



Child Care Action Council

Resource and Referral
P.O. Box 446 • Olympia, WA • 98507-0446
360-754-0810 • 1-800-845-0956

www.ccacwa.org

Provider Survey

Accurate information about your program helps us to serve you better. The information is also used for statistical reports about child care in our community and statewide. Please print clearly and fill out all the blanks, even if your information has NOT changed. Thank you for your help!

Today's date: _____

Licensee/Contact person name _____ Business name _____

Type of care provided (mark ONE):
 Licensed Family Child Care Licensed Center Care
 Preschool ONLY (lic. exempt) School Age ONLY
 Summer Camp

Date program started _____

Facility street address _____ City _____ Zip _____

Mailing address (if different) _____ City _____ Zip _____

Phone # parents can call () _____ Additional phone # () _____

Fax # () _____ E-mail address _____ @ _____

Web Site www. _____ STARS Training ID # _____

If licensed:

License ID# (top left corner of license) _____ Expiration Date _____

Licensed for total of _____ children Licensed age range: from youngest _____ to oldest _____

Current total capacity: _____ children from youngest _____ to oldest _____

Total # of openings today _____ More capacity and vacancy questions on next page.)

School District where program is located _____

Elementary School nearest you _____ Walking distance? yes no

Near public transportation? yes no

If you have or want school age children in your care:

Schools kids may attend _____

Do you transport children to school? yes no If yes, which? _____

Does a school bus stop near your facility? If yes, which school? _____

Comments:

Languages spoken by yourself or staff, circle all that apply:

English Spanish American Sign Language Russian Vietnamese Cambodian Micronesian Cantonese German
Korean Samoan Other: _____

Check all subsidies you accept/offer: DSHS Homeless Multi-Child Discount
 Sliding Scale (based on family's income) Keystone Crisis Nursery
 Other, please describe _____

Program Model: Preschool Component School-Age Component Montessori Philosophy
 Purchased curriculum Provider/Teacher designed Emergent curriculum
 Private Kindergarten Therapeutic Child Care Other Model

Business Days and Hours:

Monday from _____ to _____

Tuesday from _____ to _____

Wednesday from _____ to _____

Thursday from _____ to _____

Friday from _____ to _____

Saturday from _____ to _____

Sunday from _____ to _____

Do you accept children:

Both full- and part-time

Full-time only (35 hours+)

Part-time only

Do you operate: all year long during school year ONLY during summer ONLY

Do you provide: drop-in care temporary/emergency care before school care

after school care rotating shift care 24-hour care

care on holidays: which ones? _____

Family Child Care capacity and openings (columns do not add up to total capacity):

Age Range	Maximum # Licensed for	Maximum # Accepting	# Openings (circle full or part time)	Date of Openings
Infant 0-12 months			FT PT	
Toddler 1-2 years			FT PT	
Toddler 2-3 years			FT PT	
Preschool 3-5 years			FT PT	
Kindergarten				
Grades 1 and up				

Center Care capacity and openings (columns do not add up to total capacity):

Age Range	Maximum # Licensed for	Maximum # Accepting	# Openings (circle full or part time)	Date of Openings
Infant 0-12 months			FT PT	
Toddler 12-30 months			FT PT	
Preschool 31 months to 5 years			FT PT	
Kindergarten				
Grades 1 and up				

What do you charge?

Is your standard fee the same as the DSHS rate? yes no

Age 0-12 months	\$ _____ per _____ (full-time)	\$ _____ per _____ (part-time)
Age 13-24 months	\$ _____ per _____ (full-time)	\$ _____ per _____ (part-time)
Age 2-3 years	\$ _____ per _____ (full-time)	\$ _____ per _____ (part-time)
Age 3-5 years	\$ _____ per _____ (full-time)	\$ _____ per _____ (part-time)
Kindergarten	\$ _____ per _____ (school days)	\$ _____ per _____ (full days)
1 st Grade and up	\$ _____ per _____ (school days)	\$ _____ per _____ (full days)

Additional Fees:

- Application \$ _____
- Field Trip \$ _____
- Req. Advance Payment
- Uses DSHS rates
- Supplies \$ _____
- Transportation \$ _____
- Provider Paid Vacation
- Late Child Pickup \$ _____
- Enrichment Activities \$ _____
- Provider Paid Holidays

Tell us about your program:

Would you provide respite (relief) care for children with special needs outside your regular business hours? yes no

Is your program considered not-for-profit by the IRS? yes no

Environment:

- no pets
- covered outdoor play area
- no diapering facilities
- indoor pets
- wheelchair accessibility
- wood stove used for heat (during or outside program hours)
- outdoor pets
- non-smoking (always)

Meals served:

- breakfast
- parents provide meals
- will accommodate family diet preferences
- lunch
- extra charge for meals
- dinner
- additional meals at extra charge
- snacks
- USDA Food program participant

Special Skills:

- 10-Hour STARS Trainer
- 20-Hour Center Trainer
- BB for Family Child Care Trainer
- Trained Mentor
- Consultant

Special Needs

- Behavior Supervision/Supports
- Communication Supports

Training:

- Diapering/Toileting Assistance
- Health Monitoring
- Nursing Care
- Mobility Assistance
- Physical Therapy
- Eating Assistance
- Medication Monitoring
- Specialized Equipment

Training:

- Building Blocks
- Hand-in-Hand Level 1
- 20-Hour Center
- Hand-in-Hand Level 2
- F2F/CCA 15 Hour

College Education (mark all that apply to you and your staff and include documentation of degree or CDA with your survey):

- some ECE (Early Childhood Education) classes
- CDA (Child Development Associate)
- BA in ECE or related
- TEACH scholarship program participant
- Other, please describe: _____
- 1 yr ECE certificate
- AA in ECE or related
- MA in ECE or related
- Certified Teacher

Accreditation (to have these listed as part of your profile, you must submit a copy of the certificate with an expiration date):

- NAFCC (family child care)
- MACTE (Montessori)
- NAEYC (center care)
- Faith-Based Organization
- NSACA (school-age)
- Military Certification

- Affiliation:
- | | | |
|---|--|---|
| <input type="checkbox"/> FCC Association | <input type="checkbox"/> Support Group/Network | <input type="checkbox"/> AEYC Center Director Assoc |
| <input type="checkbox"/> Child Care Union | <input type="checkbox"/> Career & Wage Ladder | <input type="checkbox"/> CCR&R Advisory |
| <input type="checkbox"/> Montessori Assoc | <input type="checkbox"/> CCAC Member | |

Would you be willing to advocate on child care issues by:

- | | | |
|--|--|---|
| <input type="checkbox"/> Contacting Legislators | <input type="checkbox"/> Making Legislative visits | <input type="checkbox"/> Testifying at Legislative hearings |
| <input type="checkbox"/> Participating in focus groups | <input type="checkbox"/> Receiving mailings about advocacy opportunities | |

Schedule

- | | | |
|---------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Opening Time | <input type="checkbox"/> Closing Time | <input type="checkbox"/> Occasional Saturday |
|---------------------------------------|---------------------------------------|--|

Flexibility:

- | | | |
|---|---|---|
| <input type="checkbox"/> Occasional Sunday | <input type="checkbox"/> Occasional Evening | <input type="checkbox"/> Occasional Overnight |
| <input type="checkbox"/> School Age w/Younger Sib | <input type="checkbox"/> Not Flexible | <input type="checkbox"/> Evening past 6:30 p.m. |
| <input type="checkbox"/> Overnight past 3 a.m. | <input type="checkbox"/> Weekend (Sat. Sun. Both) | |

Organizational Structure:

Is your program linked with any of the following (check all that apply)?

- | | | |
|--|---|---|
| <input type="checkbox"/> church/faith based org. | <input type="checkbox"/> public school | <input type="checkbox"/> private school |
| <input type="checkbox"/> college/voc tech | <input type="checkbox"/> parent cooperative | <input type="checkbox"/> employer-sponsored |
| <input type="checkbox"/> Military | <input type="checkbox"/> Tribe | |
| <input type="checkbox"/> program limited to certain clients, please describe _____ | | |

Do you take children on field trips? If yes, how do they get there?

- | | | |
|---|---|---|
| <input type="checkbox"/> facility vehicle | <input type="checkbox"/> provider private vehicle | <input type="checkbox"/> parents drive |
| <input type="checkbox"/> walking | <input type="checkbox"/> public transportation | <input type="checkbox"/> no field trips |

How much time do children in your care spend watching TV or videos and/or playing video games?

- | | | |
|--|---|---|
| <input type="checkbox"/> None | <input type="checkbox"/> About 1/2 hour per day | <input type="checkbox"/> About 1 hour per day |
| <input type="checkbox"/> More than five hours per week | | |

Do you offer any of the following?

- | | | |
|---|---|--|
| <input type="checkbox"/> swim lessons | <input type="checkbox"/> gymnastics | <input type="checkbox"/> music |
| <input type="checkbox"/> parent newsletter | <input type="checkbox"/> art | <input type="checkbox"/> theatre |
| <input type="checkbox"/> Library Storytime | <input type="checkbox"/> parent education | <input type="checkbox"/> homework assistance |
| <input type="checkbox"/> other; please explain: _____ | | |

Who is your DEL Licensor?

- | | | |
|---|--|--|
| <input type="checkbox"/> Donna Burkhart | <input type="checkbox"/> Jean Orton-Elders | <input type="checkbox"/> Elesa Rynning |
| <input type="checkbox"/> Deb Harris | <input type="checkbox"/> Charlotte Dedman | <input type="checkbox"/> Linda Robertson |

Please note: It is our policy to refer parents to providers by matching location, type of care and ages of children as primary criteria. The Americans with Disabilities Act (ADA) prohibits discrimination against people with disabilities. Therefore, we refer children with disabilities to any provider matching a family's primary child care needs, regardless of training or experience. Under the ADA, all providers must individually assess a child's needs to determine reasonable accommodations for inclusion. If you would like more information or support in caring for children with disabilities, please contact Jodi at 754-0845 or 800-845-0956.

Provider Signature _____



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Visit us on the web at www.ccacwa.org

Important!! Provider survey - Fill out and
Return promptly!