

Child Care Network of Cape Cod & the Islands

CHILD CARE CENTER/ NURSERY SCHOOL/ CAMP & SCHOOL AGE PROGRAM
QUESTIONNAIRE

Center Name: _____ Month & year program opened: _____

Type of Care: Child Care Center School Age Program Nursery School Head Start
 Public Preschool Summer Camp

Contact Person: _____

Address: _____ Town: _____ Zip: _____

Mailing Address: _____ Town: _____ Zip: _____

Phone Number: (____) _____ Fax: (____) _____ E-Mail: _____

Web address: _____

REGULATION TYPE: Child Care Center School Age Program License Exempt

Program #: _____ License #: _____ Exp. date: _____

Total Licensed Capacity: _____ Total Desired Capacity: _____ Total Vacancies: _____

What age children do you service? From: _____ To: _____

What Elementary School(s) are you closest to? _____

Transportation Services: Transportation provided Walking Distance to School
 Near Public Transportation On Public School Bus Route

Do your staff speak any language(s) other than English: Yes No

If yes, please list language(s): _____

American Sign language: Yes No

Schedule options: Part week Full week Part day Full day Before School After School
 Sick care Evening Overnight Early day Open school vacation weeks Drop in care
 Weekend Flexible Schedule Temporary/Emergency care 2nd Shift 3rd Shift
 Full Year School Year Only Summer Only

What DAYS do you offer care? Sun. Mon. Tues. Wed. Thurs. Fri. Sat.

HOURS of operation: _____ AM to _____ PM.

Special hours (such as nursery program): _____ AM or PM to _____ AM or PM

RATES

SERVICES	FULL-TIME COST	FULL-TIME UNIT (week or day or month)	PART-TIME COST	PART-TIME UNIT (hourly rate)	GROUP SIZE	NUMBER OF VACANCIES
Infant						
Toddler						
Preschool						
Kindergarten						
School Age			Before School: After School: Both:			
Nursery	3 mornings:	2 mornings:	3 afternoons:	2 afternoons:	5 mornings:	5 afternoons:

Additional Fees: (Check all that apply)

- Registration Fee Late Pick-up Fee Extended Care Fee Waitlist Fee
 Materials Fee Activities Fee

Please list HOLIDAYS that you are closed:

- New Year's Day Martin L. King Day President's Day Memorial Day Independence Day
 Labor Day Columbus Day Veteran's Day Thanksgiving Christmas

Other(s) *Please list:* _____

Do you have planned VACATION(S): Yes No If yes, when? _____

Is your center not-for-profit? Yes No

Environment: (Check all that apply)

- Adult Pool Air Conditioned Wheelchair Accessible Cats Dogs Other Pets
 No Pets Smoke Free Non-Smoking Provider Fenced Yard Peanut Free
 Uses Public Playground Outdoor Play Equipment

Meals: (Check all that apply)

- Breakfast Morning Snack Lunch Afternoon Snack Dinner
 USDA Food Program Special Meal Request Parents Provide Food

Philosophy:

- Academic Program Developmentally Appropriate Practices High/Scope Approach
 Montessori Parent Cooperative Piaget Reggio Emilia
 Religious Orientation Waldorf

Financial Assistance offered: (Check all that apply)

- Campership Head Start Community Partnership (which one: _____)
 United Way funding Voucher Private Scholarships Sliding Fee Scale
 Contracted Slots DSS Supportive Slots Sibling Discount
 Teen Parent Slot Other _____

Would you like information on these programs? Yes No

Policies: (Check all that apply)

- Written Contract Written Handbook Multi-Child Discount
- Provider Sick Allowance Provider Vacation Allowance Child Absence Allowance

Special Skills: (Check all that apply)

- Adaptive Equipment Onsite Therapy Onsite Medical Care Onsite Nurse

Safety: (Check all that apply)

- CPR current within 1 year First Aid Training Health-Related Degree Liability Insurance

Special Needs Experience/Training: (Check all that apply)

- ADHD Asthma/Allergies At risk Autism Behavioral Developmental
- Emotional/Social Feeding Tube Hearing Impairment Learning Disabilities
- Medical Condition Monitors Physical Disabilities Special Diet
- Speech/Language Visual Impairment Other _____

Training: (Check all that apply)

- Less than 12 Hours In-Service 13-40 Hours In-Service Credit-Based Training
- Health Training Early Childhood Education Training EEC Certified: _____

Experience: (Check all that apply)

- Under 1 Year Experience 1-3 Years Experience 4-9 Years Experience
- 10-20 Years Experience 21 Years + Experience Family Child Care Experience
- Child Care Center Experience Parental Experience Specials Needs Experience

Education of Center Director: (Check all that apply)

- Less than High School High School/GED Some College, Child Related
- Some College, Other Emphasis Associate's Degree, Child Related Associate's Degree, Other
- Bachelor's, Child Related Bachelor's, Other Advanced Degree
- Other _____

Accreditation/Credentials:

- NAEYC Accreditation NAEYC In Process NSACA Accreditation ACA Accreditation

Affiliations:

- Religious Hospital College Private School Public School Other _____

Do you conduct Written Child Assessments?

- Yes No

If Yes, how often? Annually Twice a Year Other _____

If Yes, which type? Ages & Stages Creative Curriculum Developmental Continuum

- High Scope Child Observation Record Work Sampling System Other _____

Disability Training:

- Own child(ren) Relative's children On-the-job training Workshops/CEUs
- Undergraduate work Graduate Degree EI program Public Schools
- Other training/experience

How would you describe your program and/or what type of activities do you offer the children? _____

Child Care Center Setting:

Non-residential Faith-based Workplace-based College-based Other

Program Options:

Full Day Kindergarten Kindergarten After School Kindergarten Wrap-Around
 Center with Nursery options Nursery School with extended day options Certified Kindergarten

Camp Activities:

Arts & Crafts Field Trips Games/Sports Special Activities Swimming
 Theme Weeks
 Other _____

Comments:

Thank you for taking the time to complete this form. If you have any questions, please contact0.

Return the completed questionnaire to:

**Child Care Network
115 Enterprise Road
Hyannis, MA 02601**