



Child Care Centers – School Age Programs – Pre School Programs

Director Name: _____

Name of Program: _____

Address: _____

City: _____ **Zip:** _____ **Phone:** _____

Mailing Address (if different than location): _____

City: _____ **Zip:** _____

E-mail Address: _____ **Website:** _____

License Type: ___ **Group child care center only** ___ **Center and School Age** ___ **School Age only**

Ages Accepted: From _____ to _____

| Age Group | License Capacity | Current <u>Full Time</u> Vacancies | Full Week Rate | Daily Rate | Other Rate |
|--|------------------|------------------------------------|----------------|------------|------------|
| Infants | | | | | |
| Toddlers | | | | | |
| Preschool | | | | | |
| Kindergarten (If your program has a certified Kindergarten) | | | | | |
| School age – B/S | | | | | |
| School age – A/S | | | | | |
| School age - full day (School Vacation) | | | | | |
| School age - full day (Summer Vacation) | | | | | |

Any additional rate information: _____

We offer part time care ___ Yes ___ Part Week ___ Part Day ___ No, we only offer Full Time

Current part time openings: # ___ infants # ___ 15 months – 2 years # ___ over 2 years
___ preschool # ___ School Age

Comments on openings: _____

Program Year: (Check only one)

- Open all year Open school-year only Open summer only

Does your program offer any of these care options?

____ Emergency back-up care ____ Respite care ____ Drop in care

Transportation (Check all that apply)

- Transportation Provided Walking Distance to School Near Public Transportation
 On Public School Bus Route Provides School Age Transportation

What Elementary school(s) do you serve? _____

Is transportation provided to / from the school? ____ Yes ____ No

If yes, to / from what schools? _____

If you offer transportation, what are the fees charged? _____

Please list ALL languages spoken by staff (including American Sign Language):

We charge the following additional fees

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

QRIS Level Granted _____ **QRIS #** _____

Program Environment (Check all that apply)

- Accepts Cloth Diapers Adult Pool Air Conditioned
 Approved Assistant Cat(s) Dog(s)
 Fenced Yard Field Trips Taken No Pets
 Other Pets Peanut Free Smoke Free
 Uses Public Playground Wheelchair Accessible

Meals (Check all that you provide or that apply to your program)

- Breakfast Morning Snack Lunch
 Afternoon Snack Dinner I belong to a Food Program
 Special Meal Request Parents Provide Food Parents Provide Lunch

We use the following Program Philosophy (Check one if appropriate)

- Academic Program High/Scope Approach Learning/Play
 Montessori Parent Cooperative Piaget

- Reggio Emilia
- Religious Orientation
- Resources for Infant Educators
- Waldorf

Financial Assistance (Check all subsidies that you accept)

- Campership
- Contracted Slots
- DCF Supportive Slots
- Headstart
- Private Scholarship
- Sibling Discount
- Sliding Fee Scale
- Teen Parent Slot
- United Way
- Other
- Voucher

We accept **Part Time Vouchers** _____ Yes _____ No

We have the following Program Policies (Check all that apply)

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

Special Skills Available In the Program (Check all that apply; program has experience with or allows for)

- Adaptive Equipment
- Onsite Therapy
- Onsite Medical Care
- Onsite Nurse

Special Needs (Check all of the following health conditions that your staff have experience working / caring for children with)

- Experience
- ADD/ADHD
- Asthma/Allergies
- At risk
- Autism Spectrum Disorder
- Behavioral
- Developmental
- Emotional/Social
- Feeding Tube
- Hearing Impairment
- Learning
- Medical Condition
- Monitors
- Parental Incapacity
- Physical
- Sensory Integration
- Special Diet
- Speech/Language
- Visual Impairment
- None
- Other

We have the following Accreditation (Check one if any apply)

- NAFCC
- NAEYC
- NSACA
- ACA
- NAEYC in process

Is your Program affiliated with any of the following? (Check all that apply)

- | | | |
|--|--|---|
| <input type="checkbox"/> Hospital | <input type="checkbox"/> College | <input type="checkbox"/> Private School |
| <input type="checkbox"/> Public School | <input type="checkbox"/> Coordinated Family & Community Engagement Council | <input type="checkbox"/> Religious |

Are you willing to assist with advocacy efforts by:

- | | | |
|--|---|--|
| <input type="checkbox"/> Being a Phone Tree Leader | <input type="checkbox"/> Being a Phone Tree Participant | <input type="checkbox"/> Write Letters |
| <input type="checkbox"/> Visit Legislators | <input type="checkbox"/> On Mailing List | |

How often are written Child Assessments completed? (Check one)

- | | | |
|-----------------------------------|---------------------------------------|------------------------------------|
| <input type="checkbox"/> Annually | <input type="checkbox"/> Twice a Year | <input type="checkbox"/> Quarterly |
|-----------------------------------|---------------------------------------|------------------------------------|

What type of Child Assessment does your program use?

- | | | |
|---|--|--|
| <input type="checkbox"/> Ages & Stages | <input type="checkbox"/> Creative Curriculum Developmental Continuum | <input type="checkbox"/> High Scope Child Observation Record |
| <input type="checkbox"/> Work Sampling System | <input type="checkbox"/> Our Own Developed Assessment | <input type="checkbox"/> Teaching Strategies Gold |
| <input type="checkbox"/> Other | | |

Center Specifics (Check all that apply)

- | | | |
|--|--|---|
| <input type="checkbox"/> Full Day Kindergarten | <input type="checkbox"/> Center with Part time Preschool Options | <input type="checkbox"/> Kindergarten Wrap Around |
| <input type="checkbox"/> Kindergarten After School | <input type="checkbox"/> PT Preschool w/extended day Options | <input type="checkbox"/> Certified Kindergarten |

The Director of the program has the following (Please check all that apply):

- _____ High School Diploma/GED _____ Child Development Associate (CDA) Credential
- _____ An Associate's Degree in _____
- _____ A Bachelor's Degree in _____
- _____ I am currently pursuing my degree in _____

Please list any other degrees/certifications you have. _____

Please share with us information about your child care environment, philosophy or daily schedule that we can include in your record for parents to read. Or you can mail or email us your brochure.

Census Bureau Questions – EEC has asked that we collect this information

No of persons on staff who are Spanish/Hispanic/Latino :

Mexican, Mexican Am., Chicano
 Puerto Rican
 Cuban
 Other Spanish / Hispanic / Latino (print group)

No of persons on staff whose race is :

White
 Black or African American
 American Indian or Alaska Native (print tribe)
 Asian Indian
 Native Hawaiian
 Chinese
 Filipino
 Japanese
 Vietnamese
 Other Asian (print race)
 Guamanian or Chamorro
 Samoan
 Other Pacific Islander (print race)
 Other race (print race)

English Ability :

Number of persons on staff who speak a language other than English at home

What languages

| Index | Staff Title | Benefits Offered | Low Pay | High Pay |
|-------|--|---------------------------------|-------------------------|-------------------------|
| 1 | Director | Annual salary range → | \$ <input type="text"/> | \$ <input type="text"/> |
| | <input type="checkbox"/> Health Insurance <input type="checkbox"/> Dental Insurance <input type="checkbox"/> Paid Vacation <input type="checkbox"/> Paid Sick Leave <input type="checkbox"/> Paid Holiday <input type="checkbox"/> Retirement <input type="checkbox"/> Paid Jury Duty <input type="checkbox"/> Disability <input type="checkbox"/> Other <input type="checkbox"/> Refused | | | |
| 2 | Lead Teacher | Staff hourly pay range → | \$ <input type="text"/> | \$ <input type="text"/> |

| | | |
|---|---|--|
| <input type="checkbox"/> Health Insurance | <input type="checkbox"/> Dental Insurance | <input type="checkbox"/> Paid Vacation |
| <input type="checkbox"/> Paid Sick Leave | <input type="checkbox"/> Paid Holiday | <input type="checkbox"/> Retirement |
| <input type="checkbox"/> Paid Jury Duty | <input type="checkbox"/> Disability | <input type="checkbox"/> Other |
| <input type="checkbox"/> Refused | | |

| | | | | |
|---|--|---|---|-------------------------|
| | Teacher | Staff hourly pay range → | \$ <input type="text"/> | \$ <input type="text"/> |
| 3 | <input type="checkbox"/> Health Insurance <input type="checkbox"/> Paid Sick Leave <input type="checkbox"/> Paid Jury Duty <input type="checkbox"/> Refused | <input type="checkbox"/> Dental Insurance <input type="checkbox"/> Paid Holiday <input type="checkbox"/> Disability | <input type="checkbox"/> Paid Vacation <input type="checkbox"/> Retirement <input type="checkbox"/> Other | |
| | <input type="text"/> Other – please fill in | | \$ <input type="text"/> | \$ <input type="text"/> |
| 4 | <input type="checkbox"/> Health Insurance <input type="checkbox"/> Paid Sick Leave <input type="checkbox"/> Paid Jury Duty <input type="checkbox"/> Refused | <input type="checkbox"/> Dental Insurance <input type="checkbox"/> Paid Holiday <input type="checkbox"/> Disability | <input type="checkbox"/> Paid Vacation <input type="checkbox"/> Retirement <input type="checkbox"/> Other | |
| | <input type="text"/> Other – please fill in | | \$ <input type="text"/> | \$ <input type="text"/> |
| 5 | <input type="checkbox"/> Health Insurance <input type="checkbox"/> Paid Sick Leave <input type="checkbox"/> Paid Jury Duty <input type="checkbox"/> Refused | <input type="checkbox"/> Dental Insurance <input type="checkbox"/> Paid Holiday <input type="checkbox"/> Disability | <input type="checkbox"/> Paid Vacation <input type="checkbox"/> Retirement <input type="checkbox"/> Other | |

What training opportunities would be most helpful to you and your staff? _____

Again, thank you for taking the time to join us in our efforts in keeping your program's information current in our data system!!

**Please return this form to: Child Care Network
 372 North Street, Hyannis, MA 02601**