**Agency Survey Addendum: CHILD CARE**

**Agency Name:**

So that we are able to get a clear picture of the services that you provide, and the populations that you serve, please complete this form in addition to the Agency Survey form. Please read through all of the categories and indicate all that apply to your organization on a regular basis. This completed form will help us to make only the most appropriate referrals to your organization.

*Please provide a copy of your DHR license/certification.*

**Are you a licensed child care provider?**

- [ ] Yes
- [ ] No

If yes, provide a copy of your license and any other certifications.

**Location of services (physical address):**

- [ ] Child Care Center (outside of home)
- [ ] Family Child Care Home (home-based)
- [ ] Out of Client’s Home

***PROGRAMS***

**DAY CARE**

**Do you provide structured enrichment activities during school hours (i.e. day care)?**

- [ ] Yes
- [ ] No

**What ages do you serve?**

**Hours of operation:**

<table>
<thead>
<tr>
<th>Days</th>
<th>MON</th>
<th>TUE</th>
<th>WED</th>
<th>THU</th>
<th>FRI</th>
<th>SAT</th>
<th>SUN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Days of service:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Do you offer transportation to/from home to school?**

- [ ] Yes
- [ ] No

**Is there an added fee for this service?** If yes, specify:

**Area available for pick up/drop off service:**

**List specific fees:**

- [ ] No Fee
- [ ] Straight Fee (specify):
- [ ] Sliding Fee Scale (based on client’s income)

**Do you accept CAPS subsidy?**

- [ ] Yes
- [ ] No

**Do you offer discounts for families with multiple children in your care?**

- [ ] Yes
- [ ] No

**SUMMER CAMPS *** WINTER CAMPS *** SPRING BREAKS**

**Please indicate if you offer programs for school-aged children during school vacation times (i.e. summer vacation)**

- [ ] Yes
- [ ] No

**What ages do you serve?**

**Hours of operation:**

<table>
<thead>
<tr>
<th>Days</th>
<th>MON</th>
<th>TUE</th>
<th>WED</th>
<th>THU</th>
<th>FRI</th>
<th>SAT</th>
<th>SUN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Days of service:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Do you offer transportation to/from home to school?**

- [ ] Yes
- [ ] No

**Is there an added fee for this service?** If yes, specify:

**Area available for pick up/drop off service:**
Please list specific fees:
- [ ] No Fee
- [ ] Straight Fee; please specify:
- [ ] Sliding Fee Scale (based on client’s income)

**AFTER SCHOOL PROGRAM (Extended Care)**

| Please indicate if you offer after school care: |  | Yes | No |
|-----------------------------------------------|------------------|

| Do you provide structured enrichment activities during school hours (i.e. day care)? |  | Yes | No |
|--------------------------------------------------------------------------------|------------------|

**What ages do you serve?**

**Hours of operation:**

<table>
<thead>
<tr>
<th>Days:</th>
<th>MON</th>
<th>TUE</th>
<th>WED</th>
<th>THU</th>
<th>FRI</th>
<th>SAT</th>
<th>SUN</th>
</tr>
</thead>
</table>

| Do you offer transportation to/from home to school? |  | Yes | No |
|-----------------------------------------------------|------------------|

<table>
<thead>
<tr>
<th>Is there an added fee for this service?</th>
<th>If yes, specify:</th>
</tr>
</thead>
</table>

**Area available for pick up/drop off service:**

List specific fees:
- [ ] No Fee
- [ ] Straight Fee (specify):
- [ ] Sliding Fee Scale (based on client’s income)

**Do you serve children who:**

- [ ] Are not yet potty trained
- [ ] Have developmental disabilities
- [ ] Have a hearing impairment
- [ ] Have mobility challenges (i.e. wheelchair, walker)
- [ ] Have mental/emotional disabilities
- [ ] Have a visual impairment

**Do you administer prescribed medications?**

<table>
<thead>
<tr>
<th>If yes, who administers the medication?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nurse Practitioner</td>
</tr>
<tr>
<td>Other staff (specify):</td>
</tr>
</tbody>
</table>

**Meals provided:**

- [ ] Breakfast
- [ ] Lunch
- [ ] Dinner
- [ ] Snack

**Do you have a dietician on staff?**

<table>
<thead>
<tr>
<th>Who prepares the meals:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
</tr>
</tbody>
</table>

**Activities provided:**

Please indicate and list some activities you provide:

- [ ] Outdoor Trips
- [ ] Outdoor Activities
- [ ] Learning Games
- [ ] Movie time
- [ ] Computer Access
- [ ] Music/Dance time
- [ ] Class work
- [ ] Others (specify):

<table>
<thead>
<tr>
<th>Is there any additional information you would like to include?</th>
</tr>
</thead>
</table>