#### logo-temp2 SNHS New 2013

***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.

**\*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 Karen 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: 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 your program update. 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.

Social Media Account: Click here to enter text.

**E-Newsletters:**

[ ]  I would like to start receiving Child Care Aware of NH e-newsletters to the email above.

[ ]  I would like to start receiving Child Care Aware of NH e-newsletters to this email address. Click here to enter text.

[ ]  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: Choose an item.

**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

[ ]  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** 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*

**Number of Classrooms:** Click here to enter text. Attribute: Choose an item.

**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 [ ]  Smoke Free

**Meals:**

[ ]  Accommodates Breast Milk [ ]  Breakfast [ ]  CACFP Program

[ ]  Dinner [ ]  Formula Provided [ ]  Lunch

[ ]  Nut Free [ ]  Snack [ ]  Parent Provides

[ ]  Special Meal Requests Accommodated Formula/Meals

**Philosophy:**

[ ]  Developmentally [ ]  Project Approach [ ]  Waldorf

 Appropriate Practices [ ]  Emergent Curriculum [ ]  Montessori

**Financial Assistance:**

[ ]  21st 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  **Share** for State CC Assistance

 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 it would be $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 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:**

[ ]  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:**

****

***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

**­­­­**

***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 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. Chinese Click here to enter text. Filipino 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

***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 Bureau 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) Click here to enter text.

 **(E-Signature)**

***Thank you for completing your Annual Provider Information Update!***

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.

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