, toys, play cash register, stroller, art supplies, games, water toys and supplies, kiddie pool, puzzles, balls, U Smile cards, educational electronic games, bikes, liability insurance, playground slides, new umbrella or tarp for shade and other curriculum materials. |
| 4. Shila Desai 8/3/10 | \$500 | 06/07 | | | ✓ | | Activity toys for learning, DVD player, babies educational DVDs, backyard play toys and toys. |
| 5. Francisca Diaz 7/28/10 | \$500 | 04/05, 05/06, 07/08, 08/09 | | | | ✓ | Computer for children's use. |
| 6. Yan Ding 9/02/10 | \$500 | Annually beginning 96/97 except 97/98 & 06/07 | ✓ | ✓ | | | Workbooks, activity books, toys such as Legos for creativity and imagination, toys for group activities to support social development. |
| 7. Donna Egusa 7/19/10 | \$500 | Annually beginning 99/00 except for 07/08 & 09/10 | | | | ✓ | Learning based materials for toddlers and preschoolers, homework tools for school age children and games. |
| 8. Kim Lagman 8/16/10 | \$500 | Annually beginning 96/97 except for 08/09 | | | | ✓ | Mother Goose Preschool Program, language, literacy, science music, movement, art, stroller (double), paint and play pen. |
| 9. Yu Ying Lai 7/27/10 | \$500 | 08/09, 09/10 | | | | ✓ | Books, chairs, cots, toys, songs, puzzles, games and table for children. |
| 10. Nasreen Mohammed 8/25/10 | \$500 | 05/06, 06/07, 07/08, 09/10 | | | | ✓ | Educational toys, puzzles, educational books, educational DVDs, computer software, stroller, art supplies, table and chair set, school supplies and activities for after school children. |
| 11. Carolyn Reed 8/30/10 | \$500 | 07/08, 08/09 | ✓ | ✓ | | | New gas stove to replace old poorly operating stove (to prepare children's meals). |
| 12. Rosa Rodriguez 8/25/10 | \$500 | Never before funded | | ✓ | | | Portable shaders, playground structure, learning blocks, charts and games. |
| 13. Fauzia Salim 7/26/10 | \$500 | 04/05, 05/06, 06/07, 08/09 | | | | ✓ | Outdoor equipment (such as rocking horse, padding for ground, sport games), art and learning supplies. |
| 14. Samiha Samawi 7/15/10 | \$500 or more | Annually beginning 96/97 except for 01/02 | ✓ | ✓ | | | Educational supplies and materials. |
| 15. Sabina Sheikh 8/26/10 | \$500 | 08/09, 09/10 | ✓ | ✓ | | | Playground equipment, bicycles, playful clubhouse and 6-seater buggy. |
| 16. Araceli Tapia 8/27/10 | \$500 or more | 09/10 | | | ✓ | | Motor and balancing activity sets, music instruments, balls and books. |
| 17. J. Yousefkhachi 7/28/10 | \$500 | 07/08, 09/10 | | | | ✓ | Small chairs, mats, infant/toddler space play yard, square panels, toys and a carpet. |
| Tier Totals | | | 6 | 7 | 2 | 8 | |
| | | Weighted point value | | 2 | 1.5 | 1 | 7(2) + 2(1.5) + 8(1)= 25 points |
| | | Grant Allocations | | \$480 | \$360 | \$240 | \$6000.00/25 points = \$240 |
| | | Totals | | \$3360 | \$720 | \$1920 | \$6000 |

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: Victoria Burns
Address: 830 North Abbott Avenue
City: Milpitas State: CA Zip: 95035
Home Telephone: 408-945-7996 Email: vburns3169@aol.com
Department of Social Services Community Care Licensing Facility #: 43440821
⇒ Please attach a copy of your license to this application
Date License first issued: March 7, 2005

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 curriculum materials. These items would include monthly curriculum packages as well as support materials.

These materials will enhance my program by providing developmentally appropriate activities for me to share with the children in my care. The monthly curriculum packages provide most of the craft supplies I need as well as activities for different subject areas like math and language arts. I would also like to purchase some new small outdoor toys.

These toys will enhance my program by providing the children in my care with some new ways to extend their outdoor play.

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, none of the children I care for have special needs or developmental delays.

Continued on reverse ⇒

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

- 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
- 3 Parent(s) do not live or work in Milpitas

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

I belong to the California Association for Family Childcare (CAFCC) as well as the Milpitas Alliance for Better Childcare.

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

* 8:00 AM to 6:00 PM Days of the week: Monday - Friday

* My hours vary according to the needs of my families - these are my current hours.

8. Is your program accredited? Not at this time.

If yes, by what organization? _____

If no, do you have plans to become accredited? Most likely sometime in the future.

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 Family Day Care Environment Rating Scale (FDCRS) to ensure the quality of my program.

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

I will still purchase most of the materials, but I will need to purchase them slowly over time. I may not be able to purchase all of the materials if I do not receive the funding.

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

I received grant funding in 2006, 2007, and 2008.

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

Yes, I have liability insurance.

⇒ Please attach a copy of your current license issued by the DSS 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

X

City of Milpitas
Family Child Care Assistance Fund
Grant Application

Name of Applicant: Janice Chaney
Address: 1216 Daniel Ct-
City: Milpitas State: Ca. Zip: 95035
Home Telephone: 408-263-7630 Email: Janices_day-care@yahoo.com
Department of Social Services Community Care Licensing Facility #: 43018457
Date License first issued: 4-27-94

⇒ Please attach a copy of your license to this application (430158457) (P)

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 New reading book - hard page's for my baby's
My flip card have seen there day. I have been
Looking in to Fisher-Price Little People playsets,
Animal = farm and zoo, School, firedep. and more
I Like this becous it is helping kids imaginations
grow. I have a Nice play yard BUT!
it is all dirt. I Need roll out grass
it will take 4 @ \$53.00 each.
I need play toys for my yard. Getting
them at yard sales are all ways a
good thing. I will be needing winter
toys games, Reading / Math / Spelling Books
Bedding, for Naps,

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.

I do have a special needs baby.
and all the help I can get will help
him. He is only 3mo. old starting now
will help start his life in a good
learning Direction. I need Toy's
BOOK'S, air filters, for his breathing
and more.

Continued on reverse ⇒

7/17/2010
received
7/23/10 (6)

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
- 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.

1 Parent has 3 children
4C's / Milpitas Child Care

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

7:00 AM to 7:30 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? 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).

To ensure program quality I get
right down on the floor eye to eye
and my kids respond, and learn so
much more.

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

Shop around, ask family & friends
and just get what I can!
to ~~help~~ help me.

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

I will need help with this.
I will need to ask Toby.

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

I have a Affidavit Regarding
Liability Insurance.

⇒ Please attach a copy of your current license issued by the DSS 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

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

Name of Applicant: Sherry Clanton
Address: 226 Greentree Way
City: Milpitas State: CA Zip: 95035
Home Telephone: 408-263-6879 Email: Sherridan@comcast.net
Department of Social Services Community Care Licensing Facility #: 43075183
⇒ Please attach a copy of your license to this application 43075183 (a)
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 Radio, Books, Toys, A Cash Register - Stroller, art supplies, games, Water toys and supplies, A new pool for summer time, puzzles, Balls, V Smile Cards, Educational Electronic Games, Bikes, liability insurance, playground slides, and new umbrellas or tarp for shade.

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? 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.

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

Continued on reverse ⇒

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

- 3 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
- 1 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 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 field trips
Books, Art + 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, not at this time. ~~that~~ I get 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 DSS 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

City of Milpitas
Family Child Care Assistance Fund
Grant Application

Name of Applicant: SHILA DESAI
Address: 527 SIMAS DRIVE
City: Milpitas State: CA Zip: 95035
Home Telephone: 408-262-1779 Email: BKD784@gmail.com
Department of Social Services Community Care Licensing Facility #: 4307576883
⇒ Please attach a copy of your license to this application 430757683 Ⓜ
Date License first issued: DECEMBER 4 - 1992

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

ACTIVITY TOYS FOR LEARNING
DVD PLAYER AND Babies Education DVDs purchase.
BACKYARD PLAY TOYS
TOYS.

2. Amount you are requesting \$ 500.00

3. How many children are currently enrolled in your program? 9

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.

Continued on reverse ⇒

7/7/2010 **received**
8/3/10 Ⓜ

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

- 3 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
- 3 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?

7:30 AM to 5:30 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? No

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?

will try to provide best possible care with available resources.

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

sometimes in 2006 or 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 DSS 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

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: yanding99@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: 3/30/94

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 books to help the children's education. I want to buy more toys such as legos so that the children can have fun and use their creativity and imagination.

2. Amount you are requesting \$ 500.00

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.

I have one child with special needs and developmental delays. Because 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.

Continued on reverse ⇒

received
9/2/10 (2)

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

- 12 Parent(s) live and work in Milpitas
- 8 Parent(s) live in Milpitas but work in another City
- 0 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.

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: Monday, Tuesday, Wednesday, Thursday, Friday

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 completely follow the instruments or methods above; however, to ensure the quality of my daycare, I have continuously provided the children with learning materials to challenge them to reach their highest potential. I also provide 2 PM and nutritious meals everyday 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, 2009

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 with mats and carpets. Also, I ask my helper to watch the kids all the time.

⇒ Please attach a copy of your current license issued by the DSS 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

City of Milpitas
Family Child Care Assistance Fund
Grant Application

Name of Applicant: Donna & David Eguasa
Address: 1771 Tahoe Dr.
City: Milpitas State: CA Zip: 95035
Home Telephone: (408) 263-7136 Email: DAVE.EGUASA@SBCglobal.net
Department of Social Services Community Care Licensing Facility #: 434400954
⇒ Please attach a copy of your license to this application
Date License first issued: 9/14/94

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

more learning based materials
for toddlers and pre-school
aged children. more homework
tools for school children as well
as games to encourage cooperation
and sharing for all ages.

2. Amount you are requesting \$ 500.00 per phone w/ Donna 8/3/10 (52)

3. How many children are currently enrolled in your program? 7

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.

Continued on reverse ⇒

received
7/19/10 (52)

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

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

(1) 4C^s (2) CHOICES for children

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

6:30 AM to 6:00 PM Days of the week: M-F

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).

PAST EXPERIENCE

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

Try to put extra money aside monthly.

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

not sure of exact years

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 DSS 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

City of Milpitas
Family Child Care Assistance Fund
Grant Application

Name of Applicant: Kim Lagman
Address: 221 Greentree Way
City: Milpitas State: Ca. Zip: 95035
Home Telephone: 408 263-2041 Email: KimLagman@gmail.com
Department of Social Services Community Care Licensing Facility #: 403757017
⇒ Please attach a copy of your license to this application
Date License first issued: 12.05.94

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 preschool program, language & literacy,
Science, Music and movement and art.
Stroller (Double stroller)
paint
playpen

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.

Continued on reverse ⇒

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

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

6:30 AM to 5:45 PM Days of the week: 5 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).

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

I would ask the parents to pay more.

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 (Allstate)

⇒ Please attach a copy of your current license issued by the DSS 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

City of Milpitas
Family Child Care Assistance Fund
Grant Application

Name of Applicant: Yu Ying Lai
Address: 689 Clausey 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: 4/06/07

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, chair, cot, toys, songs, puzzles, games, table for children,

These supplies help children to learn new songs, language, numbering, math and basic reading. The supplies will provide more tools for children to learn more easily.

Other materials like cot, chair and table are used to provide better environment for children to rest, sleep, reading, and fun activities.

2. Amount you are requesting \$ 500⁰⁰

3. How many children are currently enrolled in your program? 0

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. No.

⇒ 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.

Continued on reverse ⇒

71720 (02-13) 3 of 3
received
7/27/10 (2)

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
- 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?

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.

2009

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 DSS 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

City of Milpitas
Family Child Care Assistance Fund
Grant Application

Name of Applicant: Nasreen Mohammed
Address: 832 Russell Lane
City: Milpitas State: CA Zip: _____
Home Telephone: (408) 262-5542 Email: nasreen.1965@hotmail.com
Department of Social Services Community Care Licensing Facility #: 434407499
⇒ Please attach a copy of your license to this application
Date License first issued: 11/14/03

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 educational toys, puzzles, educational books, educational DVD's, and computer software, a stroller, art supplies, a table and chairs set, school supplies, activities for after school children, and

All of these are required to improve the quality of the day care for example the educational toys, puzzles, and books will improve the children's cognitive and imaginative skills. The other items will help enhance the children's social, emotional, physical, and behavioral skills.

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

Continued on reverse ⇒

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

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

Raising a Reader, 4 C's

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

8 AM to 6 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? yes (TBD); I am 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.

2008-2009

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

yes, through All state Insurance

⇒ Please attach a copy of your current license issued by the DSS 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

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

Name of Applicant: **Carolyn (Lynn) Reed**

Address: **1230 Traugher St**

City: State: Zip: **Milpitas, CA 95035**

Home Telephone: **(408) 957-0581** Email: **clynnreed@live.com**

Department of Social Services Community Care Licensing Facility #: **434401623**

Please attach a copy of your license to this application

Date License first issued: **6/15/1995**

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 a new gas stove. My stove is over 20 years old and is not working properly. It takes a long time to heat up in order to bake anything. A couple burners don't work. A new stove will enhance my program, by allowing me to prepare the day care children meals in a timely manner.

2. Amount you are requesting **\$500.00**

3. How many children are currently enrolled in your program? **7**

4. Do any of the children have special needs or developmental delays? yes 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.

If funding is granted, my day care children will continue to receive healthy and nutritious meals on time. I will be able to prepare a variety of new baked dishes I've been waiting to try.

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

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

 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.

No

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

6:00 AM to 5:30 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?

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).

I do not qualify for accreditation, 10 children minimum.

10. What is your alternative plan if City funding is not granted or if granted at a reduced level? **I will have to use my own funds.**

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

2007 and 2008.

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

I purchased Child Care Insurance through National Care Providers Insurance, Inc.

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: Rosa Rodriguez

Address: 620 Wool Drive

City: Milpitas State: CA Zip: 95035

Home Telephone: 408-824-5544 Email: jr6rodriguez@comcast.net

Department of Social Services Community Care Licensing Facility #: 434410175

⇒ Please attach a copy of your license to this application

Date License first issued: 1-30-08

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

List of items to purchase: portable shades, play ground structure, learning blocks, charts, games.

Portable shades will be used well children are outdoors. The shades would be used over play equipment to keep the hot rays off the children while enjoying more play time outdoors.

Play ground structure will be used by all children.

Learning blocks, charts, and games will help with early education for all children in my care.

I hope to purchase shades and/or play ground structure along with other early education supplies to support quality enhancements of my business

2. Amount you are requesting \$ 500⁰⁰

3. How many children are currently enrolled in your program? 8- Small family daycare.

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

7/23/2008

received
8/25/10 (2)

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
- 0 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.

Community Child Care Council of Santa Clara
Milpitas Alliance for Better Child Care

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

7:00 AM to 7:00 PM Days of the week: Mondays - Fridays

8. Is your program accredited? N/A

If yes, by what organization? _____

If no, do you have plans to become accredited? yes in the future.

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 daily sign IN/Out forms for each children that is enrolled. I'm updated on current rules and health regulations. I am current on CPR and First Aid Certified.

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

If funding is not granted or reduced I will have to only purchase items that will be best used by children while in daycare.

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

N/A, this is my first year.

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

No, insurance. I keep a good eye on children at all times. I'm CPR and First Aid Certified.

⇒ **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

7/23/2008

City of Milpitas
Family Child Care Assistance Fund
Grant Application

Name of Applicant: Fauzia Salim
Address: 706 Clauser Dr
City: Milpitas State: CA Zip: 95035
Home Telephone: (408)946-6023 Email: fwSalim@yahoo.com
Department of Social Services Community Care Licensing Facility #: 434406410
⇒ Please attach a copy of your license to this application
Date License first issued: 08/19/02

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

Recently we remodeled the backyard, the children really
like to spend time outside. I would like to purchase
some items to add and help make their outside experience
better, such rocking horse, padding for ground and sport
game. Also I would like to buy art and learning
supplies.

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

Continued on reverse ⇒

7/7/2010

received
7/26/10 (52)

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

- 3 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
- 3 Parent(s) do not live or work in Milpitas

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

I belong to Milpitas Alliance for better Child Care and 4C's Child care program

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

8:00 AM to 6:00 PM Days of the week: M - F

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).

I use the ECCERS methods and measures for my program

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

I hope that the grant goes through, since it is a big help. However, I will try to find items at garage sale or Craigslist, but it will be difficult.

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

2003, 2005, 2006, 2008

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

Children are always supervised by adults. Children are taught safety rules and precautions.

⇒ Please attach a copy of your current license issued by the DSS 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

City of Milpitas
Family Child Care Assistance Fund
Grant Application

Name of Applicant: Jamih Samawi Suzie
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: its in your file 10/14/94 (B)

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

what confinement for me and the day
care kids.

"educational supplies and materials to
support the functioning of my program"

per phone with Samiha
7/21/10 (B)

2. Amount you are requesting \$ 500 or more

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

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" per phone with Samiha 7/21/10 (B)
making confinement for them the supply
I by.

Continued on reverse ⇒

received
7/15/10 (B)

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
- 2 Parent(s) live in another City but work in Milpitas
- 2 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?

6:00 AM to 10:00 PM Days of the week: M-F, S. some times

8. Is your program accredited? NO

If yes, by what organization? _____

If no, do you have plans to become accredited? I don't know 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?

won't help very much

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

4 years

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 DSS 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

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

Name of Applicant: Sabina Sheikh

Address: 2095 Wellington Drive

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: 5/31/2007

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

This year we would like to purchase some playground equipment: bicycles (\$119.95 - \$139.95), playbed Clubhouse (\$612.99) and buggy - 6 seater (\$895.95). ~~It~~ We feel that children gain a great deal of learning experience outside the class room, such as social skills, team work, communication. Also, children will also take part in being a physically active which promotes better health.

2. Amount you are requesting \$ 500

3. How many children are currently enrolled in your program? 12-14

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.

Yes, this year we have a child who is hearing impaired. We include all children in similar activity such as play and would like for all of them to have a chance to participate in it.

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:

- 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: Mon - Fri

8. Is your program accredited? NO

If yes, by what organization? _____

If no, do you have plans to become accredited? We would like to become accredited through NAEYC, no plans yet.

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

Currently our staff takes classes at Mission College and attends trainings.

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

We are seeking other grants if available.

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

2008, 2009

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

No, staff are trained in health & safety procedures. Also, parents sign a waiver form.

⇒ **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

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: 408-770-9035 Email: celitapia@gmail.com
Department of Social Services Community Care Licensing Facility #: 434408542 (A)
⇒ 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?

I would like to purchase - Motor and Balancing
Activity Sets
Music Instruments
Balls Books

Enhancing the quality of the program I provide.
Create unique movement's paths
will help with balance, coordination and tactile
stimulation for feet.

2. Amount you are requesting \$ 500.00 or more (A)

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.

Continued on reverse ⇒

received
8/27/10 (A)

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

- 1 Parent(s) live and work in Milpitas
- 2 ~~3~~ 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.

Milpitas Alliance for better childcare

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

6:30 AM to 6:00 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 regulation and provide a safe & loving environment

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

Continue to provide quality childcare.

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

2009

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

House Insurance

Parents sign affidavit regarding liability insurance for family childcare homes

⇒ Please attach a copy of your current license issued by the DSS 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

City of Milpitas
Family Child Care Assistance Fund
Grant Application

Name of Applicant: Jasmine Khachi
Address: 2213 Bliss ave
City: Milpitas State: CA Zip: 95035
Home Telephone: (408) 9341089 Email: _____
Department of Social Services Community Care Licensing Facility #: 434404635
⇒ Please attach a copy of your license to this application
Date License first issued: 7/6/01

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

Small chair - Mats -
infant toddlers space play yard -
Square Panels
toys - carpet

2. Amount you are requesting \$ 500

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

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.

Continued on reverse ⇒

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.

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

7 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).

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.

2009

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 DSS 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