

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

MM/DD/YYYY

* 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 Center | <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) (Family Child Care Homes) | <input type="checkbox"/> Program offers a preschool curriculum |
| <input type="checkbox"/> The program has classroom animals (Child Care Center) | <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 <u>WEBSITE</u> 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

- Some High School
- High School Education
- Some College- Child Related
- Some College- Other Emphasis
- Associate Degree- Child Related
- Associate Degree- Other Emphasis
- Bachelors Degree- Child Related
- Bachelors Degree- Other Emphasis
- Masters Degree- Child Related
- Masters Degree- Other Emphasis

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

- RMECC- Rocky Mountain Early Childhood Council
- CAEYC- Colorado Association for the Education of Young Children
- CAQSAP- Colorado Alliance for Quality School Age Programs
- CAFCC- Colorado Association of Family Child Care Children
- CCCA- Colorado Child Care Association (aka: The Early Childhood Education Association of CO)
- Local AEYC- Association for the Education of Young Children
- Local FCC- Local Family Child Care
- NCCA- National Child Care Association
- Religious Based
- 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):

- My program offers transportation to the kiddos enrolled
- My program is near public transportation
- My program is located in an elementary school
- A nearby elementary school offers transportation to my program
- A nearby elementary school is within walking distance of my program
- 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?

- Yes
- No
- It's in the works
- I will reach out to my licensing specialist for more information for guidance
- I will Check out ONLINE RESOURCES to become more informed

* 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?