

## 2018 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](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 Karen 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.)**

<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
- Indoor Pets
- Lead Safe
- Mixed Age (0-3)
- Mixed Age (3-5)
- No Cat
- No Dog
- No Pets
- No TV Use
- Outdoor Play Equip.
- Pool
- Public Transportation
- School Bus Route
- Smoke Free
- Wading Pool
- Waterfront
- Wheelchair Accessible

#### Meals:

- Accommodates Breast Milk
- Breakfast
- CACFP Program
- Dinner
- Formula Provided
- Lunch
- Nut Free
- Snack
- Parent Provides Formula/Meals
- Special Meal Requests Accommodated

#### Philosophy:

- Developmentally Appropriate Practices
- Project Approach
- Waldorf
- Emergent Curriculum
- Montessori

#### Financial Assistance:

- 21<sup>st</sup> Century
- Employer support
- Multi-child Discount
- Other
- Parent Co-op Exchange
- Preventive and Protective Care
- Program Scholarship
- Sliding Fee Scale
- State CC Assistance
- United Way
- \*Program Does Not Charge
- \*\*Program Does Not Charge **Cost**
- Family **Co-Pay** for State CC Assistance
- 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 DHSS 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
- CPR Current for all Staff
- Child Health Care Consultant
- Emergency Preparedness
- First Aid Certified Staff
- Medication Administration
- Plan
- Water Safety Certified
- Trained
- On-Site Nurse
- Staff

#### 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  
 Early Childhood Leadership and  College Course  
Supervision College Course  College Courses for Credit

**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:**

ELNH Membership  Local organization  NAEYC Membership  
 NAFCC Membership  NHAIMH Membership  NHAN Membership  
 SELA Membership  Spark NH Committee Member

**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

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

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

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

### 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

**\*\*\*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:

<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?**

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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 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, 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.