

ANNUAL GROUP PROGRAM QUESTIONNAIRE



Instructions: Please complete a separate questionnaire for each licensed program facility/site which you operate. Please follow all instructions carefully to insure accurate information is maintained on your facility(s) and programs. This questionnaire is for many different kinds of programs. If the question does not apply to you, please indicate with a "NR" (not relevant) in the space provided. If you have any questions, please call the LOCATE staff at 301-662-4549 or 1-800-753-6841. Please return the completed questionnaire to Child Care Choices, 263 West Patrick Street, Frederick, MD 21701.

PLEASE TYPE OR PRINT

Date _____

1. Name of facility/program _____
2. Address _____ Community/Development _____
3. City _____ 4. County _____
5. Zip _____ 6. Site Phone () _____
7. Mailing Address (if different from site address) _____ Fax () _____
 _____ E-mail _____

8. Site Director _____
9. a. Please check all that describe your program:
 - _____ child care center (provides care to 2-5 year olds)
 - _____ infant program (provides care to children under 2 years old)
 - _____ nursery school (preschool program approved by the MSDE)
 - _____ kindergarten (private kindergarten approved by MSDE)
 - _____ part-day program (part-time preschool program for 2, 3 or 4 year olds, licensed by OCC)
 - _____ school-age program (kindergarten and school-age children)
 - _____ full-time (accepts kindergarten and older school-age children for summer, school closings, and holidays)
 - _____ before school
 - _____ after school
 - _____ summer program (offers summer care to kindergarten and older school-age children)
 - _____ special education (program for children with disabilities, approved by MSDE)
 - _____ Head Start (government-funded preschool for low-income children, 2-5 years old)
 - _____ Early Head Start (government-funded program for low-income pregnant women, infants and toddlers)
 - _____ public pre-kindergarten (pre-kindergarten targeted to at-risk children)
- b. If you indicated that you offer a school-age program, please check all of the activities your program offers:

_____ Homework Help	_____ Arts & Crafts	_____ Community Service
_____ Sports & Recreation	_____ Performing Arts	_____ Computer Activities
_____ Tutoring	_____ Ethnic/Cultural	

10. Please circle all that apply:

a. There is a subway/light rail station near the center Yes No
Name of subway/light rail station _____

b. There is a public bus line near the center Yes No
Bus names and numbers _____

11. We are very interested in linking child care providers with the closest public school that the children you care for attend. If you had to choose **one** school, what is your primary public elementary school and your primary public middle school? (Please answer even if you do not provide school-age care).

a. Primary public elementary school _____
Name of public/private elementary schools that you transport to/from _____

b. Primary public middle school _____
Name of public/private middle schools that you transport to/from _____

c. Other schools (public or private) you would like to list

12. a. Please circle all that you provide:

Before and/or after elementary school care	Yes	No
Before and/or after middle school care	Yes	No
Before and/or after preschool program (nursery, public pre-kindergarten, part-day, Head Start and Early Head Start)	Yes	No

b. Please circle all that apply **if you offer any before and/or after school care:**

Center staff will walk/drive children to/from:	school	Yes	No
	school bus stop	Yes	No
Children can walk to/from:	school	Yes	No
	school bus stop	Yes	No

13. a. What time do you open? _____ Close? _____

b. Are you willing to adjust the opening and closing hour to accommodate a parent's needs? Yes No

14. Please check the days of the week that you are regularly open:

Sun ____ Mon ____ Tues ____ Wed ____ Thurs ____ Fri ____ Sat ____

15. Please circle your answers:

a. Accept income eligible children who are paid for by the Department of Social Services (Child Care Subsidy) Yes No

b. Provide discount when caring for more than one child from the same family (Sibling Discount) Yes No

c. Provide scholarships Yes No

d. Offer sliding fee (fee that is flexible according to the parent's income) Yes No

Group Questionnaire
Page 3

16. Do you offer care: _____ Full time? _____ Part-time? _____ Both?
Do you offer infant care: _____ Full time? _____ Part-time? _____ Both?

17. Are you open:
9 or 10 months (closed in summer) _____ 12 months (year-round) _____
Summer only _____ During school vacations _____

18. Please circle **yes** or **no** for each of the following schedules. **(Please send a copy of your license if you offer evening or overnight care. This must be reflected on your license).** Do you offer:

Weekend (on regular basis)	Yes	No	Temporary/emergency	Yes	No
Drop-in care	Yes	No	Overnight	Yes	No
Evening	Yes	No	Rotating schedule	Yes	No

19. a. Do you require that all children be toilet trained except where a disability prevents toilet training?
Yes No

b. Will you toilet train or assist with toilet training toddlers except where a disability prevents toilet training?
Yes No

20. Please circle all that apply to your staff:

CPR trained	Yes	No
First-Aid trained	Yes	No
Administer prescribed medicine (with written permission)	Yes	No
Speak more than one language fluently	Yes	No
If yes, which language(s): _____		

21. Please check the meals that you provide:

Breakfast _____	P.M. snack _____
A.M. snack _____	Dinner _____
Lunch _____	No meals/snacks _____

22. Does your center menu accommodate special diets (ex: kosher, vegetarian, severe food allergies)?
Yes No If yes, which ones? _____

23. Please circle **Y** if your program accepts or **N** if your program does not accept children of each age. Then complete the chart by listing the fees you charge for the different age groups that you accept.

Age	Accept	Weekly cost for full-time care	Daily cost for part-time care
6 wks. - 11 mon.	Y N	\$ _____ per week	\$ _____ per day
12 mon. - 23 mon.	Y N	\$ _____ per week	\$ _____ per day
2 years	Y N	\$ _____ per week	\$ _____ per day
3 years	Y N	\$ _____ per week	\$ _____ per day
4 years	Y N	\$ _____ per week	\$ _____ per day
5 years	Y N	\$ _____ per week	\$ _____ per day
6+ yrs.-full time (holidays/summer)	Y N	\$ _____ per week	\$ _____ per day
Before/after preschool	Y N	\$ _____ per week	\$ _____ per day
Before/after school	Y N	\$ _____ per week	\$ _____ per day

If you have an MSDE-approved nursery school or private kindergarten, please provide your monthly fees here:

Please complete the following chart if you provide **evening/overnight** care (as reflected on your license) or **weekend** care. If you do not provide care during these hours, skip to question 24.

Age	Accept	Weekly cost for evening care	Weekly cost for overnight care	Daily cost for weekend care
6 wks. - 11 mon.	Y N	\$ _____ per week	\$ _____ per week	\$ _____ per day
12 mon. - 23 mon.	Y N	\$ _____ per week	\$ _____ per week	\$ _____ per day
2 years	Y N	\$ _____ per week	\$ _____ per week	\$ _____ per day
3 years	Y N	\$ _____ per week	\$ _____ per week	\$ _____ per day
4 years	Y N	\$ _____ per week	\$ _____ per week	\$ _____ per day
5 years	Y N	\$ _____ per week	\$ _____ per week	\$ _____ per day
6+ yrs.	Y N	\$ _____ per week	\$ _____ per week	\$ _____ per day

Deposits, Fees and additional information:

24. Do you require a security deposit? Yes No
If yes, how much? \$ _____

25. Do you require a registration fee? Yes No
If yes, how much? \$ _____

26. Provide care for up to what age? _____ years

Group Questionnaire

Page 5

27. Do you participate in the Child and Adult Care Food Program? Yes No
28. Does your center have an emergency preparedness plan? Yes No
29. Has anyone on your staff received formal emergency preparedness training? Yes No

The information you provide for Questions 30-37 are for statistical purposes only, and will not be available as part of your referral information to parents. Your information is combined with the information of other caregivers in order to study trends in the areas of compensation, children's mental health, and computer usage by the child care community.

30. a. STAFF SIZE:

	Number of Paid Staff	Average Annual Full-time Gross Salary	Average Annual Part-time Gross Salary
Directors	_____	_____	_____
Teachers/Senior Staff	_____	_____	_____
Aides	_____	_____	_____
Other	_____	_____	_____
Total Staff	_____		

- b. Do you provide benefits? Yes No
- If yes, please check the benefits you provide:

	Fully Paid	Partially Paid	Available but no Employer contribution
Pre-Employment Costs (i.e. physical, FBI check)			
Health Insurance			
Dental Insurance			
Life Insurance			
Other (Specify): _____			

31. Do you currently have a child or children with special needs or disabilities enrolled in care?
Yes ___ If yes, how many? ___ No ___

32. Do you currently have a child or children in care who are receiving early childhood mental health services?
Yes ___ If yes, how many? ___ No ___ Don't know ___

33. Do you currently have a child or children in care who are receiving early intervention services other than mental health services?
Yes ___ If yes, how many? ___ No ___ Don't know ___

34. Have you ever referred a child or children for early intervention services?
Yes ___ If yes, how many? ___ No ___ Don't know ___

35. Have you ever had to terminate the care of a child due to behavior problems?
Yes ___ If yes, how many? ___ No ___

36. Do you have a working computer? ___Yes ___ No

37. Do children have access to a computer in your child care program? ___Yes ___ No

38. Please check all that apply:

ACTUAL LOCATION OF CENTER

- College site _____
- Employer site _____
- Hospital _____
- Religious site _____
- Public school site _____
 - Elementary school _____
 - Middle school _____
 - High school _____
- Private school site _____
- Business/ _____
- Industrial Park _____
- Public Housing _____
- Freestanding building _____

AUSPICES/SPONSORSHIP

- National chain _____
- Local chain _____
- Private non-profit agency _____
- Public agency _____
- Non-profit religious _____
organization
- Proprietary (for profit) _____

39. a. Do you have reserved slots for parents of a particular company, organization, agency or school?

Yes No

If yes, please name: _____

b. Do you give priority of available slots to parents of a particular company, organization, agency or school?

Yes No

If yes, please name: _____

c. Do you offer a discount to the parents of any company, organization, agency or school?

Yes No

If yes, please name: _____

Special Needs Care

40. a. Has anyone on your staff had experience caring for children or adults with disabilities (child care, family and/or community activities)? Yes No

b. If yes, please check which disabilities they have had experience with or knowledge of:

Cognitive

- Delayed Development
- Down Syndrome
- Fragile X
- Learning Disabled
- Mental Retardation
- Speech/Language Delay
- Traumatic Brain Injury

Physical

- Arthritis
- Cerebral Palsy
- Hearing/Vision Loss
- Low Muscle Tone
- Muscular Dystrophy
- Orthopedic
- Paraplegic
- Quadriplegic
- Spina Bifida

Medical

- Apnea Monitor
- BPD
- Blood/organ Disorder
- Cancer
- Colostomy Bags
- Cystic Fibrosis
- Diabetes
- Drug Addicted/Exposed
- Newborns
- Feeding Problems/GI Tubes
- Genetic Disorder
- George DeLange Syndrome
- Heart Condition
- HIV+/AIDS
- Hydrocephalus
- Lead Poisoning
- Prematurity
- Respiratory
- Severe Allergies
- Severe Asthma
- Seizure Disorder
- Trach Tube

Social/ Emotional

- Adjustment Disorder
- Asperger Syndrome
- Attachment Disorder
- Attention Deficit Disorder
- Attention Deficit Hyperactivity Disorder
- Autism
- Behavior Problems
- Bipolar Disorder
- Depression
- Emotional Problems
- Mood Disorder
- Obsessive-Compulsive Disorder
- ODD (Oppositional Defiant Disorder)
- PDD (Pervasive Development Disorder)
- Post-traumatic Stress Disorder
- Sensory Integration Dysfunction

c. Please circle all that apply to your program:
currently wheelchair accessible Yes No
staff knows sign language Yes No

Education

41. Please indicate the number of your staff who have completed the following levels of education:

- Less than High School
- GED/High School
- Associate Degree
- Bachelor Degree
- Master Degree
- Doctoral Degree

42. a. Has anyone on your staff completed college level credit courses in Early Childhood Development or Early Childhood Education? Yes No If yes, how many staff? _____

b. Does anyone on your staff have a college degree in Early Childhood Development or Early Childhood Education? Yes No If yes, how many staff? _____

43. a. Has anyone on your staff completed college level credit courses in Special Education? Yes No If yes, how many staff? _____

b. Does anyone on your staff have a professional teaching certificate in Special Education issued by Maryland State Department of Education? Yes No If yes, how many staff? _____

44. Is there anything else you would like to share with parents about your program, i.e. training, preschool activities offered, types of pets, website, etc.?

Enrollment Information

Would you please take a few extra moments to complete the following questions concerning enrollments in your program? This information, combined with that of other caregivers, will be used to provide an accurate picture of the number of children currently enrolled in regulated child care in Maryland.

Full-Time Enrollment

- 45. How many children under 2 years of age do you have currently enrolled in your program? _____
- 46. How many children 2-4 years of age do you have currently enrolled in your program? _____
- 47. How many 5 year olds do you have currently enrolled all day, all year in your program? _____
(These are the 5 year olds who did not make the September 1st kindergarten age cutoff.)
- 48. How many school age children do you have enrolled full time (summer and holiday care) in your program? _____

Before and After School and Before and After Kindergarten Enrollment

- 49. If you provide before and after school care, how many children 5 years and older are currently enrolled? _____