



# 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 Since:** \_\_\_\_/\_\_\_\_/\_\_\_\_ (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

\*\*\*\*\*

### 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:** \_\_\_\_\_