

CHILD CARE RESOURCES/NACCRAWARE Early Childhood Program Profile

We are mandated by EEC to annually update every Early Education and Care program's profile in our data base. This includes all programs, whether you accept state subsidies or not, whether you belong to a Family Child Care System or not, including pre-school programs, both private and public, and School age programs, private and public school affiliated. We also need to know if you are no longer providing care. We only want to provide accurate, up-to-date information to families looking for child care and will be unable to refer your program until we have a complete update.

Please identify the type of program by circling the appropriate type:

Family Child Care Group Child Care Pre-School School Age Only Summer Camp

Director's/Owner's Name: _____ Program Name: _____

Program LOCATION Address: _____ City: _____

Mailing Address if different: _____ City: _____

Phone: _____ E-mail Address: _____

Website: _____ FAX: _____

Family Child Care: Capacity, Vacancy & Rate information

Total License Capacity		Current FT Vacancies	Full Week Rate	Daily Rate	Other Rate
	Infants				
	Toddlers				
	Preschool				
	School age				

Center-based , Camps or School Age Programs: Capacity, Vacancy & Rate information

Age Group	License Capacity	Current FT Vacancies	Full Week Rate	Daily Rate	Other Rate
Infants					
Toddlers					
Preschool					
School age – B/S					
School age – A/S					
School age - full day					
Kindergarten					

For Pre-school Programs: Capacity, Vacancy & Rate information

1 day per week	2 days per week	3 days per week	4 days per week	5 days per week
\$	\$	\$	\$	\$

Any additional rate information: _____

DO you offer part time care ____ Yes ____ No

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

Comments on openings: _____

Ages of children Accepted: From _____ to _____

Transportation:

- 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 the school? ____ Yes ____ No By bus? _____

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):

I offer these schedule options (check all that apply):

- Part week Part day Full day
- 2nd shift 3rd shift Sick care
- Evening Overnight Flexible Schedule
- Open school vacation week Full week Weekend

Schedules - Days care provided

Days: __S__M__T__W__T__F__S Hours: From _____ To _____

Evenings (if applicable): __S__M__T__W__T__F__S Hours: From _____ To _____

Program Year: (check what is applicable to your program)

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

Does your program offer any of these care options?

____ Emergency back-up care ____ Respite care ____ Drop in care ____ Holiday Care
____ Before school care ____ After school care ____ Rotating Schedules

DO you charge any Additional Fees?

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

QRIS LEVEL (if applicable)_____

Program Environment: Do you:

- | | | |
|---|--|--|
| <input type="checkbox"/> Accepts Cloth Diapers | <input type="checkbox"/> Adult Pool | <input type="checkbox"/> Air Conditioned |
| <input type="checkbox"/> Approved Assistant | <input type="checkbox"/> Cat(s) | <input type="checkbox"/> Dog(s) |
| <input type="checkbox"/> Fenced Yard | <input type="checkbox"/> Field Trips Taken | <input type="checkbox"/> No Pets |
| <input type="checkbox"/> Other Pets (please list) | <input type="checkbox"/> Peanut Free | <input type="checkbox"/> Smoke Free |
| <input type="checkbox"/> Uses Public Playground | <input type="checkbox"/> Wheelchair Accessible | |

DO you provide meals or do parents supply food? (Check all that you provide or that apply to your program) Do you participate in a USDA food program?

- | | | |
|---|---|--|
| <input type="checkbox"/> Breakfast | <input type="checkbox"/> Morning Snack | <input type="checkbox"/> Lunch |
| <input type="checkbox"/> Afternoon Snack | <input type="checkbox"/> Dinner | <input type="checkbox"/> USDA Food Program |
| <input type="checkbox"/> Special Meal Request | <input type="checkbox"/> Parents Provide Food | <input type="checkbox"/> Parents Provide Lunch |

DO you follow any particular Program Philosophy?

- | | | |
|---|--|---|
| <input type="checkbox"/> Academic Program | <input type="checkbox"/> High/Scope Approach | <input type="checkbox"/> Learning/Play |
| <input type="checkbox"/> Montessori | <input type="checkbox"/> Parent Cooperative | <input type="checkbox"/> Piaget |
| <input type="checkbox"/> Reggio Emilia | <input type="checkbox"/> Religious Orientation | <input type="checkbox"/> Resources for Infant Educarers |
| <input type="checkbox"/> Waldorf | | |

DO you offer any Financial Assistance? (check all subsidies that you accept)

- | | | |
|--|--|--|
| <input type="checkbox"/> Campership | <input type="checkbox"/> Contracted Slots | <input type="checkbox"/> DCF Supportive Slots |
| <input type="checkbox"/> Headstart | <input type="checkbox"/> Private Scholarship | <input type="checkbox"/> Sibling Discount |
| <input type="checkbox"/> Sliding Fee Scale | <input type="checkbox"/> Teen Parent Slot | <input type="checkbox"/> United Way |
| <input type="checkbox"/> Other | <input type="checkbox"/> Voucher | <input type="checkbox"/> Active Duty Military Discount |

Do you have these for your families?

- | | | |
|--|---|---|
| <input type="checkbox"/> Written Contract | <input type="checkbox"/> Written Handbook | <input type="checkbox"/> Provider Sick Allowance
(Parents pay if you are sick?) |
| <input type="checkbox"/> Provider Vacation Allowance
(parents pay while you are on vacations?) | <input type="checkbox"/> Child Absence Allowance
(Children do NOT have to pay if they are absent) | |

Special Skills Available: (check all that apply; program has experience with or allows for , such as EI)

- | | | |
|---|---|--|
| <input type="checkbox"/> Adaptive Equipment | <input type="checkbox"/> Onsite Therapy | <input type="checkbox"/> Onsite Medical Care |
| <input type="checkbox"/> Onsite Nurse | | |

Special Needs (check all that any staff have experience working with/ caring for children with any of the following special conditions)

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

Are you an accredited program?

- | | | |
|--------------------------------|---|--------------------------------|
| <input type="checkbox"/> NAFCC | <input type="checkbox"/> NAEYC | <input type="checkbox"/> NSACA |
| <input type="checkbox"/> ACA | <input type="checkbox"/> NAEYC in process | |

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

- | | | |
|--|---|---|
| <input type="checkbox"/> Local FCC Association | <input type="checkbox"/> Family Child Care System | <input type="checkbox"/> Religious |
| <input type="checkbox"/> Hospital | <input type="checkbox"/> College | <input type="checkbox"/> Private School |
| <input type="checkbox"/> Public School | <input type="checkbox"/> CFCE | <input type="checkbox"/> Other |
| <input type="checkbox"/> Support Group Leader | | |

Additional Program:

- | | | |
|---|---|-------------------------------------|
| <input type="checkbox"/> Early Head Start | <input type="checkbox"/> Pre-school Private | <input type="checkbox"/> Head Start |
| <input type="checkbox"/> Summer Camp | <input type="checkbox"/> Pre-school Public | |

How often are written Child Assessments completed? (Also called Observations or Progress Reports)

- | | | |
|-----------------------------------|---------------------------------------|------------------------------------|
| <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"/> EEC Progress Reports | | |

For Family Child Care Providers only: (continue past this section For Group Child Care,

Pre-school, School Age Child Care)

_____ Do you belong to a Family Child Care System? _____ Yes _____ No

If 'Yes' what is the name of FCC System: _____

I employ a **certified** assistant: _____ Part time _____ Full time

_____ I only use an **approved** assistant as needed _____ I do not use any assistants

What type of Family Care Setting is your program in?

_____ House _____ Apartment _____ Town House _____ Duplex _____ Multi - Family _____ Other

Is there a dedicated indoor play area for the children? _____ Yes _____ No

Do you use a car regularly during child care hours? _____ Yes _____ No

I have the following (Please check all that apply):

_____ High School Diploma/GED _____ Child Development Associate (CDA) Credential

_____ An Associate's Degree in _____

_____ A Bachelors Degree in _____

_____ I am currently pursuing my degree in _____

_____ I have taken some Early Childhood College courses

Please list any other degrees/certifications you or your staff may have (teacher, lead teacher or director certified, special education training, etc. _____

Benefits: Please check all of the benefits that you have available to you.

- | | | |
|---|---|--|
| <input type="checkbox"/> Health Insurance | <input type="checkbox"/> Dental Insurance | <input type="checkbox"/> Paid Vacation |
| <input type="checkbox"/> Unpaid Vacation | <input type="checkbox"/> Paid Sick Leave | <input type="checkbox"/> Unpaid Sick Leave |
| <input type="checkbox"/> Other | <input type="checkbox"/> Refused | |

Census Bureau Statistics:

My Race/Ethnicity is: _____ White _____ Hispanic _____ African/American _____ American Indian

_____ Asian Indian _____ Native Hawaiian _____ Chinese _____ Japanese _____ Filipino

_____ Vietnamese _____ Samoan _____ Other Asian _____ Other

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

For Group Child Care, Pre-school or School Age Child Care only:

Check all that your program offers:

- Full Day Kindergarten
- Center w/Preschool Options
- Kindergarten Wrap Around
- Kindergarten After School
- Preschool w/extended day Options
- Certified Kindergarten

Please check the highest level of education completed by the *Program Director*:

- High School Education/GED
- Associate's Degree
- Bachelor's Degree
- Advanced Degree
- CDA
- Degree related to ECE
- Degree related to health field
- Degree related to special needs
- Non-related degree
- LPN/RN

Census Bureau Statistics

Please fill in the number of staff employed that are of the following races/ethnicities: ___ White ___
Hispanic ___ African/American ___ American Indian ___ Asian Indian ___ Native Hawaiian
___ Chinese ___ Japanese ___ Filipino ___ Vietnamese ___ Samoan ___ Other Asian
___ Other

What is your program's setting? Public school setting ___ School (location) ___ Non-residential ___
Work place based ___ College Based ___ Faith based ___ Church (location) ___ Other _____

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

AGAIN, THANK YOU FOR TAKING THE TIME TO JOIN US IN OUR EFFORTS IN KEEPING YOUR PROGRAM'S INFORMATION CURRENT IN OUR DATA SYSTEM!!

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