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 *(nursery, public pre-kindergarten, part-day, Head Start and Early Head Start)* Yes No

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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.

_______ No pets in home _______ Ferret _______ Rabbit
_______ Dog _______ Mice, gerbils, etc. _______ Bird
_______ Cat _______ Hamster, Guinea Pig _______ Snake
_______ Fish _______ Other ______________________________

21. Please check the meals that you provide:

_______ Breakfast _______ P.M. snack
_______ A.M. snack _______ Dinner
_______ Lunch _______ 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

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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, 2013 and December 31, 2013?

    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
_____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

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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.

____

____

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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?

____

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