

1. CCR&R - FY 21 Program Updates

Hello,

The Rocky Mountain Early Childhood Council is our region's Child Care Resource and Referral (CCR&R). Part of this work is to update Licensed Child Care Providers' information. This helps inform families about your child care facility (for example: your hours of operation, contact information, services provided, etc). We anticipate this survey will take you approximately 15 minutes to complete. Please note: We realize not all questions will pertain to camps, school-age programs, etc. Please answer the questions to the best of your ability.

\* 1. Today's Date

Date

Date

\* 2. Program Designated Name

\* 3. License Number

\* 4. What is your license type? (This is located on the top, right hand side of your license.)

- |   |   |
|---|---|
| <input type="radio"/> DCC-Day Care Ceter                    | <input type="radio"/> FCCH- Family Child Care Home            |
| <input type="radio"/> DCH- Day Care Home                    | <input type="radio"/> FCCH3- Family Child Care Home 3 Under 2 |
| <input type="radio"/> DCH3- Day Care Home 3 Under 2         | <input type="radio"/> LFCH- Large Family Care Home            |
| <input type="radio"/> ECCP- Experienced Child Care Provider | <input type="radio"/> CCC- Child Care Center                  |
| <input type="radio"/> ITH- Infant Toddler Home              | <input type="radio"/> SACC- School Age Child Care             |
| <input type="radio"/> LDCH- Large Day Care Home             | <input type="radio"/> RSCMP- Residential Camp                 |
| <input type="radio"/> PRS- Preschool                        | <input type="radio"/> Other                                   |

\* 5. Director of Program

6. Name of person completing this form (if different than the director listed above)

\* 7. Director Phone Number

8. Other Reported Phone Number (if applicable)

\* 9. Director/Authorized Email

10. Program Website (if applicable)

\* 11. Primary Language Spoken

English

French

Spanish

Mandarin

German

Other

\* 12. Are you OK with the RMECC and Mile High United Way giving out your program's information to families in need of childcare?

Yes

No

\* 13. Does your program currently have a CCAP (Child Care Assistance Program) agreement with local DHS?

Yes

No

I am not sure

\* 14. Youngest Age Authorized to Serve-in weeks, months, or years (ex: 18 months):

\* 15. Oldest Age Authorized to Serve-in weeks, months, or years (ex: 5 years):

\* 16. Program Accepts (check all that apply):

Part time students

Full time students

\* 17. Is your program open year round?

Yes

No

If "no" enter the beginning/end of your programs's school year (ex: 8/20/19-6/1/20)- Enter below:

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\* 18. Normal Days/Hours of Operation (ex: Monday-Thursday 7:30am-5:30pm. Closed on Fridays):

\* 19. My program is (check all that apply):

Considered Head Start

Has Head Start slots

Participates in Colorado Preschool Program (CPP)

None of the above

\* 20. Profit Facility

Public

Private

Non Profit

Not Sure

\* 21. Does your program have staff members fluent enough to TRANSLATE into other languages, if so which language(s)? (ex: Yes, Spanish)

\* 22. Other languages SPOKEN by staff members?

\* 23. Extra Care Services-additional services the program offers outside of business hours (check all that apply):

- |  |  |
|--|--|
| <input type="checkbox"/> 24-hour care  | <input type="checkbox"/> Overnight care              |
| <input type="checkbox"/> Drop-in       | <input type="checkbox"/> Temporary/Emergency care    |
| <input type="checkbox"/> Before School | <input type="checkbox"/> Open holidays               |
| <input type="checkbox"/> After School  | <input type="checkbox"/> Variable day/hour schedules |
| <input type="checkbox"/> Evening care  | <input type="checkbox"/> None                        |

\* 24. Environment- snapshot of the program... (check all that apply):

- |   |  |
|---|--|
| <input type="checkbox"/> The program is wheel chair accessible                          | <input type="checkbox"/> The program is "peanut free"              |
| <input type="checkbox"/> The program is smoke free                                      | <input type="checkbox"/> The program is near public transportation |
| <input type="checkbox"/> The program has pet(s) ( <b>Family Child Care Homes</b> )      | <input type="checkbox"/> Program offers a preschool curriculum     |
| <input type="checkbox"/> The program has classroom animals ( <b>Child Care Center</b> ) | <input type="checkbox"/> None of the above                         |

\* 25. Meals- nutrition offered by program (check all that apply):

- |  |   |
|--|---|
| <input type="checkbox"/> Breakfast       | <input type="checkbox"/> Participates in the USDA Food Program (CACFP)                        |
| <input type="checkbox"/> Lunch           | <input type="checkbox"/> Formula for babies   |
| <input type="checkbox"/> Dinner          | <input type="checkbox"/> Special Meal Request   |
| <input type="checkbox"/> Morning Snack   | <input type="checkbox"/> None of the above  |
| <input type="checkbox"/> Afternoon Snack | <input type="checkbox"/> I will check the CACFP <a href="#">WEBSITE</a> for more information! |

\* 26. Philosophy

- |  |   |
|--|---|
| <input type="radio"/> Montessori             | <input type="radio"/> Faith Based       |
| <input type="radio"/> Waldorf                | <input type="radio"/> None of the above |
| <input type="radio"/> Reggio Emilia          |   |
| <input type="radio"/> Other (please specify) |   |

\* 27. Special Needs- provider has experience, training or expertise working with children with these special needs or is willing to support the need (check all that apply):

- |  |   |
|--|---|
| <input type="checkbox"/> Social Emotional Behaviors  | <input type="checkbox"/> Medical/Special Procedures |
| <input type="checkbox"/> Respiratory Illness         | <input type="checkbox"/> Cognitive Delays           |
| <input type="checkbox"/> Diabetes                    | <input type="checkbox"/> Speech/Communication       |
| <input type="checkbox"/> Seizure Disorders           | <input type="checkbox"/> Willing to Support         |
| <input type="checkbox"/> Physical Delays/Limitations | <input type="checkbox"/> None                       |
| <input type="checkbox"/> Food/Dietary                |   |

\* 28. Experience- How many years have YOU worked in Licensed Child Care?

- Under 1 year experience
- 1-5 years experience
- 5-10 years experience
- 10 + years experience

\* 29. Education- highest level of education achieved by the provider

- |   |  |
|---|--|
| <input type="radio"/> Some High School                | <input type="radio"/> Associate Degree- Other Emphasis |
| <input type="radio"/> High School Education           | <input type="radio"/> Bachelors Degree- Child Related  |
| <input type="radio"/> Some College- Child Related     | <input type="radio"/> Bachelors Degree- Other Emphasis |
| <input type="radio"/> Some College- Other Emphasis    | <input type="radio"/> Masters Degree- Child Related    |
| <input type="radio"/> Associate Degree- Child Related | <input type="radio"/> Masters Degree- Other Emphasis   |

\* 30. Affiliation- program is affiliated or a member of the organization...(check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> RMECC- Rocky Mountain Early Childhood Council  | <input type="checkbox"/> Local AEYC- Association for the Education of Young Children |
| <input type="checkbox"/> CAEYC- Colorado Association for the Education of Young Children                              | <input type="checkbox"/> Local FCC- Local Family Child Care                          |
| <input type="checkbox"/> CAQSAP- Colorado Alliance for Quality School Age Programs                                    | <input type="checkbox"/> NCCA- National Child Care Association                       |
| <input type="checkbox"/> CAFCC- Colorado Association of Family Child Care Children                                    | <input type="checkbox"/> Religious Based   |
| <input type="checkbox"/> CCCA- Colorado Child Care Association (aka: The Early Childhood Education Association of CO) | <input type="checkbox"/> None  |

\* 31. Are you interested in becoming a member of the Rocky Mountain Early Childhood Council. Members volunteer their time at least once a month to try to help us move our vision forward, collaborate with other stakeholders, help inform our Strategic Plan and identify gaps and needs in each community.

- I am already a member
- No, thanks
- I will call Stacy at 719-486-7273 for more information
- I will check out the [WEBSITE](#) to learn more

\* 32. Do you currently use a Health Consultant?

- Yes
- No
- Not Sure
- If "yes"-Enter Health Consultants Name/Phone Number/E-mail:

\* 33. Child Care Setting

- Faith-Based
- Center
- Public School
- Home

\* 34. Transportation (check all that apply):

- |  |  |
|--|--|
| <input type="checkbox"/> My program offers transportation to the kiddos enrolled | <input type="checkbox"/> A nearby elementary school offers transportation to my program      |
| <input type="checkbox"/> My program is near public transportation                | <input type="checkbox"/> A nearby elementary school is within walking distance of my program |
| <input type="checkbox"/> My program is located <u>in</u> an elementary school    | <input type="checkbox"/> None of the above   |

\* 35. Child Care Licensing rules require licensed child care programs to have an Emergency Preparedness plan. Does your program have this plan in place?

- |   |   |
|---|---|
| <input type="radio"/> Yes               | <input type="radio"/> I will reach out to my licensing specialist for more information for guidance |
| <input type="radio"/> No                | <input type="radio"/> I will Check out <a href="#">ONLINE RESOURCES</a> to become more informed     |
| <input type="radio"/> It's in the works |   |

\* 36. FOR LEVEL 1 PROGRAMS ONLY: Most Level 2-5 programs are now benefiting from \$2,100-\$10,000 in Colorado Shines state funds. Would you like more information? (Camps/After school programs/Ski programs are not eligible).

- I am interested, and will call Kristin at 719-293-2378 for more information!
- No, thank you.
- Not applicable

37. Comments: Is there any additional information regarding the program you'd like to share?