



Program Information Form
Child Care Center/Preschool/Family Child Care

GENERAL INFORMATION								
Contact Person First Name				Contact Person Last Name				
Business Name								
<i>Include my programs information for :</i> <input type="checkbox"/> Referrals to Parents <input type="checkbox"/> Web Referrals <input type="checkbox"/> Print Rates <input type="checkbox"/> Do not want referrals								
Physical Location (street address)			City		State	Zip	County	
Mailing Address: (if different)								
Primary Phone		Secondary Phone		Fax		Email		
Website			Employer Identification #		License ID #		License Expiration Date	
Is your program? <input type="checkbox"/> Certified Preschool <input type="checkbox"/> DSS Unregulated <input type="checkbox"/> Family Child Care System <input type="checkbox"/> State Licensed <input type="checkbox"/> Locally Permitted (Fairfax Only) <input type="checkbox"/> Military approved <input type="checkbox"/> Recreational/Instructional Exempt <input type="checkbox"/> Religious Exempt <input type="checkbox"/> Unregulated <input type="checkbox"/> Voluntary Registration (FCC only)								
Total licensed capacity		Desired capacity		Total vacancies		What age children does your program accept for care: Youngest Age: _____ to Oldest Age: _____		
Does your program accept funding from any of the following? <input type="checkbox"/> Head Start Funding <input type="checkbox"/> State Pre-K Funding								
Schools served for Before & After Care (Elementary & Middle)								
Select any Transportation services offered by your program? <input type="checkbox"/> Transportation Provided <input type="checkbox"/> Walking distance to school <input type="checkbox"/> Near Public Transportation (Bus, etc) <input type="checkbox"/> Pick-up/Drop-off @ Home <input type="checkbox"/> Pick-up/Drop-off @ School <input type="checkbox"/> Program located in elementary school <input type="checkbox"/> On School Transportation Route <input type="checkbox"/> No transportation								
If anyone on your staff speaks a language other than English, please provide below:								
SHIFTS								
What days of the week does your program operate? <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun				Does your program accept children? <input type="checkbox"/> Full time only <input type="checkbox"/> Part time only <input type="checkbox"/> Both full & part time				
Hours care is available?				Are you open: <input type="checkbox"/> Full year <input type="checkbox"/> School year only <input type="checkbox"/> Summer only				
Does your program offer any of the following services? (Check all that apply)				<input type="checkbox"/> Drop in <input type="checkbox"/> Temporary / Emergency <input type="checkbox"/> Before School <input type="checkbox"/> After school <input type="checkbox"/> Rotating <input type="checkbox"/> 24 Hour care <input type="checkbox"/> Holiday Care			Fee Charged for services? <input type="checkbox"/> Yes <input type="checkbox"/> No	
RATES								
Age Group	Hourly, Full Time	Daily, Full Time	Weekly, Full-Time	Before School Only	After School Only	Before & After School	Monthly, Full Time	Monthly, Part Time
0-12 months	\$	\$	\$				\$	\$
13-15 months	\$	\$	\$				\$	\$
16-23months	\$	\$	\$				\$	\$
2-3 years	\$	\$	\$				\$	\$
4-5 years (& not in school)	\$	\$	\$				\$	\$
4-5 years (& in school)	\$	\$	\$	\$	\$	\$	\$	\$
5-9 years	\$	\$	\$	\$	\$	\$	\$	\$
10 & older	\$	\$	\$	\$	\$	\$	\$	\$



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Does your program charge any Additional Fees?
 Extended Day Fee
 Holiday Fee
 Insurance Fee
 Late Charge Fee
 Meal Fee
 Registration fee
 Sick Child Fee
 Summer Activity Fee
 Supply Fee
 Transportation Fee

CAPACITY BY AGE									
Age Group	Desired Capacity	Licensed Capacity	Subsidy Capacity	Full Time Vacancy	Part Time Vacancy	Vacancy Date	Enroll	Child/Adult Ratio	Group Size
0-12 months									
13-15 months									
16-23months									
2-3 years									
4-5 years (& not in school)									
4-5 years (& in school)									
5-9 years									
10 & older									

ATTRIBUTES

Is your business a Not for profit?
 Yes
 No
Does your program offer Respite Care?
 Yes
 No

Star Rating
 1 Star
 2 Stars
 3 Stars
 4 Stars
 5 Stars
Star Rating Expiration Date

Tell us about your programs Environment
 Yes, Air Conditioning
 No Air Conditioning
 Yes, Outdoor Pets
 No Outdoor Pets
 Yes, Indoor Pets
 No Indoor Pets
 No Weapons
 Secured Weapons on Premises
 Yes, Non-Smoking
 Not Non-Smoking
 Yes, Fenced Yard
 No Fenced Yard
 Yes, Wheelchair Accessible
 Not Wheelchair Accessible
 Yes, Wood Burning Stove
 No Wood Burning Stove
 Yes, Pool on Premises
 No Pool on Premises
 Yes, Kerosene Heaters
 No Kerosene Heaters

Which Meals does your program serve? <input type="checkbox"/> Breakfast <input type="checkbox"/> Morning Snack <input type="checkbox"/> Lunch <input type="checkbox"/> Afternoon Snack <input type="checkbox"/> Dinner <input type="checkbox"/> Evening Snack <input type="checkbox"/> Parent provides meals <input type="checkbox"/> Special meal request <input type="checkbox"/> USDA Food Program	What is your programs Philosophy ? <input type="checkbox"/> Developmentally Appropriate Practices <input type="checkbox"/> Faith Based <input type="checkbox"/> Montessori <input type="checkbox"/> Resources for Infant Educators (RIE) <input type="checkbox"/> Waldorf <input type="checkbox"/> Other, _____
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Select any Financial Assistance offered to families:
 Yes, Accept State Subsidy (DSS Funds)
 Yes, Provide Scholarships
 Yes, Provider Sliding Fee Scale
 Yes, Accept NACCRR Military Fee Assistance
 Yes, Accept Other
 Do Not Accept or offer Financial Assistance

Select any Policies that pertain to your program: <input type="checkbox"/> Child Absence Allowance <input type="checkbox"/> Liability Insurance <input type="checkbox"/> Multi-child Discount <input type="checkbox"/> Provider Sick Allowance <input type="checkbox"/> Provider Vacation Allowance <input type="checkbox"/> Written Contract <input type="checkbox"/> Written Handbook <input type="checkbox"/> Closed Federal Holidays <input type="checkbox"/> Staff Background checks	Safety: <input type="checkbox"/> CPR Certified <input type="checkbox"/> First Aid Certified <input type="checkbox"/> Health-Related Degree <input type="checkbox"/> Medication Administration Certified <input type="checkbox"/> On-Site Nurse <input type="checkbox"/> PMAT Certified
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Select any Special Needs your program is willing to accept?
 Adaptive Special Equipment
 ADD/ADHD
 Allergies
 Asthma/Respiratory
 Autism / Aspergers
 Cognitive
 CP/Neuralgic/Seizure Disorders
 Developmental Delay
 Diabetes
 Dispense Medication
 Down Syndrome
 Experience/Training or desire
 Hearing Impaired
 Medical
 *ODD
 Physical
 Post Traumatic Stress Disorder
 PT/OT
 Social / Emotional
 Visually Impaired
 Case-by-Case Situation
 *Oppositional Defiant Disorder

Training
 Credit-based training
 Less than 12 hours in-service
 13-40 hrs in-service
 NVCC Infant-Toddler Certificate
 OFC School Readiness Certificate
 OFC School Age Certificate
 Social Emotional Foundations for Learning

Experience
 Under 1 year
 1 to 3 years
 4 to 9 years
 10 to 20 years
 Over 21 years
 Family Child Care experience
 Child Care Center experience
 Preschool Experience
 School Age Program Experience
 Multi-Age Group

What is the highest level of Education achieved? <input type="checkbox"/> Associate degree, Child Related <input type="checkbox"/> Associate degree, Other <input type="checkbox"/> Bachelor degree, Child Related <input type="checkbox"/> Bachelor degree, Other <input type="checkbox"/> CDA <input type="checkbox"/> High School Education/GED <input type="checkbox"/> Master degree, Child Related <input type="checkbox"/> Master degree, Other <input type="checkbox"/> Some College	Accreditation <input type="checkbox"/> ACA <input type="checkbox"/> ACSI <input type="checkbox"/> COA <input type="checkbox"/> NAA <input type="checkbox"/> NAC <input type="checkbox"/> NAEYC <input type="checkbox"/> NAFCC <input type="checkbox"/> NECPA <input type="checkbox"/> NLSA	Accreditation Expires
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Affiliation <input type="checkbox"/> NAEYC <input type="checkbox"/> VAECE <input type="checkbox"/> Local ECE Association <input type="checkbox"/> NAFCC <input type="checkbox"/> VAFCC <input type="checkbox"/> Local FCC Association <input type="checkbox"/> ACSI <input type="checkbox"/> ACA	Would you like to be contacted for advocacy efforts? <input type="checkbox"/> Yes <input type="checkbox"/> No	Enrollment Requirements <input type="checkbox"/> Orientation <input type="checkbox"/> Medical Authorization <input type="checkbox"/> Physical-Health Record <input type="checkbox"/> Parent Information <input type="checkbox"/> Proof of Birth <input type="checkbox"/> Income Verification <input type="checkbox"/> Potty Trained <input type="checkbox"/> Other
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Select any Additional Services your program offers: <input type="checkbox"/> Evenings <input type="checkbox"/> Overnight <input type="checkbox"/> Weekend <input type="checkbox"/> Field trips <input type="checkbox"/> Sick child care <input type="checkbox"/> Special Needs 13-17 <input type="checkbox"/> Back Up Care <input type="checkbox"/> Enrichment Programs <input type="checkbox"/> School closing/holiday care <input type="checkbox"/> Summer Camp	Curriculum <input type="checkbox"/> Infant/Toddler <input type="checkbox"/> Preschool <input type="checkbox"/> School Age <input type="checkbox"/> Montessori <input type="checkbox"/> Faith Based
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Preschool Type
 Co-Op Early Head Start Faith Based Public School Preschool Head Start Montessori FCC Preschool Parent's Day Out Title 1 VPI

QUALITY INDICATORS

Is your program exempt from licensure? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do staff have a background check including fingerprints? <input type="checkbox"/> Yes <input type="checkbox"/> No
Has your program had an inspection in the last year? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do staff have First Aid/CPR training? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do staff have basic training ? <input type="checkbox"/> Yes <input type="checkbox"/> No
What is the number of training hours completed in the last year?	Do staff have training in recognizing and reporting child abuse? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do staff have training in SIDS and safe sleeping practices? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do staff have training in basic child growth and development? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do staff have training in guidance and discipline? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do staff have credential or degree? <input type="checkbox"/> Yes <input type="checkbox"/> No

Yes, I would like to receive information about trainings offered by Child Care Aware of Virginia and/or its partner agencies.

Sworn Disclosure:

I certify that the information on this form is true and correct, and that I am legally operating within the laws and child care regulations of the Commonwealth of Virginia. (*Section §63.2-1727 of the Code of Virginia prohibits any person from operating a family day home if he, or if he knows that any person who resides, is employed by, or volunteers in the home, is a convicted sex offender or has a founded complaint of child abuse or neglect within or outside the Commonwealth.*) I agree to enroll children without regard to race, color, religion, sex, age, veteran status, national origin, disability or political affiliation. I agree to notify (CCR&R) within 30 days of any changes in the child care facility's phone number, address, regulation or certification status.

Provider Signature	Date
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Updated 7.25.2013



**ADVANCE
YOUR
CAREER**
 Meet annual training requirements

**GET YOUR
CDA**
 Take the 120 hour
 CDA course

EARN CEUs
 Earn clock hours at
 your place