BCDI

Philadelphia & Vicinity
An Affiliate of National Black Child Development Institute

FAMILY CHILD CARE CERTIFICATION AND LICENSURE APPLICATION

DEMOGRAPHIC INFORMATION

First Name _____Last Name_____

Child Care Business Name_____

Email *(required)* _____
(Please note that this email address will serve as the primary mode of communication for all matters related to this application.)

Phone *(required)*_____

Address _____

City _____State _____Zip Code _____

GETTING TO KNOW YOU

How were you made aware of the BCDI Philadelphia & Vicinity Initiative? Please check all that apply:
[ ] Social Media [ ] ELRC [ ] DHS [ ] Friend [ ] Provider [ ] Other _____

[ ] Yes [ ] No — Have you previously worked with CCIS/ELRC?
[ ] Yes [ ] No — Have you registered with the YMCA before?

How many years of experience do you have working with children? _____years.

[ ] Yes [ ] No — Are you currently taking care of children who are not related to you?
[ ] Yes [ ] No — Do you have any physical limitations that could affect your childcare ability? If yes, briefly describe:
_____

[ ] Yes [ ] No — Do you own or lease your home?

Briefly provide information about your childcare certifications: _____
_____
_____

[ ] Yes [ ] No — Are you considering starting a Family Child Care program?
[ ] Yes [ ] No — Have you conducted a needs assessment for your prospective business?
[ ] Yes [ ] No — Is your program licensed and certified?
[ ] Yes [ ] No — Are you searching for additional resources?

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Please provide information about the facilities in your home, such as the number of rooms and the yard space available.
Please share your experience working with groups of children.

Please provide a list of the schools or colleges you have attended, including their names and addresses.	Date of Attendance	What is your highest level of education?

Starting with the MOST RECENT, List Your Former Employers:

Name and Address	Time Employed	Position/Title	Reason for Leaving

Professional Background References *(Casual Acquantenances or Relatives Not Permitted)*

First and Last Name	Complete Address	Phone	Occupation

This application for the child care contractor has been developed with the understanding that an investigation may be made whereby information is verified through interviews with your neighbors, friends, or others with whom you are acquainted. This inquiry includes information about your character, general reputation, personal characteristics, and mode of living. You have the right to make a written request within a reasonable period to receive additional, detailed information about the nature and scope of this investigation. The contract is understood to be predicated on the truthfulness of statements made in this application. Falsification/ misrepresentation of the information requested on this application will be sufficient cause for contract termination regardless of when such facts may be discovered.

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BUSINESS RESOURCES

What types of business support do you need to successfully open your Family Child Care program? *(Please select all that apply)*

- ☐ Developing a Budget
- ☐ Personnel Cost Allocation and Staff Plans
- ☐ Financial Record Keeping
- ☐ Staff Benefits and Salaries
- ☐ Blended Funding Streams
- ☐ Marketing and Recruitment of Families
- ☐ Financial Planning – Business Plan
- ☐ Basic Technology
- ☐ Marketing and Recruitment of Staff
- ☐ Technical Assistance Using of Data System
- ☐ Managing Payroll
- ☐ Tax Compliance
- ☐ Other, Please Specify:_____

PROGRAM RESOURCES

Which program resources to you need support? *(Please select all that apply)*

- ☐ Serving Children with Disabilities
- ☐ Supporting Children with Challenging Behaviors
- ☐ Early Childhood Mental Health Consultation
- ☐ Outcomes Assessment
- ☐ Referrals to Early Intervention Services
- ☐ Developmentally Appropriate Practices
- ☐ Developmental Screening
- ☐ Curriculum and Instructional Supports
- ☐ Family Engagement
- ☐ Kindergarten Transition
- ☐ Nutrition and Food Access
- ☐ Dual Language Learners
- ☐ Trauma-Informed Practices
- ☐ Other, Please Specify:_____