



LOCATE: CHILD CARE FAMILY CHILD CARE QUESTIONNAIRE



Instructions: Please answer the following questions regarding your family child care home. If there is information you do not wish to share or you feel does **not** apply to you, please indicate with a "NR" (not relevant) in the space provided. If you have any questions or concerns about the questionnaire, feel free to call the LOCATE staff at 410.659.7701 x230. Please return the completed questionnaire by mail to Maryland Family Network, 1001 Eastern Ave. Fl 2, Baltimore, Maryland 21202. Or, you can fax the completed form to 410.385.0561.

PLEASE TYPE OR PRINT

Date _____

1. Name _____
2. Site Address _____ Community/Development _____
3. City _____ 4. County _____
5. Zip _____ 6. Landline Phone _____
7. Mailing Address (if different from site address) _____ Cell Phone _____
 _____ Fax _____
 _____ E-mail _____

Website Address _____

8. Are you interested in receiving occasional emails from Maryland Family Network concerning child care and family issues? Yes No
9. Please circle all that apply:

There is a subway/light rail station near my home.	Yes	No	
Name of subway/light rail station _____			
There is a public bus line near my home.	Yes	No	
Bus names and numbers _____			
10. We are very interested in linking child care providers with the closest public school that the children you care for attend. If you had to choose one school, what is your primary public elementary school and your primary public middle school? (Please answer even if you do not provide school-age care).
 - a. Primary public elementary school _____
 Name of public, private or charter elementary schools that you may transport to/from _____
 - b. Primary public middle school _____
 Name of public, private or charter middle schools that you transport to/from _____
11. a. Please circle all that you provide:

Before and/or after elementary school care	Yes	No	
Before and/or after middle school care	Yes	No	
Before and/or after preschool program (<i>nursery, public pre-kindergarten, part-day, Head Start and Early Head Start</i>)	Yes	No	

b. Please circle all that apply if you offer any before and/or after school care:

I can walk/drive children to/from:	school	Yes	No
	school bus stop	Yes	No
Children can walk to/from:	school	Yes	No
	school bus stop	Yes	No

12. a. What time do you open? _____ Close? _____

b. Are you willing to adjust the opening and closing hour to accommodate a parent's needs? Yes No

13. Please check the days of the week that you are regularly open:

Sun ____ Mon ____ Tues ____ Wed ____ Thurs ____ Fri ____ Sat ____

14. a. Do you offer care: _____ Full time? _____ Part-time? _____ Both?

b. Do you offer infant care: _____ Full time? _____ Part-time? _____ Both?

15. Are you open:

_____ 9 or 10 months (closed in summer) _____ 12 months (year-round)
 _____ Summer only _____ During school vacations

16. Please circle yes or no for each of the following schedules. (Please send a copy of your license if you offer **evening** or **overnight** care. This must be reflected on your license). Do you offer:

Weekend (on regular basis)	Yes	No	Temporary/emergency	Yes	No
Drop-in care	Yes	No	Overnight	Yes	No
Evening	Yes	No	Rotating schedule	Yes	No

17. a. Do you require that all children be toilet trained except where a disability prevents toilet training? Yes No

b. Will you toilet train or assist with toilet training toddlers except where a disability prevents toilet training? Yes No

c. Will you administer prescribed medication with written permission? Yes No

18. Do you speak more than one language fluently? Yes No

If yes, which language(s): _____

19. Please check all that apply to your home:

_____ Apartment/condo _____ Trailer _____ Fenced yard
 _____ Townhouse _____ Duplex _____ Swimming pool
 _____ Single family home

_____ Totally smoke-free environment
or _____ Smoke-free during child care hours
or _____ Smoke outside during child care hours

20. Please check any pets in the home or check "No Pets." Check all that apply.

<input type="checkbox"/> No pets in home	<input type="checkbox"/> Ferret	<input type="checkbox"/> Rabbit
<input type="checkbox"/> Dog	<input type="checkbox"/> Mice, gerbils, etc.	<input type="checkbox"/> Bird
<input type="checkbox"/> Cat	<input type="checkbox"/> Hamster, Guinea Pig	<input type="checkbox"/> Snake
<input type="checkbox"/> Fish	<input type="checkbox"/> Other _____	

21. Please check the meals that you provide:

<input type="checkbox"/> Breakfast	<input type="checkbox"/> P.M. snack
<input type="checkbox"/> A.M. snack	<input type="checkbox"/> Dinner
<input type="checkbox"/> Lunch	<input type="checkbox"/> No meals/snacks

22. Are you willing to accommodate a special diet for a child? Yes No

23. Due to concerns of severe food allergies is your family child care home a peanut/nut free environment?

Yes No

DEPOSITS, FEES AND ADDITIONAL INFORMATION

24. Please circle Y if your program accepts or N if your program does not accept children of each age. Then complete the chart by listing the fees you charge for the different age groups that you accept.

AGE	ACCEPT	WEEKLY COST FOR FULL-TIME CARE	DAILY COST FOR PART-TIME CARE
6 wks. - 11 mon.	Y N	\$_____ per week	\$_____ per day
12 mon. - 23 mon.	Y N	\$_____ per week	\$_____ per day
2 years	Y N	\$_____ per week	\$_____ per day
3 years	Y N	\$_____ per week	\$_____ per day
4 years	Y N	\$_____ per week	\$_____ per day
5 years (In child care full-time)	Y N	\$_____ per week	\$_____ per day
5 years and older (full time during holidays/summer)	Y N	\$_____ per week	\$_____ per day
Before/after preschool	Y N	\$_____ per week	\$_____ per day
Before/after school (5 and older)	Y N	\$_____ per week	\$_____ per day

Please complete the following chart if you provide **evening/overnight** care (as reflected on your license) or **weekend** care. If you do not provide care during these hours, skip to question 25.

AGE	ACCEPT	WEEKLY COST FOR EVENING CARE	WEEKLY COST FOR OVERNIGHT CARE	DAILY COST FOR WEEKEND CARE
6 wks. - 11 mon.	Y N	\$_____ per week	\$_____ per week	\$_____ per day
12 mon. - 23 mon.	Y N	\$_____ per week	\$_____ per week	\$_____ per day
2 years	Y N	\$_____ per week	\$_____ per week	\$_____ per day
3 years	Y N	\$_____ per week	\$_____ per week	\$_____ per day
4 years	Y N	\$_____ per week	\$_____ per week	\$_____ per day
5 years and older	Y N	\$_____ per week	\$_____ per week	\$_____ per day

25. Please circle your answers:

- a. Accept income eligible children who receive the Child Care Subsidy from the Department of Social Services Yes No
- b. Provide discount when caring for more than one child from the same family (Sibling Discount) Yes No
- c. Offer sliding fee (fee that is flexible according to the parent's income) Yes No

26. Do you require a security deposit? Yes ____ If yes, how much? \$ _____ No ____

27. Do you require a registration fee? Yes ____ If yes, how much? \$ _____ No ____

28. Provide care for up to what age? _____ years

29. Are you part of the Child and Adult Care Food Program? Yes No

30. Are you a member of your local family child care provider association? Yes No

The information you provide for Questions 31-36 is for statistical purposes only and will not be available as part of your referral information to parents. Your information is combined with the information of other caregivers in order to study trends in the areas of compensation and benefits.

31. a. What is the current estimated **gross** income from your business?
 (Indicate your answer on the basis of weekly income **or** monthly income, whichever is easier):

Weekly \$ _____ or Monthly \$ _____

b. Which of the following benefits do you have? (Check all that apply).

	YES, PAID BY YOUR FAMILY CHILD CARE BUSINESS	YES, THROUGH ANOTHER SOURCE	NONE
Health Insurance			
Dental Insurance			
Life Insurance			
Other Specify: _____			

SPECIAL NEEDS CARE

32. Do you currently have a child or children with special needs or disabilities enrolled in care?
 Yes _____ If yes, how many? _____ No _____
33. Do you currently have a child or children in care who are receiving early childhood mental health services or behavioral consultation services?
 Yes _____ If yes, how many? _____ No _____ Don't know _____
34. Do you currently have a child or children in care who are receiving early intervention services from Infant and Toddlers or Child Find other than mental health services?
 Yes _____ If yes, how many? _____ No _____ Don't know _____
35. Have you ever referred a child or children for early intervention services?
 Yes _____ If yes, how many? _____ No _____ Don't know _____
36. Did you terminate the care of a child due to behavior problems between January 1, 2014 and December 31, 2014?
 Yes _____ If yes, how many? _____ No _____
37. a. Have you had experience caring for children or adults with disabilities (child care, family and/or community activities)? Yes No
 b. If yes, please check which disability(ies) you have had experience with or knowledge of:

Cognitive

- ____ Delayed Development
 ____ Down Syndrome
 ____ Fragile X
 ____ Intellectual Disability

- ____ Learning Disability
 ____ Speech/Language Delay
 ____ Traumatic Brain Injury
 ____ Other _____

Physical

- ____ Arthritis
 ____ Cerebral Palsy
 ____ Hearing/Vision Loss
 ____ Limited Mobility
 (requires a wheelchair)

- ____ Low Muscle Tone
 ____ Muscular Dystrophy
 ____ Orthopedic
 ____ Spina Bifida
 ____ Other _____

Medical

- ____ Apnea Monitor
 ____ BPD
 ____ Blood/Organ Disorder
 ____ Bowel Disorder
 ____ Cancer
 ____ Colostomy Bags
 ____ Cystic Fibrosis
 ____ Diabetes
 ____ Drug Addicted/
 ExposedNewborns
 ____ Feeding Problems/
 GI Tubes
 ____ Genetic Disorder
 ____ Other _____

- ____ Heart Problems
 ____ HIV+/AIDS
 ____ Hydrocephalus
 ____ Lead Poisoning
 ____ Prematurity
 ____ Reflux
 ____ Respiratory
 ____ Severe Allergies
 ____ Severe Asthma
 ____ Seizure Disorder
 ____ Sickle Cell
 ____ Trach Tube

Social/Emotional

- ____ Adjustment Disorder
 ____ Attachment Disorder
 ____ ADD (Attention Deficit Disorder)
 ____ ADHD (Attention Deficit
 Hyperactivity Disorder)
 ____ Autism Spectrum
 ____ Behavior Problems
 ____ Bipolar Disorder
 ____ Depression

- ____ Emotional Problems
 ____ Mood Disorder
 ____ Obsessive-Compulsive
 Disorder
 ____ ODD (Oppositional
 Defiant Disorder
 ____ Post-Traumatic Stress
 Disorder
 ____ Sensory Integration
 Dysfunction
 ____ Social Communication
 Disorder

- c. Please circle all that apply to your program:
 Currently wheelchair accessible (ramp or garage entry, etc.) Yes No
 Working knowledge of sign language Yes No

EDUCATION

38. a. Check the highest level of education you have completed (*check only one*):
- Less than High School Associate Degree Master Degree
 GED/High School Bachelor Degree Doctoral Degree
- b. If you have an Associate Degree or higher, check your major area of study.
- Child Development
 Early Childhood Education
 Elementary Education
 Family Studies
 Nursing
 Psychology
 Social Work
 Special Education
 Other _____

39. Have you completed college level credit courses in Child Development or Early Childhood Education? Yes No
40. Have you completed college level credit courses in Special Education? Yes No
41. Do you have a teaching certificate in Special Education issued by Maryland State Department of Education? Yes No

TRAINING

42. a. Do you have a 90 Hour Early Childhood Education Pre-service Certificate? Yes No
b. Do you have a 45 Hour Infant and Toddler Pre-service Certificate? Yes No
43. Have you taken Medication Administration Training? Yes No
44. Please list any trainings you have taken relating specifically to care for children with disabilities.

45. Do you have any medical training? Yes No
If yes, please describe the type of training, such as nursing assistant, practical nursing, hospital aide, etc.

46. Do you follow any of the following State-approved curricula?

- InvestiGator Club (ages 3, 4 & 5)*
- Frog Street Preschool (age 4)*
- Little Treasures (age 4)*
- DLM Early Childhood Express (ages 3 & 4)*
- Kinder Corner and Curiosity Corner (ages 4 & 5)*
- Creative Curriculum for Preschool (ages 3 & 4) and Family Child Care (ages 3, 4 & 5)*
- None of the above

47. a. If you don't follow a State-approved curriculum, do you follow any pre-school curriculum? Yes No
b. If yes, what is the name of the curriculum that you follow?
