



## STEP FCC RENEWAL APPLICATION FY 2012-13

1. Family Child Care Facility Name: \_\_\_\_\_  
(As shown on child care license)
2. Licensed Child Care Provider: \_\_\_\_\_  
(First name) (Last Name)
3. Email: \_\_\_\_\_
4. Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ 5. Cell Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_
6. Alternate Contact Person: \_\_\_\_\_  
(First name) (Last Name)
7. Alternate's Email: \_\_\_\_\_ 8. Alternate's Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_
9. Has your license number changed since you received your initial STEP rating?:  No  Yes (If yes, answer questions 9a – 9d. If no, go to question 10).
- 9a. New license number: \_\_\_\_\_ 9b. License effective date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
MM DD YY
- 9c. New license capacity (check one only):  6  8  10  12  14
- 9d. Please attach a copy of your new child care license.  **Yes, I have attached it to this application.**
10. Does your child care business operate under a name different from its license?  No  Yes
- 10a. Doing Business As (DBA): \_\_\_\_\_
11. What days and hours is your family child care business open? *Check all that apply:*
- |   |   |  |   |
|---|---|--|---|
| <input type="checkbox"/> Monday<br>____ a.m. to ____ p.m. | <input type="checkbox"/> Tuesday<br>____ a.m. to ____ p.m.  | <input type="checkbox"/> Wednesday<br>____ a.m. to ____ p.m. | <input type="checkbox"/> Thursday<br>____ a.m. to ____ p.m. |
| <input type="checkbox"/> Friday<br>____ a.m. to ____ p.m. | <input type="checkbox"/> Saturday<br>____ a.m. to ____ p.m. | <input type="checkbox"/> Sunday<br>____ a.m. to ____ p.m.    |   |
12. Is your family child care business currently serving children that are:
- |   |  |                                     |  |   |
|---|--|-------------------------------------|--|---|
| <input type="checkbox"/> In foster care | <input type="checkbox"/> Receiving<br>welfare/TANF | <input type="checkbox"/> Low-income | <input type="checkbox"/> Dual Language<br>Learners | <input type="checkbox"/> Special<br>Needs |
|---|--|-------------------------------------|--|---|
13. How many children per the following age groups are you currently serving:
- 0 yrs – less than 3 yrs \_\_\_\_\_ 3 yrs – 5 yrs \_\_\_\_\_ 6 yrs and up \_\_\_\_\_
14. Does your family child care home business have a website address?  No  Yes
- Website address: \_\_\_\_\_

15. What is the ethnicity of the licensed child care provider of this family child care home?

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

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

- Family Child Care Home Education Network
- Los Angeles Universal Preschool (LAUP)\*
- 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: \_\_\_\_\_

17. Are you participating in the AB 212 Program (also known as the Investing in Early Educators Stipend Program)?  No  Yes  Not Sure

18. Are you participating in the LAUP Aspire Program?  No  Yes  Not Sure

19. Please rate to what extent the following STEP quality improvement supports motivated you to renew your STEP rating. Use the following scale:

1	2	3	4	5
Not motivating		Somewhat motivating		Extremely motivating

- A. Biannual STEP Quality Renewal Rating.....  1     2     3     4     5
- B. STEP Continuing Education Grant.....  1     2     3     4     5
- C. STEP Quality Improvement Grant.....  1     2     3     4     5
- D. Quality Improvement Coaching from your local Child Care Resource & Referral (R&R) Agency's Gateways Program.....  1     2     3     4     5
- E. Publicity via STEP's Child Care Quality Rating Guide for parents.....  1     2     3     4     5

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**Consent to Renew STEP Rating**

By completing and submitting this form, I am stating my intent to renew my STEP quality rating.

Print Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(First name) (Last Name) MM DD YY

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

If you are submitting this form electronically, check this box instead of signing form to indicate consent:

**Please submit this form to the Office of Child Care by fax (213) 217-5106 or by mail to 222 South Hill Street, 5<sup>th</sup> Floor, Los Angeles, CA 90012.**

**Application deadline: December 31, 2012**