



Child Care Aware of New Hampshire Program Information Condensed Update Form



Child Care Aware of NH, a Child Care Resource and Referral program of Southern New Hampshire Services, would like you to 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 program(s). 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. Remember that you may change any information that we have in our database at any time with just a phone call or an email. We would also appreciate your feedback on our program.

If you have any additional comments in regards to our program please contact us at 1-855-393-1731. Comments may also be sent via email to ccrr@snhs.org.

***Mail completed form and a copy of your Program License to
Child Care Aware of NH, Attn: Karen Abbott
88 Temple Street, Nashua, NH 03060. Thank you!**

Program Information

Director or Site Director/Provider Name: _____

Business Name: _____

Location:

Street: _____ Unit # _____

City: _____ State: _____ Zip Code: _____ +4 _____

County: _____

Mailing address if different from above:

Street: _____ Unit # _____

City: _____ State: _____ Zip Code: _____ +4 _____

Contact Information:

Primary Phone: (603) _____ ext. _____

Fax: _____

PLEASE NOTE: Currently our newsletter, training calendar, "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.

Email: _____

Program Website: _____

Vacancy Information:

Total Vacancies: _____ As of what date? _____

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 | |

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 | | | | | | | | |
| 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 | | | | | | | | |

Population Information:

| Age Group: | Age Range: | Desired Capacity | Licensed Capacity | FT Vacancy | PT Vacancy | Vacancy Date | How Many Enroll | Child to Adult Ratio | Group Size |
|--------------|---------------|------------------|-------------------|------------|------------|--------------|-----------------|----------------------|------------|
| Infant 1 | 0-36 weeks | | | | | | | | |
| Infant 2 | 37 – 52 weeks | | | | | | | | |
| Toddler 1 | 1-2 years | | | | | | | | |
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| School Age 1 | 5-6 years | | | | | | | | |
| School Age 2 | 6-15 years | | | | | | | | |

Technological Access

These questions pertain to how you and your program access 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

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

IS THERE ANY OTHER SPECIAL INFORMATION ABOUT YOUR PROGRAM THAT YOU WOULD LIKE CHILD CARE RESOURCE & REFERRAL TO KNOW AND/OR SHARE WITH FAMILIES?

Signature of Person Filling Out This Form: _____

Title: _____ Date: _____

I do not want my program listed for referrals on www.nh.childcareaware.org _____

Signature

Thank you for completing the update and for all that you do for NH Children and their Families!!!



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 Economics and Housing Stability, Bureau of Child Development and Head Start Collaboration, with funds provided in part or in whole by the State of New Hampshire and United States Department of Health and Human Services.