

Provider ID: _____

Child Care Provider Survey

SECTION A:

LOCATION DEMOGRAPHIC INFORMATION:

Please note one survey must be completed for each site.

Name of Facility/Location _____ (as it appears on DPW certificate/registration)

Provider Type: Center Group Family Other legally operating program

Address Line 1 _____ Phone (____) ____ - ____ Fax (____) ____ - ____

Address Line 2 _____ Website address (if applicable) _____

City _____ State _____ Zip _____ - _____ Email _____

Referral Address

This is the information that will be printed on referrals to your facility. It can be your actual physical address or a description of the location where services are provided. Please list the telephone and email address that you would like parents who are interested in your site to use. Examples:

A: The corner of Main and 5th Streets
With ample parking
Your town, PA zip

B: 123 Main Street
Across from McDonalds
Your Town, PA zip

C: Only minutes from the turnpike entrance
Close to 95
Your Town, PA zip

D: Address Withheld
Your town, PA zip

Address Line 1 _____

Phone _____

Address Line 2 _____

Email _____

City _____ State _____ Zip _____ - _____

(Please list the information that you would like parents to use when inquiring about your child care facility.)

The following page is a sample referral. This is the format in which your facility will be listed on a referral from the CCIS. Next is a detailed referral. This detailed referral is generated based on the information you provide. It is printed for parents seeking referrals.

SECTION B:

FACILITY AFFILIATIONS:

- *Check all organizations associated with the child care facility or location. This means the organization has an agreement with the facility or location regarding the service or care provided. An affiliation DOES NOT exist if the organization rents space to the facility or location. For example, a facility or location has a relationship with a school district to serve children of students and/or teachers of that school district. This facility or location would check School District under this section.*

Check all that apply

- | | | |
|--|---|---|
| <input type="checkbox"/> Business Partners | <input type="checkbox"/> Hospital | <input type="checkbox"/> Non-Profit Agency |
| <input type="checkbox"/> School District | <input type="checkbox"/> Faith-based Organization | <input type="checkbox"/> University/College/Community College |

SECTION C:

LANGUAGES SERVED:

- *Indicate which languages are supported, spoken or taught at the facility or location.*
 - ❖ *Supported languages include any language other than those spoken or taught at the facility or location. A facility with reading materials, software, and/or videos in a specific language that is not spoken or taught at the facility or location, support that language. A facility with staff who understand a language, but do not speak it, also supports that language.*
 - ❖ *Spoken languages include any language at least one child care staff person can fluently speak with children.*
 - ❖ *Taught languages include any language instructed to children by teaching words and sentences of that language.*

Check all applicable languages if they are supported, spoken, or taught at your facility

- | | | | |
|---|------------------------------------|---------------------------------|---------------------------------|
| <input type="checkbox"/> American Sign Language | <input type="checkbox"/> Supported | <input type="checkbox"/> Spoken | <input type="checkbox"/> Taught |
| <input type="checkbox"/> English | <input type="checkbox"/> Supported | <input type="checkbox"/> Spoken | <input type="checkbox"/> Taught |
| <input type="checkbox"/> Korean | <input type="checkbox"/> Supported | <input type="checkbox"/> Spoken | <input type="checkbox"/> Taught |
| <input type="checkbox"/> Russian | <input type="checkbox"/> Supported | <input type="checkbox"/> Spoken | <input type="checkbox"/> Taught |
| <input type="checkbox"/> Spanish | <input type="checkbox"/> Supported | <input type="checkbox"/> Spoken | <input type="checkbox"/> Taught |
| <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Supported | <input type="checkbox"/> Spoken | <input type="checkbox"/> Taught |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Supported | <input type="checkbox"/> Spoken | <input type="checkbox"/> Taught |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Supported | <input type="checkbox"/> Spoken | <input type="checkbox"/> Taught |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Supported | <input type="checkbox"/> Spoken | <input type="checkbox"/> Taught |

SECTION D:

Check all care levels you serve. Refer to the defined age levels.

- | | | |
|---|---|---|
| <input type="checkbox"/> Newborn (0-2 mos.) | <input type="checkbox"/> Infant (2-12 mos.) | <input type="checkbox"/> Young Toddler (13-24 mos.) |
| <input type="checkbox"/> Older Toddler (25-36 mos.) | <input type="checkbox"/> Preschool (37 mos.-date child enters kindergarten) | <input type="checkbox"/> Before/After Kindergarten |
| <input type="checkbox"/> Young School Age (K-3 rd grade) | <input type="checkbox"/> Older School Age (4 th grade-15 yrs.) | |

SECTION E:

OTHER EARLY CARE PROGRAMS:

- *Check all early care programs provided at the facility or location.*
 - ❖ *Intergenerational care means senior citizens may assist in caring for children at the facility or location.*

Check all programs you offer:

- | | | |
|--|--|-------------------------------------|
| <input type="checkbox"/> Nursery School (Dept. of Ed.) | <input type="checkbox"/> Intergenerational Care Head Start | <input type="checkbox"/> Montessori |
| <input type="checkbox"/> Early Child Care in High School | <input type="checkbox"/> Kindergarten (Dept. of Ed.) | |

SECTION F:

ENVIRONMENT:

Check all surroundings applicable to the facility or location:

- | | | |
|--|---|--|
| <input type="checkbox"/> Fenced Yard | <input type="checkbox"/> Air Conditioning | <input type="checkbox"/> Pets Present |
| <input type="checkbox"/> Outdoor Play Area | <input type="checkbox"/> Air Filter | <input type="checkbox"/> Adaptive Equipment |
| <input type="checkbox"/> Outdoor Play Equipment | <input type="checkbox"/> No Smoking | <input type="checkbox"/> Secure Access |
| <input type="checkbox"/> Large Motor Skills Room | <input type="checkbox"/> Peanut-free | <input type="checkbox"/> Accessibility for Persons with Disabilities |
| <input type="checkbox"/> Pool | <input type="checkbox"/> No Pets | <input type="checkbox"/> Handicap Bathroom Facilities |

SECTION G:

ADDITIONAL ACTIVITIES:

Check all educational programs offered at the facility or location:

- | | | |
|--|---|---|
| <input type="checkbox"/> Computer Class | <input type="checkbox"/> Multicultural Activities | <input type="checkbox"/> Music |
| <input type="checkbox"/> Unstructured Computer Time | <input type="checkbox"/> Art | <input type="checkbox"/> Sports |
| <input type="checkbox"/> Lesson Plans | <input type="checkbox"/> Reading | <input type="checkbox"/> Dance |
| <input type="checkbox"/> Homework Time or Assistance | <input type="checkbox"/> Math | <input type="checkbox"/> Gymnastics |
| <input type="checkbox"/> Field Trips | <input type="checkbox"/> Science | <input type="checkbox"/> Social Studies |

SECTION H:

SPECIAL ACCOMMODATIONS PROVIDED:

- *Indicate all special accommodations for which the facility's or location's staff has experience.*
 - ❖ *Adaptive equipment (assistive technology) describes devices, equipment, software, and services designed to help people with disabilities. This includes any device, simple or complex, that makes it possible or easier to perform a task such as seeing, hearing, walking, communicating, manipulating the environment, organizing, and understanding. Examples include alternate keyboards, closed-captioned televisions, and adaptive utensils.*

Check if your staff has experience with:

- | | | |
|---|---|--|
| <input type="checkbox"/> Administering Injections | <input type="checkbox"/> Administering Medication | <input type="checkbox"/> Administering Nebulizer Treatments (asthma) |
| <input type="checkbox"/> Administering Tube Feeding | <input type="checkbox"/> Infant Monitors (apnea) | |

Check if your staff has experience with children who have:

- | | | |
|---|--|---|
| <input type="checkbox"/> Adaptive Equipment | <input type="checkbox"/> Asthma | <input type="checkbox"/> Behavioral/Emotional Issues |
| <input type="checkbox"/> Wheelchair | <input type="checkbox"/> Auditory Impairment | <input type="checkbox"/> Cognitive Dysfunction/Delay |
| <input type="checkbox"/> Walker | <input type="checkbox"/> Visual Impairment | <input type="checkbox"/> Speech/Language Delay |
| <input type="checkbox"/> Gifted Ability | <input type="checkbox"/> Catheterization | <input type="checkbox"/> Special Diet (allergies, puréed foods) |
| <input type="checkbox"/> Seizures | | <input type="checkbox"/> Other Chronic Physical Illness |

SECTION I:
OPERATING SCHEDULE:

- *GENERAL SCHEDULE: Check all applicable care services provided at the facility or location.*
- *Enter the facility's or location's daily hours of care in the first table.*
- *Indicate any additional hours if the facility or location opens and closes more than one time in a day for care using the extra table.*
- *Indicate "Yes" on Operating Schedule for the days 24 hour care is provided.*

General Schedule (check those offered):

- | | | |
|---|--|--|
| <input type="checkbox"/> School District Holidays | <input type="checkbox"/> Early Dismissal School Days | <input type="checkbox"/> School District Snow Days |
| <input type="checkbox"/> Before School | <input type="checkbox"/> After School | <input type="checkbox"/> School Year |
| <input type="checkbox"/> Summer | <input type="checkbox"/> Full Year | <input type="checkbox"/> Overnight Care |
| <input type="checkbox"/> Evening Care | <input type="checkbox"/> Weekdays | <input type="checkbox"/> Weekend Care |
| <input type="checkbox"/> Sick Care | <input type="checkbox"/> Drop-in Care | <input type="checkbox"/> Flexible Schedule |
| <input type="checkbox"/> 24 Hour Care | | |

Service Schedule

Please enter your facility's hours of care below:

DAY	Session 1		Session 2 (if applicable)		24 Hour Care (leave blank if no)
	OPEN	CLOSE	OPEN	CLOSE	
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					

SECTION J:

TRANSPORTATION:

- *Indicate if the facility or location provides a pickup service to and/or from the child’s home. This means a provider picks up/drops off children at their homes using the provider’s own method of transportation (i.e., car, van).*
- *Enter the school district and school in the boxes for each transportation method applicable to the facility or location.*
 - ❖ *Facility located on site of school means the facility or location is found on school grounds.*
 - ❖ *Escorted to/from means a staff person walks with the children to/from the specified school.*
 - ❖ *Pick-up Service to/from means a provider picks up/drops off children to/from the specified school using the provider’s own means of transportation (i.e., car, van).*
 - ❖ *Facility Serviced by means a school bus picks up/drops off children directly at the facility or location.*
 - ❖ *Walking Distance is defined by the school district to distinguish those children classified as “walkers”.*

Pickup Service provided to/from Home? Yes No

School Transportation:

Enter the school district and school for those methods applicable to your facility

Transportation Type	School District	Public Schools	Private Schools
Facility located on site at school:			
Escorted to/from:			
Pick-up Service to/from:			
Facility Serviced by:			
Facility within Walking Distance to:			

SECTION K:

MEALS:

Check all meals provided by the facility or location which are not the parent's responsibility:

- Breakfast
- AM Snack
- Lunch

- PM Snack
- Dinner

- CACFP Meals
- Special Dietary Needs

SECTION L:

DISCOUNTS:

- *From the five discount types listed, indicate those discounts provided at the facility or location on the available lines. Specify the daily amount of each discount by dollar amount or percentage. Also, include a description of each discount as shown in the example.*

List the type of daily discount with amount (\$ or %) and description (refer to example provided):

Discount Types:

**Multi-Child Discount
Affiliation Discount**

**Employee Discount
Early Payment Discount**

Student Discount

Type	Daily Amount or Percentage	Description
(EXAMPLE) Multi-Child Discount	\$2.00	Apply to Youngest
(EXAMPLE) Employee Discount	50%	All children

SECTION M:

FINANCIAL PROGRAM PARTICIPATION:

- Check all financial programs offered at the facility or location.
 - ❖ *Sliding Fee Scales are based on the facility's or location's predetermined charges for child care, and are not related to subsidy. For example, a facility or location may charge parents differently depending on income.*

Check all programs you offer:

- | | | |
|---|---|---|
| <input type="checkbox"/> Scholarships | <input type="checkbox"/> Child Welfare Agency/Dept. of Human Services Participation | <input type="checkbox"/> Sliding Fee Scales |
| <input type="checkbox"/> Child Care Works/Subsidy Participation | | <input type="checkbox"/> United Way |

SECTION N:

ADDITIONAL CHARGES:

Please check the appropriate fees charged to parents:

- | | | |
|---|---|--|
| <input type="checkbox"/> Supplies | <input type="checkbox"/> Field Trips | <input type="checkbox"/> Activity |
| <input type="checkbox"/> Registration | <input type="checkbox"/> Meal | <input type="checkbox"/> Late Pick-up |
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Late Payment | <input type="checkbox"/> Art Supplies |
| <input type="checkbox"/> Annual Trip | <input type="checkbox"/> Early School Dismissal | <input type="checkbox"/> Parent Support or Parent Contribution |
| <input type="checkbox"/> Book | <input type="checkbox"/> Insurance | <input type="checkbox"/> Trip-by-Trip Charge |
| <input type="checkbox"/> Cot | <input type="checkbox"/> No Charge over Max Allowance | <input type="checkbox"/> Snack |
| <input type="checkbox"/> Computer Usage | <input type="checkbox"/> Bounced Check | <input type="checkbox"/> Tuition |
| <input type="checkbox"/> Entertainment | <input type="checkbox"/> Parent Association | |

I certify the information provided is accurate and complete to the best of my knowledge and belief and submitted as true and correct.

Prepared By: _____ **Title:** _____

Date: _____ **Phone (____) _____ - _____ Best Time to Contact** _____