



## 2019 Annual Provider Information Update Form



Please take a few moments to complete this form. In order to better serve both providers and families, Southern New Hampshire Services, Child Care Aware of NH needs 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](mailto: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).**

**Questions? Contact the CCR&R Outreach Team at 1-855-393-1731 ext. 31 or [ccrr@snhs.org](mailto:ccrr@snhs.org). Thank you!**

### Program Information

#### **PART I – General Information**

Director or Site Director/Provider Name: \_\_\_\_\_

Business Name: As It Appears on Your License: \_\_\_\_\_

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

#### **Location:**

Street: \_\_\_\_\_ Unit # \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ +4 \_\_\_\_\_

#### **Mailing Address If Different From Above:**

Street: \_\_\_\_\_ Unit # \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ +4 \_\_\_\_\_

#### **Contact Information:**

Primary Phone: (603) \_\_\_\_\_ ext. \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Program Website: \_\_\_\_\_

Social Media: \_\_\_\_\_

#### **E-Newsletters:**

- ☐ I would like to start receiving Child Care Aware of NH e-newsletters to the email above.
- ☐ I would like to receive Child Care Aware of NH e-newsletters to this email address: \_\_\_\_\_
- ☐ I already receive Child Care Aware of NH e-newsletters
- ☐ I am not interested in receiving Child Care Aware of NH emails.

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

Regulation: \_\_\_\_\_ Licensed \_\_\_\_\_ License-Exempt

**Vacancy Information:**

Total Vacancies: \_\_\_\_\_ As of what 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
____ Other	____ American Sign Language	____ Arabic
____ Bosnian	____ Cambodian	____ Chinese
____ German	____ Hindi	____ Italian
____ Japanese	____ Korean	____ Napoli
____ 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** \_\_\_\_\_

**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						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
Sunday						

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

Age Group:	Age Range	Hourly Rate:		Daily Rate:		Weekly Rate:	
		P/T	F/T	P/T	F/T	P/T	F/T
Infant 1	0-36 weeks						
Infant 2	37-52 weeks						
Toddler 1	1-2 years						
Toddler 2	2-3 years						
Preschool 1	3-4 years						
Preschool 2	4-5 years						
School Age 1	5-6 years						
School Age 2	6-15 years						

**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)				
Infant 2 Age Group (37-52 weeks)				
Toddler 1 Age Group (1-2 Years)				
Toddler 2 Age Group (2-3 Years)				
Preschool 1 Age Group (3-4 Years)				
Preschool 2 Age Group (4-5 Years)				
School Age 1 Group (5-6 Years, Kindergarten)				
School Age 2 Group (6-15 Years, School Age)				

### Part III- Provider Attributes

\_\_\_ Number of classroom

\_\_\_ Not For Profit

\_\_\_ Profit

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

\_\_\_ Fenced in Yard

\_\_\_ Mixed Age (0-3)

\_\_\_ No Dog

\_\_\_ Outdoor Play Equip.

\_\_\_ School Bus Route

\_\_\_ Waterfront

\_\_\_ Indoor Pets

\_\_\_ Mixed Age (3-5)

\_\_\_ No Pets

\_\_\_ Pool

\_\_\_ Smoke Free

\_\_\_ Wheelchair Accessible

\_\_\_ Lead Safe

\_\_\_ No Cat

\_\_\_ No TV Use

\_\_\_ Public Transportation

\_\_\_ Wading Pool

#### **Meals:**

\_\_\_ Accommodates Breast Milk

\_\_\_ Dinner

\_\_\_ Nut Free

\_\_\_ Special Meal Requests Accommodated

\_\_\_ Breakfast

\_\_\_ Formula Provided

\_\_\_ Snack

\_\_\_ CACFP Program

\_\_\_ Lunch

\_\_\_ Parent Provides Formula/Meals

#### **Philosophy:**

\_\_\_ Developmentally

\_\_\_ Appropriate Practices

\_\_\_ Project Approach

\_\_\_ Emergent Curriculum

\_\_\_ Waldorf

\_\_\_ Montessori

#### **Financial Assistance:**

\_\_\_ 21<sup>st</sup> Century

\_\_\_ Other

\_\_\_ Program Scholarship

\_\_\_ United Way

\_\_\_ Military Assistance

\_\_\_ Employer support

\_\_\_ Parent Co-op Exchange

\_\_\_ Sliding Fee Scale

\_\_\_ \*Program Does Not Charge

Family **Co-Pay** for State CC  
Assistance

\_\_\_ Multi-child Discount

\_\_\_ Preventive and Protective Care

\_\_\_ State CC Assistance

\_\_\_ \*\*Program Does Not Charge **Cost  
Share** for State CC Assistance

**\*Co-Pay** If the Standard Rate is less than the provider charges private pay families, you may charge the scholarship family the difference between the Standard Rate and your weekly rate. That charge is the co-pay.

**\*\*Cost Share** is the amount of child care cost that is assigned by DHHS to all parents receiving employment related child care scholarships.

**Example:** Your weekly rate is \$200 per week and the Standard Rate is \$150. A family with 2 eligible children receiving scholarship assistance has a cost share of \$50 per week. The family will pay you \$50 a week in cost share for both children or \$25 a week for each child. Co-pay is the difference between your weekly rate and the cost share or in this example \$50.

#### **Policies:**

\_\_\_ Program Contract

\_\_\_ Program Handbook

\_\_\_ Program policies

#### **Special Skills:**

\_\_\_ CCRR Volunteer

\_\_\_ Credentialed Trainer

\_\_\_ Emergency Preparedness  
Peer Volunteer

#### **Safety:**

\_\_\_ CPR Certified Staff

\_\_\_ Emergency Preparedness  
Plan

\_\_\_ On-Site Nurse

\_\_\_ CPR Current for all Staff

\_\_\_ First Aid Certified Staff

\_\_\_ Water Safety Certified  
Staff

\_\_\_ Child Health Care Consultant

\_\_\_ Medication Administration  
Trained

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

\_\_\_ ADD/ADHD

\_\_\_ Developmental Delays

\_\_\_ Gifted

\_\_\_ Sensory

\_\_\_ Tube Feedings

\_\_\_ Asthma/Severe Allergies

\_\_\_ Emotional/Behavioral

\_\_\_ Physical

\_\_\_ Special Health Need

\_\_\_ Visual/Hearing

\_\_\_ Autism/PDD

\_\_\_ Food Allergies

\_\_\_ Seizures

\_\_\_ Speech/Language

\_\_\_ 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.)

<input type="checkbox"/> 18 Hours of Training	<input type="checkbox"/> Child Care Administration
<input type="checkbox"/> Early Childhood Leadership and Supervision College Course	<input type="checkbox"/> College Course
	<input type="checkbox"/> College Courses for Credit

**Years of Experience:**

<input type="checkbox"/> Under 1 Yr.	<input type="checkbox"/> 1-3 Yrs.	<input type="checkbox"/> 4-9 Yrs.	<input type="checkbox"/> 10-20 Yrs.	<input type="checkbox"/> 21+ Yrs.
<input type="checkbox"/> Family Child Care Experience	<input type="checkbox"/> Child Care Center Experience	<input type="checkbox"/> School Age Experience		

**Education:**

<input type="checkbox"/> High School	<input type="checkbox"/> Some College, Child Rel.	<input type="checkbox"/> Some College, Other Emphasis
<input type="checkbox"/> Assoc. Degree, Child Related	<input type="checkbox"/> Assoc. Degree, Other	<input type="checkbox"/> Bachelor's, Child Related
<input type="checkbox"/> Bachelor's, Other	<input type="checkbox"/> Master's, Child Related	<input type="checkbox"/> Master's, Other
<input type="checkbox"/> CDA		

**Affiliation:**

<input type="checkbox"/> ELNH Membership	<input type="checkbox"/> Local organization	<input type="checkbox"/> NAEYC Membership
<input type="checkbox"/> NAFCC Membership	<input type="checkbox"/> NHAIMH Membership	<input type="checkbox"/> NHAN Membership
<input type="checkbox"/> SELA Membership	<input type="checkbox"/> Spark NH Committee Member	

**Advocacy:**

<input type="checkbox"/> Child Care Advisory Council Participant	<input type="checkbox"/> Spark NH Participant
<input type="checkbox"/> Write Letters	<input type="checkbox"/> Visit Legislators

**Activities Offered:**

<input type="checkbox"/> Art	<input type="checkbox"/> Cooking	<input type="checkbox"/> Faith-Based
<input type="checkbox"/> Family Involvement	<input type="checkbox"/> Field Trips	<input type="checkbox"/> Language Arts
<input type="checkbox"/> Music and Movement	<input type="checkbox"/> Nature Based Activities	<input type="checkbox"/> Physical Activities

**Special Services:**

<input type="checkbox"/> Emergency Care	<input type="checkbox"/> Offers Back-up Care	<input type="checkbox"/> Offers Overnight Care
<input type="checkbox"/> Offers Respite Care	<input type="checkbox"/> Offer Sick Child Care	<input type="checkbox"/> Open During School Vacations
<input type="checkbox"/> Open Snow Days	<input type="checkbox"/> Temporary Care	

**Comments:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

***Part IV – Provider Specifics*****Child Care Setting:** (Check the one that best describes your program.)

<input type="checkbox"/> Non-residential	<input type="checkbox"/> School-based	<input type="checkbox"/> College or University
<input type="checkbox"/> Faith-based	<input type="checkbox"/> Independently Owned/Profit	<input type="checkbox"/> Head Start
<input type="checkbox"/> *Workplace-based	<input type="checkbox"/> Not For Profit	<input type="checkbox"/> Other
<input type="checkbox"/> 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:**

<input type="checkbox"/> Nut-Free	<input type="checkbox"/> Peanut-Free	<input type="checkbox"/> Pet-Free
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## 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: \_\_\_\_\_

Position	Hourly Salary Range (Low to High)	Health Benefits	Vacation Benefits	Credentialing Assistance	Education Assistance	Other Benefits
Director						
Assistant Director						
Lead Teacher						
Associate Teacher						
Child Care Assistant						
Student Teacher						

## Family Child Care Providers Only

**\*\*\*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 Care Setting:

<input type="checkbox"/> House	<input type="checkbox"/> Mobile Home
<input type="checkbox"/> Apartment	<input type="checkbox"/> Duplex
<input type="checkbox"/> Townhouse	<input type="checkbox"/> Non-residential

### Family Child Care Provider Salary:

<input type="checkbox"/> Under \$5,000	<input type="checkbox"/> \$20,000 - \$25,000
<input type="checkbox"/> \$5,000 - \$10,000	<input type="checkbox"/> \$25,000 - \$30,000
<input type="checkbox"/> \$10,000 - \$15,000	<input type="checkbox"/> \$30,000 - \$35,000
<input type="checkbox"/> \$15,000 - \$20,000	<input type="checkbox"/> Over \$35,000

**Census Bureau Questions:** 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.

**Number of Persons on Staff Who are Spanish/ Hispanic/Latino:**

\_\_\_\_ Mexican, Mexican American, Chicano \_\_\_\_\_ Puerto Rican \_\_\_\_\_ Cuban  
\_\_\_\_ Other Spanish/Hispanic/Latino (print group) \_\_\_\_\_

**Number of Persons on Staff Whose Race is:**

\_\_\_\_ White \_\_\_\_\_ Black or African American  
\_\_\_\_ American Indian or Alaska Native (print Tribe) \_\_\_\_\_  
\_\_\_\_ Asian Indian \_\_\_\_\_ Native Hawaiian \_\_\_\_\_ Chinese  
\_\_\_\_ Filipino \_\_\_\_\_ Japanese \_\_\_\_\_ Vietnamese  
\_\_\_\_ Other Pacific Islander (print race) \_\_\_\_\_  
\_\_\_\_ Other Asian (print race) \_\_\_\_\_  
\_\_\_\_ Other race (print race) \_\_\_\_\_

**English Ability:**

Number of persons on staff who speak a language other than English at home: \_\_\_\_\_

What languages? \_\_\_\_\_

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

**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 \_\_\_\_\_.

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?**

\_\_\_\_\_

\_\_\_\_\_

Signature of Person Filling Out This Form: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

**WEBSITE RELEASE INFORMATION:** Child Care Aware@ of New Hampshire and the Bureau of Child Development and Head Start Collaboration 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) \_\_\_\_\_

(Signature)

**Thank you for completing your Annual Update! And thank you for all that you do for NH Families!!!**

Child Care Aware of NH is a Child Care Resource and Referral program of Southern New Hampshire Services. The preparation of this document was financed under a Contract with the State of NH, Department of Health and Human Services, Division of Economics and Housing Stability, Bureau of Child Development and Head Start Collaboration, with funds provided in part by the State of NH and the US Department of Health and Human Services.