



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.

*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.

Questions? Contact the CCR&R Outreach Team at 1-855-393-1731 ext. 31 or 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.)

<input type="checkbox"/> English	<input type="checkbox"/> Spanish	<input type="checkbox"/> French
<input type="checkbox"/> Other	<input type="checkbox"/> American Sign Language	<input type="checkbox"/> Arabic
<input type="checkbox"/> Bosnian	<input type="checkbox"/> Cambodian	<input type="checkbox"/> Chinese
<input type="checkbox"/> German	<input type="checkbox"/> Hindi	<input type="checkbox"/> Italian
<input type="checkbox"/> Japanese	<input type="checkbox"/> Korean	<input type="checkbox"/> Napoli
<input type="checkbox"/> Polish	<input type="checkbox"/> Portuguese	<input type="checkbox"/> Russian
<input type="checkbox"/> Somali	<input type="checkbox"/> Swahili	<input type="checkbox"/> Vietnamese

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

<input type="checkbox"/> Evening	<input type="checkbox"/> Full Time	<input type="checkbox"/> Infant
<input type="checkbox"/> Infant & Toddler	<input type="checkbox"/> Kindergarten	<input type="checkbox"/> Overnight
<input type="checkbox"/> Part Time	<input type="checkbox"/> Preschool	<input type="checkbox"/> School Age
<input type="checkbox"/> Toddler	<input type="checkbox"/> Weekend	

Part II – General Shift Information

What Types of Shifts Do You Provide? (Check all that apply.)

<input type="checkbox"/> Day	<input type="checkbox"/> Summer/Holiday	<input type="checkbox"/> Session 3
<input type="checkbox"/> Evening	<input type="checkbox"/> Session 1	<input type="checkbox"/> Weekend
<input type="checkbox"/> Overnight	<input type="checkbox"/> Session 2	<input type="checkbox"/> Other
<input type="checkbox"/> School Year		

Comments Related to Shift Information _____

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

<input type="checkbox"/> Full Time	<input type="checkbox"/> Summer Only	<input type="checkbox"/> Open Holidays
<input type="checkbox"/> Part Time	<input type="checkbox"/> Drop In	<input type="checkbox"/> Temp/Emergency
<input type="checkbox"/> Full Year	<input type="checkbox"/> Before School	<input type="checkbox"/> After School
<input type="checkbox"/> School Year	<input type="checkbox"/> Rotating	<input type="checkbox"/> 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:

21st 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
<input type="checkbox"/> Open Snow Days	<input type="checkbox"/> Temporary Care	<input type="checkbox"/> Vacations

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:

House Mobile Home
 Apartment Duplex
 Townhouse Non-residential

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

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. 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 _____

(Signature)

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