

Schedule Options

SCHEDULE 1

Days Care Provided	Start Time	End Time	Schedule Description				
<input type="checkbox"/> Monday			Check All Applicable for Schedule				
<input type="checkbox"/> Tuesday			<input type="checkbox"/> Day	<input type="checkbox"/> Preschool – 2 Day	<input type="checkbox"/> FT	<input type="checkbox"/> PT	<input type="checkbox"/> Both
<input type="checkbox"/> Wednesday			<input type="checkbox"/> Evening	<input type="checkbox"/> Preschool – 3 Day	<input type="checkbox"/> Drop-In		<input type="checkbox"/> Temp/Emergency
<input type="checkbox"/> Thursday			<input type="checkbox"/> Overnight	<input type="checkbox"/> Preschool – 4 Day	<input type="checkbox"/> Before School		<input type="checkbox"/> After School
<input type="checkbox"/> Friday			<input type="checkbox"/> School year Only	<input type="checkbox"/> Preschool – 5 Day	<input type="checkbox"/> Rotating		<input type="checkbox"/> 24 hour
<input type="checkbox"/> Saturday			<input type="checkbox"/> Summer/Holiday		<input type="checkbox"/> Open Holidays		
<input type="checkbox"/> Sunday			<input type="checkbox"/> Weekend Only	Waiting List <input type="checkbox"/> Yes	<input type="checkbox"/> No		
				Date Openings Avail. _____			

Age Group	Desired Capacity	SRS Capacity	FT Vacancies	PT Vacancies	Vacancy Date	Child/Adult Ratio	Number Enrolled	Rates		
								Age Group	FT	PT
Under 1								Under 1		
1 to 1.5								1 to 1.5		
1.5 to 2								1.5 to 2		
2								2		
3								3		
4								4		
5								5		
6+								6+		

Rates are Hourly Daily Weekly Monthly

Additional Fees

- | | | |
|--|------------------------------------|--|
| <input type="checkbox"/> Activities Fees | <input type="checkbox"/> Deposit | <input type="checkbox"/> Enrollment Fees |
| <input type="checkbox"/> Field Trip Fees | <input type="checkbox"/> Late Fees | <input type="checkbox"/> Material Fees |

SCHEDULE 2

Days Care Provided	Start Time	End Time	Schedule Description				
<input type="checkbox"/> Monday			Check All Applicable for Schedule				
<input type="checkbox"/> Tuesday			<input type="checkbox"/> Day	<input type="checkbox"/> Preschool – 2 Day	<input type="checkbox"/> FT	<input type="checkbox"/> PT	<input type="checkbox"/> Both
<input type="checkbox"/> Wednesday			<input type="checkbox"/> Evening	<input type="checkbox"/> Preschool – 3 Day	<input type="checkbox"/> Drop-In		<input type="checkbox"/> Temp/Emergency
<input type="checkbox"/> Thursday			<input type="checkbox"/> Overnight	<input type="checkbox"/> Preschool – 4 Day	<input type="checkbox"/> Before School		<input type="checkbox"/> After School
<input type="checkbox"/> Friday			<input type="checkbox"/> School year Only	<input type="checkbox"/> Preschool – 5 Day	<input type="checkbox"/> Rotating		<input type="checkbox"/> 24 hour
<input type="checkbox"/> Saturday			<input type="checkbox"/> Summer/Holiday		<input type="checkbox"/> Open Holidays		
<input type="checkbox"/> Sunday			<input type="checkbox"/> Weekend Only	Waiting List <input type="checkbox"/> Yes	<input type="checkbox"/> No		
				Date Openings Avail. _____			

Age Group	Desired Capacity	SRS Capacity	FT Vacancies	PT Vacancies	Vacancy Date	Child/Adult Ratio	Number Enrolled	Rates		
								Age Group	FT	PT
Under 1								Under 1		
1 to 1.5								1 to 1.5		
1.5 to 2								1.5 to 2		
2								2		
3								3		
4								4		
5								5		
6+								6+		

Rates are Hourly Daily Weekly Monthly

Additional Fees

- | | | |
|--|------------------------------------|--|
| <input type="checkbox"/> Activities Fees | <input type="checkbox"/> Deposit | <input type="checkbox"/> Enrollment Fees |
| <input type="checkbox"/> Field Trip Fees | <input type="checkbox"/> Late Fees | <input type="checkbox"/> Material Fees |

SCHEDULE 3

Days Care Provided	Start Time	End Time	Schedule Description					
			Check All Applicable for Schedule					
<input type="checkbox"/> Monday			<input type="checkbox"/> Day	<input type="checkbox"/> Preschool – 2 Day	<input type="checkbox"/> FT	<input type="checkbox"/> PT	<input type="checkbox"/> Both	
<input type="checkbox"/> Tuesday			<input type="checkbox"/> Evening	<input type="checkbox"/> Preschool – 3 Day	<input type="checkbox"/> Drop-In		<input type="checkbox"/> Temp/Emergency	
<input type="checkbox"/> Wednesday			<input type="checkbox"/> Overnight	<input type="checkbox"/> Preschool – 4 Day	<input type="checkbox"/> Before School		<input type="checkbox"/> After School	
<input type="checkbox"/> Thursday			<input type="checkbox"/> School year Only	<input type="checkbox"/> Preschool – 5 Day	<input type="checkbox"/> Rotating		<input type="checkbox"/> 24 hour	
<input type="checkbox"/> Friday			<input type="checkbox"/> Summer/Holiday		<input type="checkbox"/> Open Holidays			
<input type="checkbox"/> Saturday			<input type="checkbox"/> Weekend Only		Waiting List <input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> Sunday					Date Openings Avail. _____			

Age Group	Desired Capacity	SRS Capacity	FT Vacancies	PT Vacancies	Vacancy Date	Child/Adult Ratio	Number Enrolled	Rates		
								Age Group	FT	PT
Under 1								Under 1		
1 to 1.5								1 to 1.5		
1.5 to 2								1.5 to 2		
2								2		
3								3		
4								4		
5								5		
6+								6+		

Rates are Hourly Daily Weekly Monthly

Additional Fees

- | | | |
|--|------------------------------------|--|
| <input type="checkbox"/> Activities Fees | <input type="checkbox"/> Deposit | <input type="checkbox"/> Enrollment Fees |
| <input type="checkbox"/> Field Trip Fees | <input type="checkbox"/> Late Fees | <input type="checkbox"/> Material Fees |

SCHEDULE 4

Days Care Provided	Start Time	End Time	Schedule Description					
			Check All Applicable for Schedule					
<input type="checkbox"/> Monday			<input type="checkbox"/> Day	<input type="checkbox"/> Preschool – 2 Day	<input type="checkbox"/> FT	<input type="checkbox"/> PT	<input type="checkbox"/> Both	
<input type="checkbox"/> Tuesday			<input type="checkbox"/> Evening	<input type="checkbox"/> Preschool – 3 Day	<input type="checkbox"/> Drop-In		<input type="checkbox"/> Temp/Emergency	
<input type="checkbox"/> Wednesday			<input type="checkbox"/> Overnight	<input type="checkbox"/> Preschool – 4 Day	<input type="checkbox"/> Before School		<input type="checkbox"/> After School	
<input type="checkbox"/> Thursday			<input type="checkbox"/> School year Only	<input type="checkbox"/> Preschool – 5 Day	<input type="checkbox"/> Rotating		<input type="checkbox"/> 24 hour	
<input type="checkbox"/> Friday			<input type="checkbox"/> Summer/Holiday		<input type="checkbox"/> Open Holidays			
<input type="checkbox"/> Saturday			<input type="checkbox"/> Weekend Only		Waiting List <input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> Sunday					Date Openings Avail. _____			

Age Group	Desired Capacity	SRS Capacity	FT Vacancies	PT Vacancies	Vacancy Date	Child/Adult Ratio	Number Enrolled	Rates		
								Age Group	FT	PT
Under 1								Under 1		
1 to 1.5								1 to 1.5		
1.5 to 2								1.5 to 2		
2								2		
3								3		
4								4		
5								5		
6+								6+		

Rates are Hourly Daily Weekly Monthly

Additional Fees

- | | | |
|--|------------------------------------|--|
| <input type="checkbox"/> Activities Fees | <input type="checkbox"/> Deposit | <input type="checkbox"/> Enrollment Fees |
| <input type="checkbox"/> Field Trip Fees | <input type="checkbox"/> Late Fees | <input type="checkbox"/> Material Fees |

Attributes

Environment

- | | | |
|---|---|--|
| <input type="checkbox"/> ADA Accessible Indoor | <input type="checkbox"/> ADA Accessible Outdoor | <input type="checkbox"/> Above or In-Ground Pool |
| <input type="checkbox"/> Air Conditioning | <input type="checkbox"/> Air Purifier | <input type="checkbox"/> Basement Used As Storm Shelter |
| <input type="checkbox"/> Basement Used For Child Care | <input type="checkbox"/> Dehumidifier | <input type="checkbox"/> Designated Indoor Play Area (FCC) |
| <input type="checkbox"/> Fenced Yard | <input type="checkbox"/> No pets | <input type="checkbox"/> Non-Carpeted Environment |
| <input type="checkbox"/> Outdoor Pets Only | <input type="checkbox"/> Small Group of 6 Or Fewer Children | <input type="checkbox"/> Smoke Free |
| <input type="checkbox"/> Smoking During Non-Business Hours Only | <input type="checkbox"/> Wading Pool | |

Meals

- | | | |
|---|---|--|
| <input type="checkbox"/> CACFP Food Program | <input type="checkbox"/> Serves Breakfast | <input type="checkbox"/> Serves Morning Snack |
| <input type="checkbox"/> Serves Lunch | <input type="checkbox"/> Serves Afternoon Snack | <input type="checkbox"/> Serves Evening Meal |
| <input type="checkbox"/> Serves Evening Snack | <input type="checkbox"/> Supports Breast Milk | <input type="checkbox"/> Provides Infant Formula/Infant Food |
| <input type="checkbox"/> Special Diet | | |

Philosophy

- | | | |
|--|--|---|
| <input type="checkbox"/> Creative Curriculum | <input type="checkbox"/> Developmentally Appropriate Practices | <input type="checkbox"/> High Scope |
| <input type="checkbox"/> Montessori | <input type="checkbox"/> No Curriculum Used | <input type="checkbox"/> No Television |
| <input type="checkbox"/> Own Curriculum Used | <input type="checkbox"/> Reggio Emilia | <input type="checkbox"/> Religious Curriculum |
| <input type="checkbox"/> Waldorf | | |

Policies

- | | | |
|--|---|---|
| <input type="checkbox"/> Written Agreement/Contract | <input type="checkbox"/> Written Handbook | <input type="checkbox"/> Billing Weekly |
| <input type="checkbox"/> Billing Monthly | <input type="checkbox"/> Billing on 1 st of Month for Entire Month | <input type="checkbox"/> Billing Bi-Monthly |
| <input type="checkbox"/> No Notice Required When Family Resigns | <input type="checkbox"/> Less Than 1 Week Notice Required If Family Resigns | <input type="checkbox"/> One Week Notice Required by Family |
| <input type="checkbox"/> Two Weeks Notice Required When Family Resigns | | |

Special Skills

- | | |
|--|--|
| <input type="checkbox"/> Teaches Spanish | <input type="checkbox"/> Teaches Sign Language |
|--|--|

Safety

- | | | |
|---|---|---|
| <input type="checkbox"/> CPR Current within 2 years | <input type="checkbox"/> Child Care Health Consultant Agreement | <input type="checkbox"/> First Aid Training within Past 12 Months |
| <input type="checkbox"/> Liability Insurance Covering Child Care Business | <input type="checkbox"/> On-Site Nurse | |

Special Needs

- | | | |
|--|--|---|
| <input type="checkbox"/> ADHD/ADD/PDD | <input type="checkbox"/> Abuse & Neglect (witness or victim) | <input type="checkbox"/> Allergies |
| <input type="checkbox"/> Apnea Monitor | <input type="checkbox"/> Asthma | <input type="checkbox"/> Autism/Asperger |
| <input type="checkbox"/> Cerebral Palsy | <input type="checkbox"/> Cystic Fibrosis | <input type="checkbox"/> Developmental Delays |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Downs Syndrome | <input type="checkbox"/> Emotional Delays |
| <input type="checkbox"/> Epilepsy/Febrile Seizures | <input type="checkbox"/> Gastrostomy/Tube Feeding | <input type="checkbox"/> HIV/AIDS |
| <input type="checkbox"/> Hearing Impaired | <input type="checkbox"/> Maternal Substance Abuse | <input type="checkbox"/> Medically Fragile |
| <input type="checkbox"/> Mental Illness | <input type="checkbox"/> Nutritional Deficiencies | <input type="checkbox"/> Visual Impairment |
| <input type="checkbox"/> Other _____ | | |

Training

- | | | |
|--|--|--|
| <input type="checkbox"/> No Professional Development | <input type="checkbox"/> 1-5 In-Service Hours | <input type="checkbox"/> 6-10 In-Service Hours |
| <input type="checkbox"/> 11-20 In-Service Hours | <input type="checkbox"/> More than 20 In-Service Hours | <input type="checkbox"/> .4-2 CEUs |
| <input type="checkbox"/> 3-6 CEUs | <input type="checkbox"/> 7-10 CEUs | <input type="checkbox"/> More than 10 CEUs |
| <input type="checkbox"/> Early Childhood College Credits | | |

Experience

- Under 1 Year
- 1-3 Years
- 4-9 Years
- 10-20 Years
- More Than 20 Years
- Family Child Care
- Child Care Center
- Preschool
- Elementary School
- Para

Education - Check Highest Level Completed in Early and Non-Early Education Fields if Applicable

- Some High School
- High School Diploma or GED
- Associate Degree in Early Childhood
- Associate Degree in Non-Early Childhood
- Bachelor's Degree in Early Childhood
- Bachelor's Degree in Non-Early Childhood
- Master's Degree in Early Childhood
- Master's Degree in Non-Early Childhood
- Doctorate in Early Childhood
- Doctorate in Non-Early Childhood

Accreditation

- NAFCC
- NAEYC
- NECP
- NACCP

Affiliation

- NAFCC
- State FCC Association
- Local FCC Association
- NAEYC
- State AEYC
- Local AEYC

Advocacy

- Member of Child Care Aware - KS
- Member of NAEYC/KAEYC or local AEYC affiliate
- Member of Provider's Group
- Member of CCPC
- Participant in Advocacy Conferences
- Participant in Local Advocacy Events
- Visit with Legislators
- Write Legislators
- On Mailing List for Legislative Issues

Financial Options

- Foster Care/Adoption
- KCSL
- Local Financial Assistance
- Military
- Multi-Child Discount
- SRS
- Scholarships
- Sliding Scale/Non-SRS
- Youthville

Type of CDA

- Family Child Care
- Center Based Infant /Toddler
- Preschool
- Home Visitor

Intentionality - Why You Work as a Caregiver or Early Educator

- Career or Profession
- Stepping Stone to a Related Career
- Personal Calling
- Job With Paycheck
- Work to Do While My Children Are At Home
- Way of Helping a Family Member, Neighbor or Friend

Early Education College Credits

- 0
- 1-6
- 7-12
- 13-24
- 25-48
- 49-72
- 73-96
- 97-120
- More than 120

Professional Development

- EBT (Electronic Benefit Transfer)
- DYFCCB (Developing Your Family Child Care Business)
- Q-Tip Oh! Filling the Gap
- Infant/Toddler Professional Development
- NACCRRA Conference
- Child Care Aware - KS State-Wide Professional Development
- CCR&R Sponsored Professional Development
- KCCTO

Core Competency Area (Listed on Class Certificates)

- I. Child Growth & Development
- II. Learning Environment & Curriculum
- III. Child Observation & Assessment
- IV. Families & Communities
- V. Health, Safety & Nutrition
- VI. Interactions with Children
- VII. Program Planning & Development
- VIII. Professional Development & Leadership

Program Participation

- ACCYN (Army CC in Your Neighborhood)
- Apprenticeship
- ELOA
- EXCEL
- Early Head Start
- KQRIS
- Smart Start
- T.E.A.C.H.
- WAGE\$
- CCO (Child Care Online)

SRS Subsidy

- Yes No

Family Child Care Confidential Information

The following information is collected for **statistical purposes only**.

Family Child Care Setting

- House
- Townhome
- Duplex
- Apartment
- Mobile Home
- Non-Residential

Benefits (Check the benefits you have even if they are not paid by your child care business.)

- Health Insurance
- Dental Insurance
- Life Insurance
- Sick Leave
- Vacation
- Professional Development Leave
- Retirement
- Long-Term/Short-Term Disability
- Vehicle Insurance

Wages

What is your annual net income from your child care business?

- Under 5,000
- 15,000 – 19,999
- 30,000 – 34,999
- 45,000 – 49,999
- 5,000 – 9,999
- 20,000 – 24,999
- 35,000 – 39,999
- 50,000 – 54,999
- 10,000 – 14,999
- 25,000 – 29,999
- 40,000 – 44,999
- 55,000 – 59,999
- Other _____

Census Questions

Is the owner of the business Spanish/Hispanic/Latino? Yes No

Race: _____

Ancestry or Ethnic Origin? _____

What Language? _____

Is there a language other than English spoken in your home? Yes No

Comments:

Date completed: _____

Completed by: _____