#### logo-temp2 SNHS New 2013

***Annual Provider Information Update Form***

Please take a few moments to complete this form. In order to better serve both providers and families, we need to have up to date and complete information on your programs. **We are requesting that programs submit a copy of their program license so that we can ensure that we have the most accurate information**. Please feel free to add any comments or explanations. Please remember that you may change any information that we have in our database at any time with just a phone call or email to ccrr@snhs.org.

**\*Mail or email completed form and a copy of your Program License to**

**Child Care Aware of NH, Attn: Karen Abbott, Lead CCR&R Outreach Coordinator,**

**88 Temple Street, Nashua, NH 03060 or** [**ccrr@snhs.org**](mailto:ccrr@snhs.org?subject=Annual%20Provider%20Update)**.**

**Questions? Contact Karen at (603) 578-1386, ext. 31 or 1-855-393-1731. Thank you!**

## Program Information

# *PART I – General Information*

Director or Site Director/Provider Name: Click here to enter text.

Business Name: as it Appears on Your License: Click here to enter text.

*\*Please send a copy of your current license with your updated form. This helps ensure other areas of accuracy with updated. Thank you.*

**Location:**

Street: Click here to enter text. Unit # Click here to enter text.

City: Click here to enter text. State: Click here to enter text.

Zip Code: Click here to enter text. +4: Click here to enter text.

**Mailing address if different from above:**

Street: Click here to enter text. Unit # Click here to enter text.

City: Click here to enter text. State: Click here to enter text.

Zip Code: Click here to enter text. +4: Click here to enter text.

**Contact Information:**

Primary Phone: (603) Click here to enter text. ext.Click here to enter text.

Fax: Click here to enter text. Email: Click here to enter text.

Program Website: Click here to enter text.

**PLEASE NOTE:** Our e-newsletter, “Monthly Minutes” and “At-A-Glance” editions are sent out via email. To disseminate this information we will be using the email address you provide below. Thank you in advance for helping us to reduce costs and minimize our carbon footprint. If you do not have internet access or an email account and need a hard copy please contact our office.

**License Information (If licensed, please include most current copy of license)**

Regulation: Choose One

**Vacancy Information**:

Total Vacancies: Click here to enter text. As of what date? Click here to enter a date.

**Transportation:**

Transportation Provided  Walking Distance to School  Near Public Transportation

Near/on Bus Route  CC Provides Transportation

**Languages: (**This pertains to languages spoken in the program. Check all that apply.)

English  Spanish  French

American Sign Language  Arabic  Bosnian

Cambodian  Chinese  German

Italian  Japanese  Korean

Polish  Portuguese  Russian

Somali  Swahili  Vietnamese

**Vacancies: (**Check all age groups that have vacancies.)

Evening  Full Time  Infant

Infant & Toddler  Kindergarten  Overnight

Part Time  Preschool  School Age

Toddler  Weekend

***Part II – General Shift Information***

**What types of shifts do you provide?** (Check all that apply.)

Day  Summer/Holiday  Session 3

Evening  Session 1  Weekend

Overnight  Session 2  Other

School Year

**Comments related to Shift Information** Click here to enter text.

**Type of Care Your Program Provides:** (Check all that apply.**)**

Full Time  Summer Only  Open Holidays

Part Time  Drop In  Temp/Emergency

Full Year  Before School  After School

School Year  Rotating  24 Hour

**Days Care is Provided:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Session Times** | **First Shift** | | **Second Shift** | | **Third Shift** | |
| **Day:** | **Start Time** | **End Time** | **Start Time** | **End Time** | **Start Time** | **End Time** |
| Monday | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Tuesday | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Wednesday | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Thursday | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Friday | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Saturday | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Sunday | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |

**Rates:** (For informational and statistical purposes only.)

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Age Group:** | **Age Range** | **Hourly Rate:** | | **Daily Rate:** | | **Weekly Rate:** | | **Monthly Rate** | |
|  |  | **P/T F/T** | | **P/T F/T** | | **P/T F/T** | | **P/T F/T** | |
| Infant 1 | 0-36 weeks | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Infant 2 | 37 – 52 weeks | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Toddler 1 | 1-2 years | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Toddler 2 | 2-3 years | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Preschool 1 | 3-4 years | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Preschool 2 | 4-5 years | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| School Age 1 | 5-6 years | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| School Age 2 | 6-15 years | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |

**Additional Fees:**

Application Fee  Deposit Required  Field Trip Fee

Late Payment Fee  Late Pickup Fee  Registration Fee

**Population Information:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Age Group**  **(Age Range)** | **Desired**  **Capacity** | **Licensed**  **Capacity** | **Full Time**  **Vacancies** | **Part Time**  **Vacancies** |
| Infant 1 Age Group (0-36 weeks) | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Infant 2 Age Group (37-52 weeks) | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Toddler 1 Age Group (1-2 Years) | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Toddler 2 Age Group (2-3 Years) | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Preschool 1 Age Group (3-4 Years) | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Preschool 2 Age Group (4-5 Years) | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| School Age 1 Group (5-6 Years, Kindergarten) | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| School Age 2 Group (6-15 Years, School Age) | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |

### *Part III- Provider Attributes*

Choose an item.

**Environment: (**Check all that apply.)

Fenced in Yard  Waterfront  Wheelchair Accessible

Mixed Age (0-3)  Indoor Pets  Lead Safe

No Dog  Mixed Age (3-5)  No Cat

Outdoor Play Equip.  No Pets  No TV Use

School Bus Route  Pool  Public Transportation

Smoke Free  Wading Pool

**Meals:**

Accommodates breast milk  Breakfast  CACFP Program

Dinner  Formula provided  Lunch

Nut free  Snack  Parent provides formula/meals

Special Meal Requests Accommodated

**Philosophy:**

Developmentally  Project Approach  Waldorf

Appropriate Practices  Emergent Curriculum  Montessori

**Financial Assistance:**

Employer support  Multi-child Discount  United Way

Parent Co-op Exchange  Program Scholarship  Other (See Comments)

Sliding Fee Scale

**Comments:**



**Policies:**

Program Contract  Program Handbook  Program policies

**Special Skills:**

CCRR Volunteer  Credentialed Trainer  Emergency Preparedness

Peer Volunteer

**Safety:**

CPR certified staff  CPR Current for all Staff  Child Health Care Consultant

Emergency Preparedness Plan  First Aid Certified Staff  Medication Administration Trained

Water Safety Certified Staff  On-Site Nurse

**Special Needs:** (Check all that you have experience with.)

ADD/ADHD  Asthma/Severe Allergies  Autism/PDD

Developmental Delays  Emotional/Behavioral  Food Allergies

Gifted  Physical  Seizures

Sensory  Special Health Need  Speech/Language

Tube Feedings  Visual/Hearing  Willing to be Trained

**Training and Hours of Workshops:**

**Director’s and Family Child Care Provider’s Experience and Education Only:** (Check all that apply.)

18 hours of training  Child Care Administration College Course

Early Childhood Leadership and College Courses for Credit

Supervision College Course

**Years of Experience:**

Under 1 Yr.  1-3 Yrs.  4-9 Yrs.  10-20 Yrs.  21+ Yrs.

Family Child Care Experience  Child Care Center Experience  School Age Experience

**Education:**

High School  Some College, Child Rel.  Some College, Other Emphasis

Assoc. Degree, Child Related  Assoc. Degree, Other  Bachelor’s, Child Related

Bachelor’s, Other  Master’s, Child Related  Master’s, Other

CDA

**Affiliation:**

Children’s Alliance of NH Membership  ELNH Membership  NAEYC Membership

NAFCC Membership  Local organization  NHAN Membership

Spark NH Committee Member  NHAIMH Membership

**Advocacy:**

Child Care Advisory Council Participant  Spark NH Participant

Write Letters  Visit Legislators

**Activities Offered:**

Art  Cooking  Faith-Based

Family Involvement  Field Trips  Language Arts

Music and Movement  Nature Based Activities  Physical Activities

**Special Services:**

Emergency Care  Offers Back-up Care  Offers Overnight Care

Offers Respite Care  Offer Sick Child Care  Open During School

Open Snow Days  Temporary Care Vacations

***Part IV – Provider Specifics***

**Child Care Setting:** (Check the one that best describes your program.)

Non-residential  School-based  College or University

Faith-based  Independently Owned/Profit  Head Start

Workplace-based  Not For Profit  Other

Residential

\*Workplace-based means that your program is employer-supported and is located in the same place where other employees work. For example if you work at a program within a hospital and the program is provided through the hospital and employees of the hospital have access to your child care program as an employee benefit, than your child care setting is workplace-based. If your program is located in a shopping plaza around other businesses than your child care setting is NOT workplace-based, but is non-residential.

**Allergy Restricted:**

Nut-free  Peanut-free  Pet-free

**Child Care Centers Only**

\*\*\***IMPORTANT**: **SALARY/BENEFITS – Child Care Centers** - The questions below pertain to salary ranges and what benefits, if any, are available to the positions described. This information can be used for statistical purposes and helps in assessing the current workforce. Specific program information is not shared, but general averages on position salaries, types of care, etc. can be. Please complete this information as it may benefit you and the early childhood field in the future. We have had programs call us, for example, requesting rates of salaries for directors so they can use that information when approaching their board regarding their upcoming review. The information is helpful, therefore, please fill it in accordingly.

Number of Classrooms: Click here to enter text.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Position** | **Hourly Salary Range**  **(Low to High)** | **Health Benefits** | **Vacation**  **Benefits** | **Credentialing**  **Assistance** | **Education**  **Assistance** | **Other**  **Benefits** |
| Director | Click here to enter text. |  |  |  |  | Click here to enter text. |
| Assistant Director | Click here to enter text. |  |  |  |  | Click here to enter text. |
| Lead Teacher | Click here to enter text. |  |  |  |  | Click here to enter text. |
| Associate Teacher | Click here to enter text. |  |  |  |  | Click here to enter text. |
| Child Care Assistant | Click here to enter text. |  |  |  |  | Click here to enter text. |
| Student Teacher | Click here to enter text. |  |  |  |  | Click here to enter text. |

**Family Child Care Providers Only**

**Family Care Setting:**

House  Mobile Home

Apartment  Duplex

Townhouse  Non-residential

**\*\*\*IMPORTANT: SALARY** **- Family Child Care Providers -** The question below pertains to the salary earned by family child care providers. This information can be used for statistical purposes and helps in assessing the current workforce. Specific program information is not shared, but general averages on salaries can be so please complete this information as it may benefit you and the early childhood field in the future. The information is helpful, therefore, please fill it in accordingly.

**Family Child Care Provider Salary:**

Under $5,000  $20,000 - $25,000

$5,000 - $10,000  $25,000 - $30,000

$10,000 - $15,000  $30,000 - $35,000

$15,000 - $20,000  Over $35,000

**­­­­**

*IMPORTANT: The census questions below are being compiled for advocacy and statistical purposes. Individual program information is not shared but is used for averages for statistical purposes.*

***Census Bureau Questions***

**Number of persons on staff who are Spanish/ Hispanic/Latino:**

Mexican, Mexican American, Chicano Click here to enter text. Puerto Rican Click here to enter text.

Cuban Click here to enter text.

Other Spanish/Hispanic/Latino (print group) Click here to enter text.

**Number of persons on staff whose race is:**

White Click here to enter text. Black or African American Click here to enter text.

American Indian or Alaska Native (print Tribe) Click here to enter text.

Asian Indian Click here to enter text. Native Hawaiian Click here to enter text. ChineseFilipino Click here to enter text. Japanese Click here to enter text.

Vietnamese Click here to enter text.

Other Pacific Islander (print race) Click here to enter text.

Other Asian (print race) Click here to enter text.

Other race (print race) Click here to enter text.

**English Ability:**

Number of persons on staff who speak a language other than English at home: Click here to enter text.

What languages? Click here to enter text.

How well do these people speak English?  Very well  Well  Not Well  Not At All

***Technological Access***

**These questions pertain to how you and your program accesses technology.**

Do you have a computer onsite that staff have access to?  Yes  No

Do you have Wi-Fi available onsite for staff use?  Yes  No

Are you registered in the NH Professional Registry?  Yes  No

How many staff members are registered in the NH Professional Registry? Click here to enter text.

Do you or your staff attend CCAoNH Trainings?  Yes  No

Do you receive the CCAoNH e-newsletters  Yes  No

If no, are you interested in receiving CCAoNH e-newsletters?  Yes  No

Does your program use social media?  Yes  No

If yes, can you provide the link for families locate you on:

Facebook:Click here to enter text. Twitter: Click here to enter text.

Instagram: Click here to enter text. YouTube: Click here to enter text.

Pinterest: Click here to enter text. Other: Click here to enter text.

When accessing training information electronically what type of device do you use? (Select all that apply):

Computer  Tablet/iPad  Smart Phone  Other

Do not have ability to access electronically

***Sharing Information***

**These questions pertain to your interest in obtaining information from other Department of Health and Human Services Contractors, such as Preschool Technical Assistance Network (PTAN), A Comprehensive Resource for Out-of-School Staff NH (ACROSS NH) and the NH Market Rate Survey Contractor.**

As a licensed program, general program information (name, address and phone number) can be shared upon request. If you are a license exempt program your information is currently not provided.

What type of care do you provide?  Licensed  License Exempt

Do you currently receive information from these entities via email?  Yes  No

If no, would you like your email address provided to these entities so that you can receive information about their services?  Yes  No

If yes, please provide the email address that you would like shared Click here to enter text.

If you are a License Exempt program would you like your general program information (name, address, and phone number) shared with these entities?  Yes  No

Comments:



**IS THERE ANY OTHER SPECIAL INFORMATION ABOUT YOUR PROGRAM THAT YOU WOULD LIKE CHILD CARE AWARE OF NEW HAMPSHIRE TO KNOW AND/OR SHARE WITH FAMILIES?**



E-Signature of Person Filling Out This Form: Click here to enter text.

Title: Click here to enter text. Date: Click here to enter a date.

**WEBSITE RELEASE INFORMATION:** Child Care Aware@ of New Hampshire and the Child Development Bureau offers our referral services on the web at [www.nh.childcareaware.org](http://www.nh.childcareaware.org). Information about licensed programs in NH is public. **All licensed centers and family child care programs will automatically receive referrals via the website**. If you **DO NOT** want your licensed program listed for referrals on this website please sign below.

I do not want my program listed for referrals on [www.nh.childcareaware.org](http://www.nh.childcareaware.org) Click here to enter text.

**(E-Signature)**

***Thanks! And thank you for all that you do for NH Families!!!***dd01434_dd01434_dd01434_dd01434_

Child Care Resource and Referral is a program of Southern New Hampshire Services. This service is offered under an Agreement with the State of New Hampshire, Department of Health and Human Services, Division of Children, Youth, and Families, Child Development Bureau, with funds provided in part or in whole by the State of New Hampshire and United States Department of Health and Human Services.