

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:

Days: MON TUE WED THU FRI SAT SUN

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:

Days: MON TUE WED THU FRI SAT SUN

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: Days: MON TUE WED THU FRI SAT SUN

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 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? Yes No

If yes, who administers the medication?

- Nurse Practitioner
- MD
- Other staff (specify):

Meals provided:

- Breakfast
- Lunch
- Dinner
- Snack

Do you have a dietician on staff? Yes No

Who prepares the meals:

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) :

Is there any additional information you would like to include?