



**BOARD**  
**DARIN LOUGHREY, President**  
**ALAN BATTENFIELD, Vice President**  
**IRA GLASKY, Clerk**  
**RUTH ANDERSON, Member**  
**LYNN SCHOTT, Member**

Dear Prospective Applicant:

The Irvine Child Care Project is requesting proposals from licensed nonprofit child care providers interested in operating licensed school age child care at Beacon Park School beginning August 2016. Beacon Park School will have a projected enrollment of 1,000 students in transitional kindergarten (TK) through eighth grade when it is fully enrolled. A projected beginning enrollment of approximately 400 to 500 students is expected for August 2016.

Please review all of the material before you begin the application process, and be aware of the following:

- Only non-profit groups will be considered;
- The child care program will serve between 70 and 100 children in transitional kindergarten through sixth grade daily and must provide both before and after school care on school days, and full day programs when school is not in session;
- Beacon Park School will be on a regular school schedule (not year round);
- The Irvine Child Care Project will provide approximately 3,400 square feet of facility for child care program use including three classrooms, three restrooms and storage in a permanent facility. The approximate monthly rental fee of \$5,932.38 includes maintenance, custodial services, and utilities. The permanent facility will be attached to an Irvine Unified School District gymnasium;
- The Irvine Child Care Project will monitor the program annually. Renewal of the program lease is contingent upon meeting Irvine Child Care Project program quality standards; and
- Services will begin at the start of the 2016/17 school year.

When completing the application, answer all sections completely. Keep the sequence of items in the same order as presented in the application and tab each section. Please use only the forms provided for the start-up and monthly operational budgets.

Additional attachments and any supporting materials to the application, including staff and parent handbooks or letters of support may be included in a tabbed attachment section.

One completed original application, clearly marked and seven (7) copies are due on or before 5:00 p.m., Thursday, March 10, 2016; no late, incomplete, e-mailed or faxed applications will be accepted. Mailed applications must be received by March 10 to be accepted.

Deliver completed application packets to:

Irvine Child Care Project  
Attn: Traci Stubbler  
Child Resource Center  
14341 Yale Avenue  
Irvine, CA 92604-1901

Applications will be available both in hard copy from the Irvine Child Care Project office at 14341 Yale Avenue and electronically at the City of Irvine's website at [cityofirvine.org/iccp](http://cityofirvine.org/iccp). Application submissions will only be accepted in hard copy format. The following is the timeline for the applicant selection process:

|                             |  |
|-----------------------------|--|
| March 10, 2016, 5:00 p.m.   | Applications due to:<br>Irvine Child Care Project<br>Attn: Traci Stubbler<br>Child Resource Center<br>14341 Yale Avenue<br>Irvine, CA 92604-1901<br>(Late, faxed or emailed applications will not be accepted) |
| March 21- March 25          | Selection Committee Review of Applications   |
| Week of April 4 or April 11 | Applicant Interviews   |
| May 9, 2016                 | Notification of Provider Selection   |

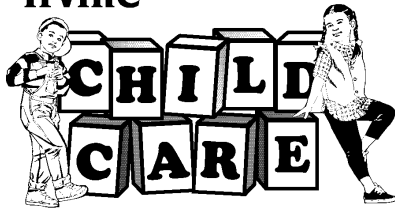
If you have any questions, please feel free to contact me via phone at 949-724-6635 or email at [tstubbler@cityofirvine.org](mailto:tstubbler@cityofirvine.org).

Sincerely,

*Traci Stubbler*

Traci Stubbler  
ICCP Administrator

Irvine



Project

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IRVINE CHILD CARE PROJECT

APPLICATION FOR OPERATION OF CHILD CARE FACILITIES

Identifying Information

Name of Non-Profit Organization: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City Zip

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Legal Status: \_\_\_\_\_

List Names of Governing Board (indicate profession and/or relationship to the program):

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

I hereby certify that the information provided in this application is true and correct, to the best of my knowledge:

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Please respond to the following items in the sequence provided and number the pages in sequential order. Please use tabs to separate each section. Adjustment to spacing is allowed. Identify each section and question with the appropriate title and same numbering so reviewers can easily locate information in the packet.

If this application is selected, it will become an attachment to the lease agreement the agency will be required to sign. The Irvine Child Care Project Board members' expectations are that the overall quality of the program described in this application will be maintained throughout the term of the agreement.

Questions will be taken until March 9, 2016. Questions can be asked via phone or e-mail to Traci Stubler at (949) 724-6635 or [tstubler@cityofirvine.org](mailto:tstubler@cityofirvine.org).

1. **INTRODUCTION**

Briefly describe your organization for the review panel.

2. **ADMINISTRATION** (25 points possible)

- a. Staffing Describe hiring criteria. (Staffing requirements that meet the Child Development Permit Matrix are desirable).
- b. Personnel Describe personnel policies. Attach a copy of your Board-approved policies.
- c. Licensing History Provide detailed information regarding any type A licensing violations received by the agency at the state or local level over the past five years. Provide detailed information on what corrective action was taken to prevent future violations. Include the following additional information:  
  
Have any centers had a license revoked?  
Have any centers been placed on probation?  
Are there any pending cases regarding potential revocation of a license?
- d. Employee Performance Describe staff evaluation practices.
- e. Health and Safety Describe daily health and safety procedures and emergency procedures. Attach a copy of your Board approved safety and emergency procedures.
- f. Collaboration with School Describe plans for partnering with school principal and teaching staff.
- g. Staff Development Describe staff training program and opportunities for continuing education.

3. **CHILDREN'S PROGRAM** (35 points possible)

Irvine Child Care Project program quality standards recognize learning continues beyond the formal school day. Please address the following points:

- a. Purpose List goals for children in the proposed program. Describe program objectives, stated in observable and measurable terms.
- b. Philosophy Discuss program philosophy. Describe how philosophy relates to goals stated above (in 3a).
- c. Environment Describe the proposed program environment. Include organization of space, materials, furnishings and equipment.

- d. Schedules                      Include daily schedule samples for before- and after- school care, and for full-day programs when school is not in session.
  
- e. Programming                 Discuss plans to enhance, support and enrich children’s total learning experiences through the following program components:
  - i. Social-Emotional Development
  - ii. Physical Development
  - iii. Cognitive Development (including opportunities for creativity, critical thinking and the arts)
  - iv. Provide specific examples of how the proposed program will support:
    - iv.a. Awareness and support of cultural diversity
    - iv.b. Inclusion of children with special needs
    - iv.c. Older children (e.g. grades 4-6)
    - iv.d. Homework assistance

4. **PARENT INVOLVEMENT AND PARENT EDUCATION** (10 points possible)

Describe proposed program approach to staff/parent partnerships (e.g. parent education, parent involvement, communication of child(ren)’s progress and parent concerns).

5. **COMMUNITY INVOLVEMENT** (5 points possible)

Describe how the program will identify and provide referrals for families in need. Describe plans for creating opportunities for community service.

6. **BUDGET** (15 points possible)

- a. Start-up Costs                 Submit proposed start-up budget, using attached Proposed Start-up Budget Form.
  
- b. Operations                     Submit proposed annual operations budget, using attached Proposed Annual Budget Form.
  
- c. Tuition Fees                    Submit proposed fee schedule.
  
- d. Scholarships                   Describe scholarship opportunities in detail for income-eligible families. Include: agency plan to assist families needing tuition assistance and funding sources available.

## Proposed Start-up Budget Form

Program Name:

| CATEGORY                                | AMOUNT | DETAIL |
|---|--------|--------|
| <b>INCOME</b>                           |        |        |
| Parent Program Fees                     |        |        |
| Other                                   |        |        |
| <b>TOTAL:</b>                           |        |        |
| <b>EXPENSES</b>                         |        |        |
| <b>Wages and Salaries:</b>              |        |        |
| Director                                |        |        |
| Teacher(s)                              |        |        |
| Aide(s)                                 |        |        |
| Other                                   |        |        |
| <b>TOTAL:</b>                           |        |        |
| <b>Employee Benefits:</b>               |        |        |
| FICA                                    |        |        |
| Health Insurance                        |        |        |
| SUI                                     |        |        |
| Worker's Comp                           |        |        |
| Other (provide detail)                  |        |        |
| <b>TOTAL:</b>                           |        |        |
| <b>Supplies and Equipment:</b>          |        |        |
| Office Supplies                         |        |        |
| Maintenance/Repair                      |        |        |
| Printing/Reprographics                  |        |        |
| Advertising                             |        |        |
| Staff Training Materials                |        |        |
| Program Supplies                        |        |        |
| Furniture/Equipment                     |        |        |
| Food                                    |        |        |
| Kitchen Supplies/Food Service Materials |        |        |
| Other (provide details)                 |        |        |
| <b>TOTAL:</b>                           |        |        |
| <b>Other Operating Expenses:</b>        |        |        |
| Management Fees                         |        |        |
| Travel                                  |        |        |
| Mileage                                 |        |        |
| Training/Conferences                    |        |        |
| Consultant Services                     |        |        |
| Liability/Property Insurance            |        |        |
| Auto/Bus Insurance                      |        |        |
| Accident Insurance                      |        |        |
| Rent                                    |        |        |
| Telephone                               |        |        |
| Licenses/Related Fees                   |        |        |
| Other (provide details)                 |        |        |
| <b>TOTAL:</b>                           |        |        |

Please limit financial information to this page only.

## Proposed Annual Program Budget Form

**Program Name:**

| CATEGORY                                | AMOUNT | DETAIL |
|---|--------|--------|
| <b>INCOME</b>                           |        |        |
| Parent Program Fees                     |        |        |
| Other                                   |        |        |
| <b>TOTAL:</b>                           |        |        |
| <b>EXPENSES</b>                         |        |        |
| <b>Wages and Salaries:</b>              |        |        |
| Director                                |        |        |
| Teacher(s)                              |        |        |
| Aide(s)                                 |        |        |
| <b>TOTAL:</b>                           |        |        |
| <b>Employee Benefits:</b>               |        |        |
| FICA                                    |        |        |
| Health Insurance                        |        |        |
| SUI                                     |        |        |
| Worker's Comp                           |        |        |
| Other (provide detail)                  |        |        |
| <b>TOTAL:</b>                           |        |        |
| <b>Supplies and Equipment:</b>          |        |        |
| Office Supplies                         |        |        |
| Maintenance/Repair                      |        |        |
| Printing/Reprographics                  |        |        |
| Advertising                             |        |        |
| Staff Training Materials                |        |        |
| Program Supplies                        |        |        |
| Furniture/Equipment                     |        |        |
| Food                                    |        |        |
| Kitchen Supplies/Food Service Materials |        |        |
| Other (provide details)                 |        |        |
| <b>TOTAL:</b>                           |        |        |
| <b>Other Operating Expenses:</b>        |        |        |
| Management Fees                         |        |        |
| Travel                                  |        |        |
| Mileage                                 |        |        |
| Training/Conferences                    |        |        |
| Consultant Services                     |        |        |
| Liability/Property Insurance            |        |        |
| Auto/Bus Insurance                      |        |        |
| Accident Insurance                      |        |        |
| Rent                                    |        |        |
| Telephone                               |        |        |
| Licenses/Related Fees                   |        |        |
| Other (provide details)                 |        |        |
| <b>TOTAL:</b>                           |        |        |

**Please limit financial information to this page only.**