



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.

Opt-Out Preferences:				
Referrals:	<input type="checkbox"/> I do not wish to receive child care referrals from Sierra Nevada Children's Services (SNCS)			
Listserv:	<input type="checkbox"/> I do not wish to receive provider specific emails (trainings, event invites, etc.) from SNCS			
General Information:				
First & Last Name:			Email Address:	
Primary Phone Number:			Secondary Phone Number:	
Business Name:			Website URL:	
Physical Address:			County:	
Mailing Address:				
Facility/Care (Check all that apply)				
<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	
Minimum Accepted Age YY-MM: _____			Total Capacity:	
Maximum Accepted Age YY-MM: _____			Desired Capacity:	
<input type="checkbox"/> Must be toilet trained				
License Number:		License Date:	Licensed Capacity:	
Transportation (check all that apply):				
<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		
Schools served:				
Languages (check all that apply):				
<input type="checkbox"/> English		<input type="checkbox"/> Spanish	<input type="checkbox"/> Other:	
Environment (check all that apply):				
<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		
Meals (check all that apply):				
<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 21st 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