



sierra nevada children's services

### Child Care Provider Questionnaire

Please fill-in the following information as completely as possible so we can provide accurate child care referrals to families. If you have multiple facilities and/or multiple facility licenses please fill out additional questionnaires for each facility and/or license. Email completed form to: Lourdesv@sncs.org

<b>Opt-Out Preferences:</b>				
<b>Referrals:</b>	<input type="checkbox"/> I do not wish to receive child care referrals from Sierra Nevada Children's Services (SNCS)			
<b>Listserv:</b>	<input type="checkbox"/> I do not wish to receive provider specific emails (trainings, event invites, etc.) from SNCS			
<b>General Information:</b>				
<b>First &amp; Last Name:</b>	<b>Email Address:</b>			
<b>Primary Phone Number:</b>	<b>Secondary Phone Number:</b>			
<b>Business Name:</b>	<b>Website URL:</b>			
<b>Physical Address:</b>	<b>County:</b>			
<b>Mailing Address:</b>				
<b>Facility/Care (Check all that apply)</b>				
<input type="checkbox"/> Licensed Provider	<input type="checkbox"/> Exempt from Licensure			
<input type="checkbox"/> Small Home	<input type="checkbox"/> Large Home	<input type="checkbox"/> Center-Based		
<input type="checkbox"/> Infant/Toddler	<input type="checkbox"/> Preschool	<input type="checkbox"/> School Age		
<b>Minimum Accepted Age YY-MM: _____</b>	<b>Total Capacity:</b>			
<b>Maximum Accepted Age YY-MM: _____</b>	<b>Desired Capacity:</b>			
<input type="checkbox"/> Must be toilet trained				
<b>License Number:</b>	<b>License Date:</b>	<b>Licensed Capacity:</b>		
<b>Transportation (check all that apply):</b>				
<input type="checkbox"/> Walking Distance to School	<input type="checkbox"/> Near School Bus Stop	<input type="checkbox"/> Near Public Transportation		
<input type="checkbox"/> Provide Transportation to School	<input type="checkbox"/> Provide Transportation from School			
<b>Schools served:</b>				
<b>Languages (check all that apply):</b>				
<input type="checkbox"/> English	<input type="checkbox"/> Spanish	<input type="checkbox"/> Other:		
<b>Environment (check all that apply):</b>				
<input type="checkbox"/> Air Conditioning	<input type="checkbox"/> Non- Smoking (household)	<input type="checkbox"/> Enclosed Play Area	<input type="checkbox"/> Pool or Pond	
<input type="checkbox"/> Indoor/Outdoor Pets	<input type="checkbox"/> No Pets	<input type="checkbox"/> Outdoor Pets Only		
<input type="checkbox"/> Computers	<input type="checkbox"/> No TV	<input type="checkbox"/> TV and/or Video Games		
<b>Meals (check all that apply):</b>				
<input type="checkbox"/> Breakfast	<input type="checkbox"/> AM Snack	<input type="checkbox"/> Lunch	<input type="checkbox"/> PM Snack	<input type="checkbox"/> Dinner
<input type="checkbox"/> Special Diet	<input type="checkbox"/> Organic Foods	<input type="checkbox"/> Child Care Food Program		

Please complete the information on the reverse side.

**Financial Assistance (only check if you have these sources of funding):**

- Early/Head Start       State Preschool       21<sup>st</sup> Century/ASES       SNCS Subsidy (APP/CalWorks)  
 SNCS CFCC Network       Other Public Contracts (please specify): \_\_\_\_\_

**Philosophy (check all that apply):**

- Parent Co-Op Preschool       Family Setting/Day Care       Montessori  
 Preschool/Early Learning       Religious Teaching       School Age Homework Program  
 Waldorf       Developmentally Appropriate Practices

**Education or Experience Serving Children with Special Needs (check all that apply):**

- Cognitive Disability       Emotional/Behavioral Disability       Feeding Tube  
 Health/Medical Disability       Monitors       Physical Disability  
 Sensory Disability       Shots/Dispensing Medicine       Special Diets

**Please indicate number of years of experience:**

**Education (check all that apply):**

- Master's or higher degree       Associate Degree, Child Related       Associate Degree, Other  
 Bachelor's, Child Related       Bachelor's, Other       CDA  
 High School Education       Some College, Child Related       Some College, Other Emphasis  
 Child Development Permit (level: \_\_\_\_\_; expires: \_\_\_\_\_)

**Quality Improvement Activities (check all that apply):**

- NAFCC Accreditation       NAEYC Accreditation       QRIS (STAR rating)  
 Environment Rating Scale Completed (program rated by: \_\_\_\_\_)

**Brief Description of Program:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Days & Hours of Operation (check all that apply):**

Monday	from:	To:	Saturday	from:	To:
Tuesday	from:	To:	Sunday	from:	To:
Wednesday	from:	To:			
Thursday	from:	To:	Note: Enter times to nearest hour or half hour		
Friday	from:	To:			

**Duration (select when your program is open):**

- Full Time Care       Part Time Care  
 Full Year       School Year Only       Summer Only

**Schedule Specifics (check all that apply):**

- Before School       After-School       Evening       Overnight       Weekends  
 Open Holidays       Drop-in       Rotating Schedules       Temporary/Emergency       Sick Care