FAMILY DAY CARE HOME DATA SHEET

GENERAL INFORMATION:

Name:_____ Phone:_____

Address:_____ Are you 18 or older? ____Yes ____No

_____ SSN#:_____

Nearest Cross Street or Intersection:_____ Pets? ____None ____Cat ____Dog ____Other
____Inside ____Large

County of Residence:_____

Do you smoke? ____Yes ____No

Counties You Serve:_____ Does anyone in household smoke? ____Yes ____No

Are you bilingual? ____Yes ____No

Race:_____ Ethnic Origin:_____ If "Yes", specify language:_____

PROGRAM INFORMATION:

HIGH SCHOOL DIPLOMA _____ or GED _____

1. INDICATE THE DAY(S) AND HOUR(S) YOU ARE AVAILABLE TO CARE FOR CHILDREN: _____ **INTERNET REFERRALS-YES _____ NO ___**

Days: ____Mon ____Tue ____Wed ____Thurs ____Fri ____Sat ____Sun

Hours: FROM_____TO_____

FROM_____
_TO_____

earliest latest
2. SCHEDULE - PLEASE CHECK ALL THAT YOU WOULD CONSIDER: 1ST SHIFT (6 AM-6:30 PM) 2ND SHIFT (5:31 PM-12 AM) 3RD SHIFT (12:01 AM-6:59 AM)

Schedule	Week Schedule	Day Schedule		Year Schedule	Special Schedule
____Full Time	____Full Week	____Daytime	____Afternoons	____Full Year	____Drop In Care
____Part Time	____Part Week	____Evenings	____Extended Hours	____School Year	____Open Holidays
	____Rotating	____Overnight	____Before School	____Summer Only	____Temporary/Emergency
	____Weekend	____Mornings	____After School	____Vacation/Holiday	____24-Hour Care

3. FEES/VACANCIES - CHECK THE AGES OF CHILDREN YOU WILL CARE FOR AND INDICATE THE FEE YOU CHARGE FOR EACH AGE GROUP (PRIVATE PAY RATES). THEN INDICATE HOW MANY VACANCIES YOU HAVE IN EACH AGE GROUP:

	Hourly Fee	Full Time Weekly Fee	Other Costs?	# Vacancies 1ST Shift | 2nd Shift | 3rd Shift
____Infants (0 - 18 months)	_____	_____	_____	_____|_____|_____
____Toddlers (18 - 35 months)	_____	_____	_____	_____|_____|_____
____Preschoolers (3 - 5 years)	_____	_____	_____	_____|_____|_____
____School Age (6 years +)	_____	_____	_____	_____|_____|_____

Are you certified by your Dept. of Jobs & Family Services in your county to care for children whose fees are paid by public funds?
____Yes ____No Certification #: _____
Expiration Date: _____

If certified, do you wish to be referred to private pay clients? ____Yes ____No

Do you offer fee discounts for more than one child from the same family? ____Yes/How Much?_____ ____No

The legal limit for the number of children in a family day care home is 6, at any one given time. If you have a self-imposed capacity limit that is less than 6, what is that number?
_____

Do you keep a waiting list? ____Yes ____No

4. SCHOOLS AND TRANSPORTATION:

What School District do you live in?_____ What elementary school do children in your neighborhood attend?_____

Do the children in your neighborhood: _____ride a bus to school? **OR** _____walk to school?

Are you on or near a public bus route? ____Yes ____No Do you walk children to and/or from school? ____Yes ____No

Are you insured and willing to transport children by car? ____Yes ____No Do you take children on field trips? ____Yes ____No

OVER PLEASE

5. MEALS: What meals do you serve?

____Breakfast ____AM Snack ____Lunch ____PM Snack _____Dinner _____Eve Snack _____Special Diet

Do you provide _____Formula? _____Diapers & Baby wipes? **Do you have a written contract/policy?** ____Yes ____No

Are you currently participating in the Child and Adult Care Food Program that reimburses you for food costs? ____Yes ____No

If "Yes", indicate the sponsoring agency._____
If "No", would you be interested in more information on this program? ____Yes ____No

6. SPECIAL CARE/SERVICES:

Must the children in your care be toilet trained? ____Yes ____No

Will you care for mildly sick children? ____Yes ____No

Can you provide short-term emergency/backup care? ____Yes ____No

Are you able to care for a child whose parent is hospitalized? ____Yes ____No

Do you have any training or experience in caring for a special needs child? ____Yes ____No

Do you provide preschool or learning activities? ____Yes ____No

7. CERTIFICATION:

Are you currently certified by any county as a Type B home? ____Yes ____No ____In Process

Have you ever been certified by any county as a Type B home? ____Yes ____No

If "Yes", what county_____ Year_____

Are you currently a foster parent? ____Yes ____No If "Yes", which agency:_____

Have you ever been denied certification or terminated as a family day care provider or foster care provider? ____Yes ____No

If "Yes", explain:_____

8. CHILD CARE EDUCATION AND TRAINING:

Indicate any training you have in <u>child care</u>:

____High School Courses ____College Courses ____Nursing (R.N., L.P.N.) ____County Human Services Training
____Vocational Education ____College Degree ____Child Development Associate (CDA) ____Training/Meetings/Workshop

Indicate any health or emergency care training you have:

____First Aid ____CPR ____Child Abuse Recognition
____Communicable Disease ____Other_____

9. RESIDENTIAL INFORMATION:

Is your residence a(n): ____House ____Apartment ____Mobile Home ____Other_____

Is there a(n): ____Your Yard (fenced) ____Your Yard (non-fenced) ____Wheelchair Accessible
____Park within Walking Distance ____Fenced in Pool (non-wadding) ____Non-Fenced in Pool or other Water Access

List all persons, <u>including yourself</u>, living in household (adults & children):

NAME	DATE OF BIRTH	RELATIONSHIP TO PROVIDER
		SELF