



Provider Questionnaire

For Office Use Only:

Recv'd: _____

ID #: _____

Verification Date:

_____/_____/_____

Provider Information

Directors First Name _____ Last Name _____
 Business Name _____
 SS# or Fed ID # _____ License # _____
 Street Address _____ Unit # _____
 City _____ County _____ Zip _____
 Mailing Address (if different) _____
 Primary Phone _____ Secondary Phone _____ FAX _____
 E-MAIL _____ Website _____

Licensing Information

Type of Care That You Provide

- Child Care Center
- Family Child Care Home
- Group Child Care Home
- Preschool Program
- School Age Program
- Faith-based Program
- Head Start
- Private School
- Public School
- Camp

Department of Social Services Status

- Level 1 – Registered Licensed Approved
- Level 2 – ABC Enhanced
- Level 3 – NAEYC Accredited
- Exempt From Day Care Licensing

License Capacity _____

Desired Capacity _____

Total Vacancies _____ as of _____, 20__

Ages Served _____ to _____

When did your program open? _____

School Transportation Information

School	Transportation To School		Transportation from School	
	Yes	No	Yes	No

Center Funding

Sources of Funding

- Head Start
- State 4K
- ABC grant recipient
- First Steps Grant recipient

Other: _____

Operational Information

Services For Families

Pre-school Programs:

- 5 Mornings Per Week
 2-3 Mornings Per Week
 Mother's Morning Out

Financial Services For Families:

- Accept ABC Voucher
 Multi-child discount
 Scholarships
 Sliding fee scale
 Employer discounts

Parent Resources:

- Parent co-op
 Parent seminars
 Parent resources available

Languages spoken and/or taught:

- English
 Spanish
 French
 Other _____

Hours Of Operation

Days of Operation

Open At:

Close At:

- | | | |
|------------------------------------|-------|-------|
| <input type="checkbox"/> Monday | _____ | _____ |
| <input type="checkbox"/> Tuesday | _____ | _____ |
| <input type="checkbox"/> Wednesday | _____ | _____ |
| <input type="checkbox"/> Thursday | _____ | _____ |
| <input type="checkbox"/> Friday | _____ | _____ |
| <input type="checkbox"/> Saturday | _____ | _____ |
| <input type="checkbox"/> Sunday | _____ | _____ |

Do you accept children: Full-time Part-time Both

Program Duration: Full Year School Year Summer Only

Do you offer care for Special Schedules:

- Drop-Ins
 24 hour car
 Weekends
 Before School
 After School
 School Vacations/Holidays
 Rotating schedules
 Shift work
 Temporary or Emergency Care

Do you provide care for mildly ill children? Yes No

Even if not enrolled? Yes No

Do you wish to be given referrals? Yes No

Rates For Care

Age	Daily Rate	Hourly Rate	PT Weekly	FT Weekly	Monthly	Before/After School
6 wks to 6 months	_____	_____	_____	_____	_____	_____
7 to 11 months	_____	_____	_____	_____	_____	_____
1 year	_____	_____	_____	_____	_____	_____
2 year	_____	_____	_____	_____	_____	_____
3 year	_____	_____	_____	_____	_____	_____
4 year	_____	_____	_____	_____	_____	_____
5+ year	_____	_____	_____	_____	_____	_____

Additional Fees:

Registration Fee \$ _____ Late pick-up fee \$ _____ Late payment fee \$ _____

Please list any other fees: _____

Enrollment

Age	Desired Capacity	Licensed Capacity	# of Children per Staff person	Part Time Vacancies	Full Time Vacancies	Room Capacity
6 weeks to 11 months	_____	_____	_____	_____	_____	_____
1 year	_____	_____	_____	_____	_____	_____
2 year	_____	_____	_____	_____	_____	_____
3 year	_____	_____	_____	_____	_____	_____
4 year	_____	_____	_____	_____	_____	_____
5+ year	_____	_____	_____	_____	_____	_____

Attributes

Environment	Meals	Philosophy	Policies
<input type="checkbox"/> Outdoor Playground <input type="checkbox"/> Fenced Yard <input type="checkbox"/> Park Nearby <input type="checkbox"/> Swimming Pool <input type="checkbox"/> No Pets <input type="checkbox"/> Outdoor Pets Only <input type="checkbox"/> Caged Pets In Class <input type="checkbox"/> Smoke-Free <input type="checkbox"/> Smoking Allowed but not around children <input type="checkbox"/> Other	<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"/> Special Meal Request <input type="checkbox"/> Parents Provide Infant Food <input type="checkbox"/> USDA Food Program <input type="checkbox"/> Other	<input type="checkbox"/> Developmentally Appropriate Practices (DAP) <input type="checkbox"/> Montessori <input type="checkbox"/> Creative Curriculum <input type="checkbox"/> High Scope <input type="checkbox"/> Project Approach (Reggio) <input type="checkbox"/> A BEKA <input type="checkbox"/> Christian <input type="checkbox"/> Jewish <input type="checkbox"/> Other Religion <input type="checkbox"/> Multi-age grouping <input type="checkbox"/> Other	<input type="checkbox"/> Written Contract <input type="checkbox"/> Written Handbook <input type="checkbox"/> Multi-child discount <input type="checkbox"/> Providers Sick Leave <input type="checkbox"/> Provider Vacation Leave <input type="checkbox"/> Child Absence <input type="checkbox"/> Allowance <input type="checkbox"/> Open Door Policy <input type="checkbox"/> Health Policies <input type="checkbox"/> Secure Sign-out <input type="checkbox"/> Other
Safety	Special Needs	Special Needs Served	Advocacy With Parents
<input type="checkbox"/> Currently Certified In CPR <input type="checkbox"/> Currently Certified in First Aid <input type="checkbox"/> On-site Nurse <input type="checkbox"/> Video Monitor <input type="checkbox"/> On-site Security <input type="checkbox"/> Password/key Admittance <input type="checkbox"/> Staff Trained in Fire Safety <input type="checkbox"/> Other	Are you willing to take children with special needs? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you had training in: <input type="checkbox"/> Anger Management <input type="checkbox"/> Heart Monitor <input type="checkbox"/> Insulin Injections <input type="checkbox"/> Heart Defibrillator <input type="checkbox"/> Other	<input type="checkbox"/> ADD/ADHD <input type="checkbox"/> Autism <input type="checkbox"/> Development Delays <input type="checkbox"/> Hearing Impaired <input type="checkbox"/> Visually Impaired <input type="checkbox"/> Mental Handicap <input type="checkbox"/> Physical Handicap <input type="checkbox"/> Wheel Chair Accessible <input type="checkbox"/> Down Syndrome <input type="checkbox"/> Other	<input type="checkbox"/> Parent Newsletter <input type="checkbox"/> Parent Volunteers <input type="checkbox"/> Parent Workshops <input type="checkbox"/> Parent Resources <input type="checkbox"/> Multi-cultural Resources <input type="checkbox"/> Parent Library <input type="checkbox"/> Other
Accreditation	Affiliation	School Age Programs	Location
<input type="checkbox"/> ABC Enhanced <input type="checkbox"/> NAFCC <input type="checkbox"/> NAEYC <input type="checkbox"/> Nat. Child Care Assn <input type="checkbox"/> Nat. School-age Care Alliance <input type="checkbox"/> S.C. Assoc. of Christian Schools <input type="checkbox"/> SC Independent Schools Assoc. <input type="checkbox"/> Other	<input type="checkbox"/> National Child Care Center <input type="checkbox"/> Center Chain <input type="checkbox"/> Independent <input type="checkbox"/> Non-profit <input type="checkbox"/> Public <input type="checkbox"/> Faith-related <input type="checkbox"/> College <input type="checkbox"/> Hospital <input type="checkbox"/> Employer-related <input type="checkbox"/> Other	<input type="checkbox"/> Before School <input type="checkbox"/> After School <input type="checkbox"/> Holiday Care <input type="checkbox"/> Summer Camp <input type="checkbox"/> Transport To <input type="checkbox"/> Transport From <input type="checkbox"/> Help with homework <input type="checkbox"/> Other	<input type="checkbox"/> House/Residence <input type="checkbox"/> Independent Site <input type="checkbox"/> Faith-based site <input type="checkbox"/> Work-place based <input type="checkbox"/> Public School <input type="checkbox"/> Private School <input type="checkbox"/> College/University <input type="checkbox"/> Hospital <input type="checkbox"/> Other

- I am interested in learning about accreditation through the National Association of the Education of Young Children (NAEYC- Centers)
 I am interested in learning about accreditation through the National Association for Family Child Care (NAFCC- Family/Group Homes)

Please list any other comments that you would like parents to know about your program:

Professional Staff Development

Director Information

Years of Experience: _____

Highest Level Of Education Completed:

- | | |
|--|---|
| <input type="checkbox"/> Less than a High School Diploma/GED | <input type="checkbox"/> High School Diploma/GED |
| <input type="checkbox"/> Associate Degree-Child Related | <input type="checkbox"/> Associate Degree-Unrelated |
| <input type="checkbox"/> Bachelors Degree-Child Related | <input type="checkbox"/> Bachelors Degree-Unrelated |
| <input type="checkbox"/> Masters Degree-Child Related | <input type="checkbox"/> Masters Degree-Unrelated |
| <input type="checkbox"/> Ph.D Early Childhood | <input type="checkbox"/> Some Course work-Child Related |

Training:

- | | |
|--|---|
| <input type="checkbox"/> 15 hours of DSS Credit | <input type="checkbox"/> 30 hours ABC Child Care Credential (FCC) |
| <input type="checkbox"/> 60 hours ABC Child Care Credential (CCC) | <input type="checkbox"/> Family Day Care Rating Scale |
| <input type="checkbox"/> Infant/Toddler Environmental Rating Scale | <input type="checkbox"/> Early Childhood Environmental Rating Scale |
| <input type="checkbox"/> Child Development Association | <input type="checkbox"/> South Carolina Child Care Credential (ECD 101) |

Teacher Information

Number of Teachers & Assistants: _____

Highest Level Of Education Completed:

- | | |
|--|---|
| <input type="checkbox"/> Less than a High School Diploma/GED | <input type="checkbox"/> High School Diploma/GED |
| <input type="checkbox"/> Associate Degree-Child Related | <input type="checkbox"/> Associate Degree-Unrelated |
| <input type="checkbox"/> Bachelors Degree-Child Related | <input type="checkbox"/> Bachelors Degree-Unrelated |
| <input type="checkbox"/> Masters Degree-Child Related | <input type="checkbox"/> Masters Degree-Unrelated |
| <input type="checkbox"/> Ph.D Early Childhood | <input type="checkbox"/> Some Course work-Child Related |

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- | | |
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| <input type="checkbox"/> Infant/Toddler Environmental Rating Scale | <input type="checkbox"/> Early Childhood Environmental Rating Scale |
| <input type="checkbox"/> Child Development Association | <input type="checkbox"/> South Carolina Child Care Credential (ECD 101) |

Important Information-For Statistical Purposes Only

Director Yearly Earnings

- | | | |
|---|--|--|
| <input type="checkbox"/> Less than \$15,000 | <input type="checkbox"/> \$15,000-\$20,000 | <input type="checkbox"/> \$20,000-\$25,000 |
| <input type="checkbox"/> \$25,000-\$30,000 | <input type="checkbox"/> \$30,000-\$35,000 | <input type="checkbox"/> \$35,000-\$40,000 |
| <input type="checkbox"/> \$40,000-\$45,000 | <input type="checkbox"/> \$45,000-\$50,000 | <input type="checkbox"/> \$50,000 + |

Teacher Yearly Earnings

- | | | |
|---|--|--|
| <input type="checkbox"/> Less than \$15,000 | <input type="checkbox"/> \$15,000-\$20,000 | <input type="checkbox"/> \$20,000-\$25,000 |
| <input type="checkbox"/> \$25,000-\$30,000 | <input type="checkbox"/> \$30,000-\$35,000 | <input type="checkbox"/> \$35,000-\$40,000 |
| <input type="checkbox"/> \$40,000-\$45,000 | <input type="checkbox"/> \$45,000-\$50,000 | <input type="checkbox"/> \$50,000 + |

Assistant Yearly Earnings

- | | | |
|---|--|--|
| <input type="checkbox"/> Less than \$15,000 | <input type="checkbox"/> \$15,000-\$20,000 | <input type="checkbox"/> \$20,000-\$25,000 |
| <input type="checkbox"/> \$25,000-\$30,000 | <input type="checkbox"/> \$30,000-\$35,000 | <input type="checkbox"/> \$35,000-\$40,000 |
| <input type="checkbox"/> \$40,000-\$45,000 | <input type="checkbox"/> \$45,000-\$50,000 | <input type="checkbox"/> \$50,000 + |

Benefits Offered to Employees:

- | | | | | |
|---|---|---|--|--|
| <input type="checkbox"/> Health Insurance | <input type="checkbox"/> Dental Insurance | <input type="checkbox"/> Life Insurance | <input type="checkbox"/> Child Care Discount | <input type="checkbox"/> Tuition Reimbursement |
| <input type="checkbox"/> Paid Holidays | <input type="checkbox"/> Paid Sick Leave | <input type="checkbox"/> Paid Vacation | <input type="checkbox"/> Insurance | <input type="checkbox"/> Retirement/IRA |

Number of Employees who are Spanish/Hispanic/Latino:

_____ Mexican, Mexican-American, Chicano _____ Puerto Rican _____ Cuban _____ Other: _____

Number of Employees who's Race is:

_____ White _____ Black _____ American Indian or Alaska Native (print tribe) _____
 _____ Asian Indian _____ Native Hawaiian _____ Chinese _____ Filipino _____ Japanese _____ Vietnamese
 _____ Other Asian (print race) _____ Guamanian or Chamorro _____ Samoan
 _____ Other Pacific Islander (print race) _____ Other race _____

English Language Ability:

_____ Number of employees who speak a language other than English at home. Language: _____
 How well do those employees speak English Very Well Well Not Well Not At All

I understand that Child Care Resource & Referral (CCR&R) only makes referrals, not recommendations to families. I agree to assist CCR&R in maintaining up-to-date information in Child Care availability by reporting changes in my facility when they occur. I give CCR&R permission to release the information on this form to parents seeking child care services.

Signature: _____ Date: _____

I wish to be contacted for updates by: (check all that apply) Telephone Email Fax Mail

If you have any questions, please contact CCR&R at (843) 747-9900 or (877) 227-3454 toll free.

Please return this form to:

Child Care Resource & Referral
 P.O. Box 63305
 North Charleston, S.C. 29419-3305
 FAX (843) 566-7193