



Licensed Family Child Care Survey Form

Please fill out this application as completely and accurately as possible.

Include copy of your Child Care License with survey

Date: _____

Name: _____ Business name: _____

Address: _____ City: _____ Zip: _____

2 Major Cross-Streets near Address: _____

Primary Phone: _____ Secondary Phone: _____ Fax: _____

Email: _____ Web Site: _____

License #: _____ Effective Date: _____

Licensed Capacity: _____ Desired Capacity: _____

Total Child Care Vacancies: _____

How many infant vacancies (0-1 year 11 months): _____

How many preschool vacancies (2 yr-5yr 11 months.): _____

How many school age vacancies (6 yr. & up): _____

Ages of Children you will serve (**please be specific months and/or years**):

From _____ to _____

Do you provide transportation for school age children? (Circle one) YES NO

Escort children to school? YES NO

Please list the names of the schools you are willing to offer transportation to:

School District: _____

Language(s) Spoken by provider and staff: _____

Days Open for Child Care: (Check all that apply)

Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____ Sat _____ Sun _____

Hours: Open: _____ AM/PM Close: _____ AM/PM

Type of Schedule: Full-Time ___ Part-Time ___ Drop In ___ before School ___

Resource and Referral Department

After School ___ Temp/Emergency ___ Rotating ___ 24-Hour___ Open Holidays ___
Evening Care ___ Full Year ___ School Year Only ___ Summer Only ___

Rates:

<i>Age Group</i>	<i>Part Time Costs</i>	<i>Full Cost</i>	<i>Hourly Rates</i>
Infant (0-1 yr. 11 months)	Per Week	Per Week	
Preschool (2-5 yr. 11 months)	Per Week	Per Week	
School Age (6 yr. & up)	Per Week	Per Week	

Do you offer a Sibling Discount? (Circle one) YES NO

Additional fees: Registration fee: \$ ___ Materials fee: \$ ___ Insurance fees: \$ ___
Transportation fee: \$ ___ Other Fee (Specify): _____

Environment: Non-Smoking ___ No Pool ___ No Pets ___ Pets ___ Computer ___
Playground Gym ___ near Public Transit ___

Meals Served: Breakfast ___ AM Snack ___ Lunch ___ PM Snack ___ Dinner ___
Are you enrolled in the 4C Food Program? Yes ___ No ___ Other Food Program _____

Program Pre-School ___ Developmentally Appropriate Activities ___
Philosophy: Free Play ___ Academic ___ Recreation ___ Montessori ___
High Scope ___ Pre-Kindergarten ___ Waldorf ___

Special Needs: Experience: Yes ___ No ___ Education: Yes ___ No ___
Behavior Problems ___ Developmental Delay ___ Physical Disability ___
Health Impairment ___ Visually Impaired ___ Deaf-Hard of Hearing ___
Autism ___ Other _____

Education: Early Childhood Education ___ (# of Units) Related Field _____

Accreditation: National Association Family Child Care (NAFCC) _____

Religious Affiliate: Do you offer a Religious Program? Yes ___ No ___ If Yes, what Religion?

Financial Assistance: Do you accept CalWorks payments? Yes ___ No ___

Do you wish to be referred to parents? Yes ___ No ___
If you answered No please explain why?

Resource and Referral Department