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 x234. Please return the completed questionnaire by email to mmoyd@marylandfamilynetwork.org, 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.

Date __________________________

Name ____________________________________________________________

License Number (for identification purposes only) __________________________

Do you participate in Maryland EXCELS? _____Yes _____No

Child Care Type: _____ Family Child Care Home _____ Large Family Child Care Home

Site Address _________________________________________________________

City __________________________________________ Community/Development __________

County _____________________________________________________________

Zip __________________________ Landline Phone _____________________________

Mailing Address (if different from site address) ___________________________

Cell Phone __________________________ Fax _____________________________

E-mail __________________________

FEES AND ADDITIONAL INFORMATION:

Please complete the following information for each age group served. Do not include discounts

<table>
<thead>
<tr>
<th>AGE Group</th>
<th>Full Time (weekly)</th>
<th>Part-Time (weekly)</th>
<th>Before/After School (daily)</th>
<th>Drop-In (daily)</th>
<th>Evening (daily)</th>
<th>Overnight (daily)</th>
<th>Weekend (daily)</th>
</tr>
</thead>
<tbody>
<tr>
<td>6 wks. – 11 mon.</td>
<td>$______</td>
<td>$______</td>
<td>$______</td>
<td>$______</td>
<td>$______</td>
<td>$______</td>
<td>$______</td>
</tr>
<tr>
<td>12 mon. – 23 mon.</td>
<td>$______</td>
<td>$______</td>
<td>$______</td>
<td>$______</td>
<td>$______</td>
<td>$______</td>
<td>$______</td>
</tr>
<tr>
<td>2 years</td>
<td>$______</td>
<td>$______</td>
<td>$______</td>
<td>$______</td>
<td>$______</td>
<td>$______</td>
<td>$______</td>
</tr>
<tr>
<td>3 years</td>
<td>$______</td>
<td>$______</td>
<td>$______</td>
<td>$______</td>
<td>$______</td>
<td>$______</td>
<td>$______</td>
</tr>
<tr>
<td>4 years</td>
<td>$______</td>
<td>$______</td>
<td>$______</td>
<td>$______</td>
<td>$______</td>
<td>$______</td>
<td>$______</td>
</tr>
<tr>
<td>5 years</td>
<td>$______</td>
<td>$______</td>
<td>$______</td>
<td>$______</td>
<td>$______</td>
<td>$______</td>
<td>$______</td>
</tr>
<tr>
<td>School-Age (5+)</td>
<td>$______</td>
<td>$______</td>
<td>$______</td>
<td>$______</td>
<td>$______</td>
<td>$______</td>
<td>$______</td>
</tr>
<tr>
<td>Do you charge a Security fee?</td>
<td>____No</td>
<td>Per child</td>
<td>Annually: ____Yes ____No</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you charge a Registration fee:</td>
<td>____No</td>
<td>Per child</td>
<td>Annually: ____Yes ____No</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**Family Child Care Questionnaire**

**Page 2**

___ Per Family

___ I DO WANT my fees published  ___ I DO NOT WANT my fees published on any website.

Name of person completing form & receiving PAU (Required) ________________________________________________________________

E mail address to send PAU (Required) __________________________________________________________________________

1. 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 ____________________________

2. 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 ____________________________

3. 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 (nursery, public pre-kindergarten, part-day, Head Start and Early Head Start)  
     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

4. 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

5. Please check the days of the week that you are regularly open:
   - Sun ___  Mon ___  Tues ___  Wed ___  Thurs ___  Fri ___  Sat ___

©Maryland Family Network, 2018  02-2018
6. a. Do you offer care: _______ Full time? _______ Part-time? _______ Both?
b. Do you offer infant care: _______ Full time? _______ Part-time? _______ Both?

7. Are you open:
   _______ 9 or 10 months (closed in summer) _______ 12 months (year-round)
   _______ Summer only _______ During school vacations

8. 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 Temporal/emergency Yes No
   Drop-in care Yes No Overnight Yes No
   Evening Yes No Rotating schedule Yes No

9. a. Do you require children to be toilet trained? 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

10. Do you speak more than one language fluently? Yes No
    If yes, which language(s): ____________________________

11. Please check all that apply to your home:
    _______ Apartment/condo _______ Trailer _______ Fenced yard
    _______ Townhouse _______ Duplex _______ Swimming pool
    _______ Single family home _______ Pets _______ Totally smoke-free environment
    or _______ Smoke-free during child care hours

12. Please check any pets in the home or check “No Pets.” Check all that apply.
    _______ No pets in home _______ Dog _______ Cat _______ Other

13. Please check the meals that you provide:
    _______ Breakfast _______ P.M. snack
    _______ A.M. snack _______ Dinner
    _______ Lunch _______ No meals/snacks
14. Are you willing to accommodate a special diet for a child?  Yes  No

15. Due to concerns of severe food allergies is your family child care home a peanut/nut free environment?  Yes  No

16. 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

17. Do you require a security deposit?  Yes  If yes, how much? $   No

18. Do you require a registration fee?  Yes  If yes, how much? $   No

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

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

The information you provide for questions 23-29 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.

21. 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).

<table>
<thead>
<tr>
<th></th>
<th>YES, PAID BY YOUR FAMILY CHILD CARE BUSINESS</th>
<th>YES, THROUGH ANOTHER SOURCE</th>
<th>NONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Insurance</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dental Insurance</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Life Insurance</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Specify: _______</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
SPECIAL NEEDS CARE

22. Do you currently have a child or children with special needs or disabilities enrolled in care?
   - Yes ____
   - If yes, how many? ________
   - No ____

23. 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 ____

24. 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 ____

25. Have you ever referred a child or children for early intervention services?
   - Yes ____
   - If yes, how many? ________
   - No ____
   - Don’t know ____

26. Did you terminate the care of a child due to behavior problems between January 1, 2017 and December 31, 2017?
   - Yes ____
   - If yes, how many? ________
   - No ____

27. a. Have you had experience caring for children or adults with disabilities (child care, family, used Behavioral Counseling Services 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
   - Blood/Organ Disorder
   - Bowl Disorder
   - Cancer
   - Colostomy Bags
   - Cystic Fibrosis
   - Diabetes
   - Drug Addicted/
   - ExposedNewborns
   - Feeding Problems/
   - GI Tubes
   - Genetic Disorder
   - Heart Problems
   - HIV+/AIDS
   - Hydrocephalus
   - Lead Poisoning
   - Prematurity
   - Reflux
   - Respiratory
   - Severe Allergies
   - Severe Asthma
   - Sickle Cell
   - Seizure Disorder
   - Low Muscle Tone
   - Muscular Dystrophy
   - Orthopedic
   - Spina Bifida
   - Other

   **Social/Emotional**
   - Adjustment Disorder
   - Attention 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
   - Other

   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

28. 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____________________________________

29. Have you completed college level credit courses in Child Development or Early Childhood Education?  ___ Yes   ___ No

30. Have you completed college level credit courses in Special Education?
    ___ Yes   ___ No

31. Do you have a teaching certificate in Special Education issued by Maryland State Department of Education?
    ___ Yes   ___ No

TRAINING

32. 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

33. Have you taken Medication Administration Training?  ___ Yes   ___ No

34. Please list any trainings you have taken relating specifically to care for children with disabilities.

   __________________________________________________________
   __________________________________________________________

35. 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.

   __________________________________________________________
   __________________________________________________________
36. Do you follow any of the following State-approved curricula?
   ___ Frog Street (ages 3 & 4)
   ___ DLM EC Express (ages 3 & 4)
   ___ Little Treasures (age 4)
   ___ Investigator Club (ages 3, 4, & 5)
   ___ Curiosity Corner and Kinder Corner (ages 4 & 5)
   ___ Creative Curriculum for Family Child Care (ages 3, 4, & 5)
   ___ Creative Curriculum (ages 3 & 4)
   ___ Connect 4 Learning (age 4)
   ___ OWL Opening the World of Learning
   ___ None of the above

37. 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?

38. Do you have CDA accreditation?   Yes   No   If Yes, please send documentation with this form.