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STEP Family Child Care Application

For Office Use Only

Confirmation: ☐Call ☐Email

Application Date Received: _____

Application: ☐Complete ☐Incomplete

CCLD Office: ☐NW ☐E ☐Passed ☐Failed

Date Sent: _____ Received: _____

☐ Program referred to Orientation

1. Family Child Care Facility Name: _____

(As shown on child care license)

2. Address: _____ _____ _____

(Number and Street) *(City)* *(Zip Code)*

3. Child Care License Number: _____

4. License Effective Date: ____/____/____ *MM DD YY*

5. License Capacity: _____children

6. Does your child care business operate under a different name? ☐ No ☐ Yes

Doing Business As (DBA): _____

7. What days and hours is your family child care business open? *Check all that apply:*

☐ Monday ____a.m. to ____p.m.

☐ Tuesday ____a.m. to ____p.m.

☐ Wednesday ____a.m. to ____p.m.

☐ Thursday ____a.m. to ____p.m.

☐ Friday ____a.m. to ____p.m.

☐ Saturday ____a.m. to ____p.m.

☐ Sunday ____a.m. to ____p.m.

8A. In the past, has your family child care business served children that are:

☐ In foster care ☐ Receiving welfare/TANF ☐ Low-income ☐ Dual Language Learners ☐ Special Needs

8B. Is your family child care business currently serving children that are:

☐ In foster care ☐ Receiving welfare/TANF ☐ Low-income ☐ Dual Language Learners ☐ Special Needs

8C. How many children by the specific age groups do you serve:

0 yrs – less than 3 yrs_____ 3 yrs – 5 yrs_____ 6 yrs and up_____

9. Does your family child care business have a website address? ☐ No ☐ Yes

Website address: _____

10. Licensed Child Care Provider: _____ _____
(First Name) *(Last Name)*

Title: _____

Ethnicity: ☐ Alaska Native/American Indian ☐ Hispanic/Latino ☐ Multiracial
☐ Asian ☐ Pacific Islander ☐ Other
☐ Black/African American ☐ White/Caucasian ☐ Unknown

Taxpayer Identification Number (*provide only one*):

☐ Social Security Number: _____ - _____ - _____

-OR-

☐ Employer Identification Number: _____ - _____

Email: _____

Phone: (_____) _____-_____ Alternate Phone: (_____) _____-_____

11. Alternate Contact Person: _____ _____
(First Name) *(Last Name)*

Title: _____

Email: _____

Phone: (_____) _____-_____ Alternate Phone: (_____) _____-_____

12. Does your family child care business employ others? ☐ No ☐ Yes

12a. If Yes: List employee names, titles and identify their ethnicity:

Name #1:_____

Title: _____

Is this person a family member? ☐ No ☐ Yes

Ethnicity: ☐ Alaska Native/American Indian ☐ Hispanic/Latino ☐ Multiracial
☐ Asian ☐ Pacific Islander ☐ Other
☐ Black/African American ☐ White/Caucasian ☐ Unknown

Name #2: _____

Title: _____

Is this person a family member? ☐ No ☐ Yes

Ethnicity: ☐ Alaska Native/American Indian ☐ Hispanic/Latino ☐ Multiracial
☐ Asian ☐ Pacific Islander ☐ Other
☐ Black/African American ☐ White/Caucasian ☐ Unknown

13. What are your family child care business' funding sources? *Check all that apply:*

☐ Family Child Care Home Education Network

Network Coordinator: _____ _____
(First Name) *(Last Name)*

Coordinator's Phone Number: (_____) _____-_____

☐ Los Angeles Universal Preschool (LAUP)*
Note: Child care providers funded by LAUP are not eligible to participate in STEP.

☐ Alternative Payment (AP) Program or CalWORKs**
****Note: Check this box if, for example, you receive payment from your local R&R agency.***

☐ Parent fees

☐ Other: _____

14. Is your family child care business accredited by the National Association for Family Child Care (NAFCC)?

☐ Yes ☐ No

15. Which languages are spoken on a daily basis as part of your child care program?
Check all that apply:

☐ Armenian ☐ Japanese ☐ Russian
☐ Chinese ☐ Khmer (Cambodian) ☐ Spanish
☐ English ☐ Korean ☐ Vietnamese
☐ Other language: _____

16. Child Care Licensing Analyst: _____ _____
(First Name) *(Last Name)*

Analyst's Phone Number: (_____) _____-_____

17. **Attach a copy of your current child care license (issued by the Community Care Licensing Division).** You must be licensed for at least one year in order to join STEP.

☐ Yes, I have attached a copy of my current child care license to this application.

18. **Do you have liability insurance* for your child care business?** ☐ No ☐ Yes

    ***Note: If you marked "No", your program will need to purchase liability insurance soon in order to accept a STEP grant. More information about this requirement will be provided during your STEP orientation meeting.*

19. **Do you have workers compensation insurance** for your child care business?**

    ☐ No ☐ Yes

    ***Note: If you marked "No", your program will need to purchase workers compensation insurance soon (if you employ non-family members) in order to accept a STEP grant. More information about this requirement will be provided during your STEP orientation meeting.*

20. **Are you participating in the AB 212 Program (also known as the Investing in Early Educators Stipend Program)?** ☐ No ☐ Yes ☐ Not sure

21. **Are you participating in the LAUP ASPIRE Program?** ☐ No ☐ Yes ☐ Not sure

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Consent to Participate

By completing and submitting this application form, I am stating my intent to fully participate in STEP. I have read this application packet in its entirety, understand and agree to comply with STEP's participation requirements as stated therein.

Print Name: _____ **Date:** _____

Signature: _____