Formulario de solicitud de Cuidado Infantil y Vuelta al Trabajo

# All

Nombre del programa:

Legal Business Name:

Tipo de programa:

* Centro de desarrollo infantil (CDC)
* Hogar de desarrollo infantil u hogar expandido (CDH o CDX)

Site Child Care License Number:

If CDC  
Main/Administrative Office Address Line

Main/Administrative Office City

Main/Administrative Office State

Main/Administrative Office ZIP Code

Main/Administrative Office Ward

Name of CEO/Executive Director:

Title of CEO/Executive Director:

Email of CEO/Executive Director:

Phone Number of CEO/Executive Director:

Is the CEO/Executive Director the main contact for this grant application?

## If not Director

Name of main contact for this grant application:

Title of main contact for this grant application:

Email address of main contact for this grant application:

Phone number of main contact for this grant application:

Name of the site seeking funding:

Dirección del centro:

Código postal del centro:

Distrito:

Número de teléfono del centro:

# If CDH/CDX

Address Line

City

State

Ward

Name of Owner/Director:

Email of Owner/Director:

Phone Number of Owner/Director:

Is the Owner/Director the main contact for this grant application?

## If not Home Provider

Name of main contact for this grant application:

Title of main contact for this grant application:

Email address of main contact for this grant application:

Phone number of main contact for this grant application:

# All

Phone Number:

Website:

Organization Type:

* Nonprofit
* For-Profit Business
* Other

¿Su programa utiliza actualmente software de gestión de cuidado infantil (Child Care Management Software, CCMS) (p. ej., Brightwheel, ProCare, HiMama)?

* Sí
* No

## If Yes CCMS

¿Qué CCMS está utilizando actualmente?

* Brightwheel
* ChildPlus Software
* Daily Connect
* Discover Childcare
* Early Learning Ventures
* Enrollsy
* EZ Care
* Family
* HiMama
* Kangarootime
* KidKare
* Kindertales
* Lifecubby
* Prime
* Procare Solutions
* Sandbox ChildCare Management
* Sawyer
* Smartcare
* Tadpoles
* Wonderschool
* Otro: nombre de otro software para la gestión del cuidado infantil.

¿Qué características de su CCMS utiliza actualmente? Seleccione todas las opciones que correspondan.

* Facturación y pagos
* Inscripción
* Registros de niños y familiares
* Contabilidad
* Informes
* Seguimiento de inmunización
* Asistencia
* Programa de alimentos para el cuidado de niños y adultos (Child and Adult Care Food Program, CACFP - facturación e informes)
* Registro de entrada/salida y seguridad
* Gestión de empleados
* Programación
* Tarjetas de registro y nómina
* Registros del personal
* Supervisión de las relaciones entre el personal y los niños
* Gestión de comidas
* Compromiso familiar (comunicación, documentación sobre el progreso del niño, etc.)
* Informes de niños
* Seguimiento de la educación (planes de lecciones, servicios, etc.)
* Marketing
* Otro: especifique otras características del CCMS que utilice.

If No CCMS

### Considering CCMS

¿Qué CCMS está considerando usar? Seleccione todas las opciones que correspondan.

* Brightwheel
* ChildPlus Software
* Daily Connect
* Discover Childcare
* Early Learning Ventures
* Enrollsy
* EZ Care
* Family
* HiMama
* Kangarootime
* KidKare
* Kindertales
* Lifecubby
* Prime
* Procare Solutions
* Sandbox ChildCare Management
* Sawyer
* Smartcare
* Tadpoles
* Wonderschool
* Otro: nombre de otro CCMS

### Not Considering CCMS/Not Sure

¿Por qué no utiliza CCMS? Elija todas las opciones que correspondan.

* No estoy familiarizado con CCMS
* Costo
* Difícil de usar
* Prefiero utilizar mis propios sistemas
* Falta de tiempo para aprender el sistema
* Falta de tiempo para implementar el sistema
* El software no está en el idioma preferido
* Otro: explique cualquier otro motivo para no utilizar CCMS

## If No CCMS

¿Cómo realiza un seguimiento de los gastos e ingresos del programa? Seleccione todas las opciones que correspondan.

* Hoja de cálculo digital (p. ej., Excel, Google Sheets, etc.)
* Software de contabilidad (p. ej., Quickbooks, Xero, etc.)
* Archivos en papel
* Contable o contable externo
* Otro: enumere otros sistemas que utiliza actualmente su programa.

## CDH/CDX

¿Cuál es el porcentaje de tiempo-espacio (T/S %) \* de su programa?

**\* Puede descargar y completar la siguiente herramienta para calcular su porcentaje de tiempo-espacio.**



[Time-Space Percentage Calculator.xlsx](https://liifund-my.sharepoint.com/:x:/g/personal/samorim_liifund_org/EVcnABbtuPlMiEOiENAx7jQB8AVWRZqx1gPjahnLDVaiqQ?e=xspvFi)

Puede encontrar información adicional sobre cómo calcular su porcentaje de tiempo-espacio aquí: [www.takingcareofbusiness.squarespace.com/blog/the-time-space-percentage-quiz](http://www.takingcareofbusiness.squarespace.com/blog/the-time-space-percentage-quiz).

Si desea ayuda para calcular su porcentaje de tiempo-espacio, envíenos un correo electrónico a [childcareDC@liifund.org](mailto:childcareDC@liifund.org)**.**

### If yes

¿Cuál es el porcentaje de tiempo-espacio de su programa?

# All

¿Cuál es el costo por niño\* de su programa?

**\* Puede descargar y completar la siguiente herramienta para calcular su costo por niño.**



[Cost Per Child Calculator.xlsx](https://liifund-my.sharepoint.com/:x:/g/personal/samorim_liifund_org/EfDGRO48rxJHlLUiBc1iZ7wB96UXAqq9o4nsHdXL06dMcA?e=ekwBAU)

You can find additional information about how to calculate your cost per child here: [www.famly.co/blog/child-care-cost-per-child](https://www.famly.co/blog/child-care-cost-per-child).

If you would like assistance calculating your cost per child, please email [childcareDC@liifund.org](mailto:childcareDC@liifund.org)**.**

¿Cuál es la tasa de incumplimiento en los pagos (porcentaje de cargos impagos por mes) de su programa? Si no conoce esta información, puede responder “No lo sé”.

¿Cuál es la tasa de pago atrasado (porcentaje de cargos pagados después de la fecha de vencimiento por mes) de su programa? Si no conoce esta información, puede responder “No lo sé”.

# All

¿Cómo se comunica con las familias y los tutores de los niños en su programa? (Seleccione todas las opciones que correspondan).

* Conversación cara a cara
* Boletín informativo
* Tablero de anuncios
* Notas que van al hogar con los niños
* Sitio de Internet
* Correo electrónico
* Llamadas telefónicas
* Mensajes de texto
* Redes sociales
* Aplicación especializada
* Otro: especifique otros métodos para comunicarse con los padres y tutores.

Facility Ownership Status:

* Lease
* Own

## If Leased

What is your monthly lease payment?

¿Debe algún alquiler atrasado o tiene pagos de alquiler vencidos?

Date the lease expires:

Name of Property Owner:

## If Owned

Has your mortgage been paid in full?

* Yes
* No

### If mortgage not paid in full

What is your monthly mortgage payment?

¿Actualmente adeuda algún pago hipotecario o tiene pagos hipotecarios vencidos?

Debt remaining on mortgage:

# All

In an average month, what does it cost to heat or cool your facility?

Total Indoor Square Footage:

Total Outdoor Square Footage:

Annual Child Care Program Operating Budget (for all programs/sites):

¿Cuál es la designación actual de Capital Quality de su programa?

* Preliminar
* En desarrollo
* En progreso
* Calidad
* Alta calidad

¿Qué apoyos serían útiles para que su programa progrese en su designación de Capital Quality?

¿Quién es su facilitador de calidad?

# License & Enrollment

What is your total licensed capacity?

What is your total current enrollment?

What is your licensed capacity for infants?

What is your total current enrollment for infants?

What is your licensed capacity for toddlers?

What is your total current enrollment for toddlers?

What is your licensed capacity for preschool-aged children?

What is your total current enrollment for preschool-aged children?

What is your licensed capacity for school-aged children?

What is your total current enrollment for school-aged children?

What types of services does this site offer?

* Full Time
* Part Time
* Non-Traditional
* Out-of-School-Time Care

Opening time:

Closing time:

Yearly operational days?

Does this site specialize or have a focus on serving children with special needs?

* Yes
* No

If Yes - Describe how your program specializes in serving children with special needs:

Does this site specialize or have a focus on serving families that are culturally and linguistically diverse?  
(e.g., dual language learners)

* Yes
* No
* If yes - Describe how your program specializes in serving families that are culturally and linguistically diverse:

Does this site specialize or have a focus on serving children in foster care, experiencing homelessness, or whose families participate in Temporary Assistance for Needy Families (TANF) or Supplemental Nutrition Assistance Program (SNAP)?

If Yes question above:  
Describe how your program specializes in serving children in foster care, experiencing homelessness, or whose families participate in TANF or SNAP?

Cargue una descripción narrativa de la misión/visión/historial de su programa, para qué está buscando financiación y cuánta financiación cree que necesitaría para cumplir su visión y mantener un programa financieramente sostenible y de alta calidad.

Please upload your current operating budget:

Please upload lease, deed or other evidence of site control:

Please upload a copy of the license for your site:

Annual audit, financial statement reviewed by auditor

Proof of 501(c)(3) or 501(c)(5)

**CEO/Owner Demographic Information**

**Your answers to these questions will not affect your application’s priority status or award determination. Answering these questions helps LIIF better understand and advocate for the needs of child care programs.**

What is your gender?

* Female
* Male
* Non-binary
* Prefer to self-describe. Please describe.
* Prefer not to answer

Please indicate your ethnicity:

* Hispanic, Latino, Latina, or Latinx
* Not Hispanic, Latino, Latina, or Latinx
* Prefer not to answer

Please indicate your race:

* Asian or Asian American
* Black, African-American, or African
* Latino, Latina, or Latinx
* Indigenous, First American, or Native American
* Native Hawaiian or other Pacific Islander
* White
* An identity not specified here (feel free to specify); Feel free to specify:
* Prefer not to answer

What is your gross income as listed in Line 7 of Schedule C of your most recent tax return?

**Certification & Permission**

I certify that the information provided in this application is true, complete and correct. I give permission to the Low Income Investment Fund (LIIF) to share information contained in my application with the Office of the State Superintendent of Education (OSSE), members of the Access to Quality Child Care Grant program advisory committee, District of Columbia Government and other entities as needed.

By typing my name below, I agree that the information above is true, complete, and correct.

First Name

Last Name

⚠️ You are about to submit your application. ⚠️

Please go back and review your material and answers and double check that all attachments are correct and current. You will receive an email confirmation when your application has been successfully submitted.

Please check your email to confirm receipt. If you do not receive a confirmation email, be sure to check the following:

* The junk/spam filters for your email account
* Check which email address you used to set up your Submittable account
* Make sure you have submitted the application and that it is not still saved as a draft
* **Be sure the email address associated with your Submittable account has been entered correctly.**

**If you do not receive the confirmation email within 15 minutes, you will not receive other important information.**