



Agency Survey Addendum: Child Care

Agency Name: _____

Please complete this form to give us a clear and complete picture of the services you provide and populations you serve. Read through all of the categories and indicate all that apply to your organization on a regular basis. This completed form will help us to make only the most appropriate referrals to your organization.

Are you a licensed child care provider? Yes No
If yes, please provide a copy of your DHR license/certification.

Location of services — physical address:

- Child care center—outside of home
- Family child care home—home-based
- Out of client's home

Programs Offered

Day Care

Do you provide structured enrichment activities during school hours?

List ages that you serve:

Hours of operation: Days: MON TUE WED THU FRI SAT SUN

Do you offer transportation to/from home to school? Yes No

Is there an added fee for this service? Yes No || If yes, specify:

Area available for pick up/drop off service:

Day care fees:

- No fee Sliding fee scale (based on client's income)
- Straight fee—Specify:

Do you accept CAPS subsidy? Yes No

Do you offer discounts for families with multiple children in your care? Yes No

Summer Camps / Winter Camps / Spring Breaks / Fall Breaks

Do you offer programs for school-aged children during school vacation times? Yes No

Indicate which ones you offer:

What ages do you serve with these school vacation time programs?

Hours of Operation: MON TUE WED THU FRI SAT SUN

Do you offer transportation to/from home to school? Yes No

Is there an added fee for this service? Yes No || If yes, specify:

Area available for pick up/drop off service:

Name of Agency: _____

Please list specific fees:

- No fee Sliding fee scale (based on client's income)
- Straight fee—Specify:

After School Program (extended care)

Do you offer after school care? Yes No

Do you provide structured enrichment activities during school hours (i.e. day care)? Yes No

What ages do you serve:

Hours of operation: Days: MON TUE WED THU FRI SAT SUN

Do you offer transportation to/from home to school? Yes No

Is there an added fee for this service? Yes No || If yes, specify:

Area available for pick up/drop off service:

Please list specific fees:

- No fee Sliding fee scale (based on client's income)
- Straight fee—Specify:

Do you serve children who:

- Are not yet potty trained
- Have developmental disabilities
- Have a hearing impairment
- Have mobility challenges (i.e., wheelchair, walker)
- Have mental/emotional disabilities
- Have a visual impairment

Do you administer prescribed medications? Yes No

If yes, please indicate who administers the medication:

- Nurse Practitioner
- MD
- Other staff—specify:

Meal provided:

- Breakfast
- Lunch
- Dinner
- Snack

Do you have a dietician on staff? Yes No

Who prepares the meals?

Activities Provided

Please indicate and list some activities you provide:

- Outdoor trips
- Outdoor activities
- Learning games
- Movie Time
- Computer access
- Music/dance time
- Class work
- Others—specify:

List any additional information you would like to include: