



The mission of Child Care Answers is to ensure that the children of today and tomorrow are cared for in a professional and nurturing manner and that parents, child care providers, and community leaders know the importance of their roles in the development of children.

Provider Information Update

Date:

General Information

First Name

Last Name

Business Name

Type of Care

- Child Care Center, Family Child Care, Preschool Program, School-Age Program, Child's Home, Head Start Program, Ministry, Summer/Rec. Program, Before/after School, Other

Referral Status

- Give Referrals, Give Web Referrals, Print Rates

Location Information

Street Address, City, State, Zip, County, Township, Unit #

Mailing Information (if different from above)

Street Address, City, State, Zip, Unit #

Contact Information

Primary Phone, Ext., Secondary Phone, Ext., Fax Number, Email Address, Website

License/Regulatory Information

- Regulated/Licensed, Registered, Exempt EIN/SSN

State License ID#, Expiration Date

License Types

- | | | |
|--|---|--|
| <input type="checkbox"/> License Child Care Center | <input type="checkbox"/> Class I License FCC Home | <input type="checkbox"/> Class II License FCC Home |
| <input type="checkbox"/> LLEP FCC Home-Relative | <input type="checkbox"/> LLEP FCC Home Non-Relative | <input type="checkbox"/> LLEP in Child's Home |
| <input type="checkbox"/> LLEP Child Care Facility | <input type="checkbox"/> Minimum Standards FCC Home | <input type="checkbox"/> Registered Ministry |

Capacity Information

Total Licensed Capacity _____ Total Desired Capacity _____ Total Vacancies _____ as of _____

Accepted Age Range

From _____ years _____ months _____ weeks

To _____ years _____ months _____ weeks

School Information

School District _____

School Served or Near Provider _____
(Please list as many school as you are able for information go to ...)

Languages

(Please make sure that if you list a language that someone is available during care hours to speak with parents who call.)

- | | | |
|--|--|--|
| <input type="checkbox"/> English | <input type="checkbox"/> German | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Spanish | <input type="checkbox"/> French | <input type="checkbox"/> Japanese |
| <input type="checkbox"/> Latin | <input type="checkbox"/> Russian | <input type="checkbox"/> Chinese |
| <input type="checkbox"/> Portuguese | <input type="checkbox"/> Italian | <input type="checkbox"/> Korean |
| <input type="checkbox"/> American Indian | <input type="checkbox"/> Other European: | <input type="checkbox"/> Other Asian: |
| <input type="checkbox"/> African/Other | <input type="checkbox"/> Middle Eastern/Other: | <input type="checkbox"/> American Sign |
| <input type="checkbox"/> Other: _____ | | |

Transportation

- To/From Child's Home
- On School Bus Route
- To/From Activity
- To/From Provider to School
- On Public Transport Route(s)
- No Transportation
- Walking Distance to/from school
- To/From Parent's Work
- Other: _____

Check All That Apply (Quick Search Options)

- CCDF (Voucher)
- Kindergarten
- Preschool
- Academic
- Religion Based
- Montessori
- Licensed
- Nanny
- Sick Care

Hours of Care

Day	Start Time	End Time
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

Shift Information

If you only have one shift, fill in "Session 1" only; fill in "Session 2" for second shift and "Session 3" for third shift.

Session 1

Hours From:	
Hours To:	
<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time
<input type="checkbox"/> Both	
<input type="checkbox"/> Full Year	<input type="checkbox"/> School Year
<input type="checkbox"/> Summer Only	
<input type="checkbox"/> Drop In	<input type="checkbox"/> Temp/Emerg
<input type="checkbox"/> Before Sch.	<input type="checkbox"/> After Sch.
<input type="checkbox"/> Rotating	<input type="checkbox"/> 24 Hours
<input type="checkbox"/> Open Holidays	

Session 2

Hours From:	
Hours To:	
<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time
<input type="checkbox"/> Both	
<input type="checkbox"/> Full Year	<input type="checkbox"/> School Year
<input type="checkbox"/> Summer Only	
<input type="checkbox"/> Drop In	<input type="checkbox"/> Temp/Emerg
<input type="checkbox"/> Before Sch.	<input type="checkbox"/> After Sch.
<input type="checkbox"/> Rotating	<input type="checkbox"/> 24 Hours
<input type="checkbox"/> Open Holidays	

Session 3

Hours From:	
Hours To:	
<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time
<input type="checkbox"/> Both	
<input type="checkbox"/> Full Year	<input type="checkbox"/> School Year
<input type="checkbox"/> Summer Only	
<input type="checkbox"/> Drop In	<input type="checkbox"/> Temp/Emerg
<input type="checkbox"/> Before Sch.	<input type="checkbox"/> After Sch.
<input type="checkbox"/> Rotating	<input type="checkbox"/> 24 Hours
<input type="checkbox"/> Open Holidays	

Rates

Age Group	Hourly PT	Hourly FT	Daily PT	Daily FT	Weekly PT	Weekly FT	Monthly PT	Monthly FT	Other PT	Other FT
Infant 0-11 Months										
Toddler 13-23 Months										
Toddler 24-35 Months										
Preschool 3 -4 Years										
Preschool 5 Years										
School Age Kindergarten										
School Age B/A School										
School Age All Others										

Additional Fees

- Drop-In Fee Sick Care Fee 24 Hour Fee
 Transportation Fee Meals/Snack Fee Supply Fee
 Enrollment/Registration Fee Activity Fee Late Fee
 Other:

Capacity & Vacancy Information

(In order to assist you in filling vacancies and to aid us in sending you proper referrals, please fill out as much of this information as possible. Also, continue to update us as your needs change.)

Age Group	Age Range	Desired Capacity	License Capacity	Subsidized Capacity	Full Time Vacancy	Part Time Vacancy	Vacancy Date	Enrollment	Child to Adult Ratio	Group Size
Infant	0-11 Months									
Toddler	12-23 Months									
Toddler	24-35 Months									
Preschool	3-4 Years									
Preschool	5 Years									
School Age	Kindergarten									
School Age	B/A School									
School Age	All Others									

If you have any questions about filling out this part of the form please call the Child Care Answers office and ask to speak with the Database Manager and we will be happy to walk you through filling this out. If you are doing more than one shift, copy this page, we **MUST** have one page for each shift to ensure accurate referrals.

Environment

- | | | |
|---|--|---|
| <input type="checkbox"/> Enclosed Play Area | <input type="checkbox"/> No Pool or Waterfront | <input type="checkbox"/> Pool or Waterfront |
| <input type="checkbox"/> Indoor Play Area | <input type="checkbox"/> No Pets | <input type="checkbox"/> Pets |
| <input type="checkbox"/> Separate Play Area | <input type="checkbox"/> Smoke Free | <input type="checkbox"/> No Smoking during care |
| <input type="checkbox"/> Gym | <input type="checkbox"/> Handicap Accessible | <input type="checkbox"/> Other: _____ |

Meals

- | | | |
|--|---|--|
| <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"/> CACFP | <input type="checkbox"/> Special Meal Request | <input type="checkbox"/> Meals/Snacks Not Provided |
| <input type="checkbox"/> Other: _____ | | |

Philosophy

- | | | |
|-------------------------------------|--|---|
| <input type="checkbox"/> Thematic | <input type="checkbox"/> Montessori | <input type="checkbox"/> Religion Based |
| <input type="checkbox"/> Reggio | <input type="checkbox"/> Developmental | <input type="checkbox"/> Academic |
| <input type="checkbox"/> High/Scope | <input type="checkbox"/> ABEKKA | <input type="checkbox"/> Other: _____ |

Financial Assistance

- | | | |
|--|--|---|
| <input type="checkbox"/> Family Discount | <input type="checkbox"/> CCDF (Voucher) | <input type="checkbox"/> CCDF (Contract) |
| <input type="checkbox"/> Scholarships | <input type="checkbox"/> Sliding Fee Scale | <input type="checkbox"/> Employer Subsidy |
| <input type="checkbox"/> Other: _____ | | |

Policies

- | | | |
|---|--|--|
| <input type="checkbox"/> Written Contract | <input type="checkbox"/> Provider Vacation Allowance | <input type="checkbox"/> Family Vacation Allowance |
| <input type="checkbox"/> Written Handbook | <input type="checkbox"/> Provider Sick Allowance | <input type="checkbox"/> Child Absence Allowance |
| <input type="checkbox"/> May Give Rates | <input type="checkbox"/> Two Week Notice | <input type="checkbox"/> Holiday Allowance |
| <input type="checkbox"/> Other: _____ | | |

Special Skills

- | | | |
|--|--|---------------------------------------|
| <input type="checkbox"/> NAEYC Validator/Trainer | <input type="checkbox"/> NAFCC Validator/Trainer | <input type="checkbox"/> Mentor |
| <input type="checkbox"/> CDA Advisor | <input type="checkbox"/> IPICC Project | <input type="checkbox"/> Other: _____ |

Safety

- | | | |
|---|--|---|
| <input type="checkbox"/> CPR Certification | <input type="checkbox"/> Fist Aid Training | <input type="checkbox"/> Child Abuse Prevention |
| <input type="checkbox"/> CPR Infant Certification | <input type="checkbox"/> Universal Precautions | <input type="checkbox"/> On-Site Nurse |
| <input type="checkbox"/> Secured Entrance | <input type="checkbox"/> Security Cameras | <input type="checkbox"/> Disaster Preparedness |
| <input type="checkbox"/> Fire Safety Training | | |

Special Needs Experience

- | | | |
|--|---|--|
| <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Apnea Monitor | <input type="checkbox"/> Asthma Treatments |
| <input type="checkbox"/> Autism Spectrum Disorder | <input type="checkbox"/> Catheter | <input type="checkbox"/> Cerebral Palsy |
| <input type="checkbox"/> Cognitive Disability | <input type="checkbox"/> Down's Syndrome | <input type="checkbox"/> Feeding Tubes |
| <input type="checkbox"/> Health/Medical Disability | <input type="checkbox"/> Hearing Impairment | <input type="checkbox"/> Injections |
| <input type="checkbox"/> Language Delay | <input type="checkbox"/> Muscular Dystrophy | <input type="checkbox"/> Physical Disability |
| <input type="checkbox"/> Sensory Disability | <input type="checkbox"/> Special Diets | <input type="checkbox"/> Tracheotomy |
| <input type="checkbox"/> Visual Impairment | <input type="checkbox"/> Diabetic | <input type="checkbox"/> Behavioral |
| <input type="checkbox"/> Other: _____ | | |

Experience

- | | | |
|--|---|---|
| <input type="checkbox"/> Under 1 year | <input type="checkbox"/> 1 – 5 Years | <input type="checkbox"/> 5 – 10 Years |
| <input type="checkbox"/> 10 – 20 Years | <input type="checkbox"/> 20+ Years | <input type="checkbox"/> Child Care Cntr Experience |
| <input type="checkbox"/> First Steps | <input type="checkbox"/> Special Ed. Co-ops | <input type="checkbox"/> Other: _____ |

Education

- | | | |
|---|---|---|
| <input type="checkbox"/> HS Diploma/GED | <input type="checkbox"/> Some College EC/CC | <input type="checkbox"/> Some College Other |
| <input type="checkbox"/> CDA | <input type="checkbox"/> AA/AS in Early Childhood | <input type="checkbox"/> AA/AS Degree Other |
| <input type="checkbox"/> Health Degree | <input type="checkbox"/> BA/BS in Early Childhood | <input type="checkbox"/> BA/BS Degree Other |
| <input type="checkbox"/> Other: _____ | | |

Accreditation

- | | | |
|---------------------------------------|--------------------------------|--------------------------------|
| <input type="checkbox"/> NAEYC | <input type="checkbox"/> NAFCC | <input type="checkbox"/> NSACA |
| <input type="checkbox"/> Other: _____ | | |

Affiliation

- | | | |
|---|--------------------------------|---------------------------------|
| <input type="checkbox"/> Local Child Care Network | <input type="checkbox"/> ILCCA | <input type="checkbox"/> IAIEYC |
| <input type="checkbox"/> NAEYC | <input type="checkbox"/> NAFCC | <input type="checkbox"/> NSACA |
| <input type="checkbox"/> Other: _____ | | |

The following information is voluntary; however, this information provides valuable demographic, salary survey, and program range information to Local, State, and Federal Agencies. This information also helps us to determine future and current trends in child care throughout Central Indiana. We hope you understand that this information will be kept strictly confidential and will not be disseminated to individuals or agencies that cannot demonstrate a specific need to the information. If you have any questions about how this information will be used please call us at (317) 636-5727 ext. 249.

Family Child Care

Care Setting

- | | | |
|---------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> House | <input type="checkbox"/> Apartment | <input type="checkbox"/> Townhouse |
| <input type="checkbox"/> Mobile Home | <input type="checkbox"/> Duplex | <input type="checkbox"/> Non-Residential |
| <input type="checkbox"/> Employer | <input type="checkbox"/> Child's Home | |
| <input type="checkbox"/> Other: _____ | | |

Earnings (per year)

- | | | |
|---|---|--|
| <input type="checkbox"/> Less than \$5,000 | <input type="checkbox"/> \$5,000 - \$10,000 | <input type="checkbox"/> \$10,000 - \$15,000 |
| <input type="checkbox"/> \$15,000 to \$20,000 | <input type="checkbox"/> \$20,000 to \$25,000 | <input type="checkbox"/> \$25,000 to \$30,000 |
| <input type="checkbox"/> \$30,000 to \$35,000 | <input type="checkbox"/> \$35,000 to \$40,000 | <input type="checkbox"/> Greater than \$40,000 |

Benefits

- | | | |
|---|--|---|
| <input type="checkbox"/> No Health Coverage | <input type="checkbox"/> Pays Medical Insurance | <input type="checkbox"/> Pays Dental Insurance |
| <input type="checkbox"/> Health Coverage from Other | <input type="checkbox"/> Contributes to Retirement | <input type="checkbox"/> Pays for Training or Education |
| <input type="checkbox"/> Budgets for Time off | <input type="checkbox"/> Contributes to Disability | <input type="checkbox"/> Other: _____ |

What Providers Can Expect From Parents

To benefit the child, there are several equally important considerations for parents.

1. An agreement between the caregiver and the parent about expectations in scheduling, payment of fees and vacation time.
2. When difficulties or misunderstandings arise, a willingness to ask questions and listen until all facts are collected. Maintain open and constructive communication
3. A willingness to discuss the child, the child's routines, activities and preferences to provide the caregiver with a basis of understanding of the child's needs.
4. Ample notice if there will be a change in care so that the provider may fill the vacant spot with another child.
5. Fulfill agreed upon pick-up and drop-off times. Honor payment dates and bring supplies (diapers, formula and changes of clothes) before the provider runs out.
6. When a child is sick, parents need to be honest with the provider to avoid spreading germs to other children in care. Parents should also inform the provider if the child did not eat breakfast or sleep well the night before.
7. Parents should be assured, not threatened, when the child develops an attachment to the child care provider. This is an indication that the child feels safe and loved in the care setting and allows the parent to feel confident that the child will be in good hands. It also shows that the child trusts that the parent will return.

Reprinted with permission from the National Network for Child Care-NNCC. DeBord, K. (1993). Communication Expectations. In Todd, C.M. (Ed.), *Family Child Care Connections*, 3(2), pp. 3-4. Urbana-Champaign, IL: University of Illinois Cooperative Extension Service.



What Parents Can Expect From Providers

Remember that child care providers are real people with real feelings doing a real job for real income. Although a close family-like relationship may develop between you and parents, make no mistake that child care is a business. Therefore it is important that you interact with parents on a professional level. Maintaining a professional and business-like attitude ensures that both you and the parent will have clear expectations from each other.

Parents, wanting what is best for their child, can expect the following things from their child care provider.

1. Open and frequent feedback about their child's day and their development. An open exchange of questions, noted behavior changes and joys or concerns should be shared with parents.
2. An open door to the provider's setting anytime. Parent should feel welcome visiting with the child care program.
3. An environment that is safe and free of hazards, but one that also allows the children to explore. Safety seats or seat belts should be used when transporting children and adults.
4. A willingness to work with the parent on particular problems or limitations – situational or developmental – such as toileting, food habits, manners, attachment, separation and television viewing.
5. Advance notice of any changes in scheduled care, particularly in termination of care.
6. A non-judgmental attitude about family customs, work schedules or parenting styles. A cooperative spirit for the benefit of the child is much more productive.
7. A trust that other adults interacting with the children are supervised, trustworthy and well trained in the needs of children.
8. A positive and stimulating environment that teaches children life skills and enhances their self-esteem. Children should be allowed to question, investigate and make choices.
9. Notification of changes in the day's schedules. Parents should give written permission **before** children take field trips away from child care.
10. A written statement of policies regarding payments, philosophy, illness, and procedures for drop-off and pick-up, etc.

