



**Provider Questionnaire**  
**Child Care Opportunities Resource Development Center**

1. First Name\*: \_\_\_\_\_ Last Name\*: \_\_\_\_\_

2. Business Name\*: \_\_\_\_\_

3. Contact Person\*: \_\_\_\_\_

4. Days of the week open\*: \_\_\_\_\_ Hours\*: \_\_\_\_\_ Shifts\*:  1  2  3

5. Type of Care\*:  
 Child Care Center       School Age Program       Drop In      Trust Me \_\_\_\_\_  
 Family Child Care       Head Start       Overnight      \_\_\_\_\_  
 Preschool Program       Employer Based       Nursery School      \_\_\_\_\_

6. Mailing Address\*:  
Street Address: \_\_\_\_\_  
County: \_\_\_\_\_ City: \_\_\_\_\_ Zip/Postal Code (plus 4) \_\_\_\_\_

7. Location (if different than mailing address)\*:  
Street Address: \_\_\_\_\_  
County: \_\_\_\_\_ City: \_\_\_\_\_

8. Status\*:  
 Refer for future care (would like to receive referrals)  
 Temporarily not doing care  
 No referrals (do not call)  
 Mailing list only

9. Contact Information:  
Primary Phone\*: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_ E-mail Address: \_\_\_\_\_ Web Site: \_\_\_\_\_

10. Licensing Information:

11.  
 Regulated/licensed, certified or registered provider with State of Maine\*  
 Exempt/unregulated\* (LUH)

License ID: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ EIN/SSN: \_\_\_\_\_

(Employee Identification/Social Security Number)

11. Capacity Information:  
Total Licensed Capacity: \_\_\_\_\_ Total Desired Capacity: \_\_\_\_\_ Age Range\*: \_\_\_\_\_  
Total Vacancies: \_\_\_\_\_ as of \_\_\_\_\_ Adult to child ratios\*: \_\_\_\_\_

12. School information (specifically if you serve school age children)\*:

School districts that you serve: \_\_\_\_\_

Do you provide transportation to and from school? \_\_\_\_\_ YES \_\_\_\_\_ NO

Are there schools within walking distance? \_\_\_\_\_ YES \_\_\_\_\_ NO

Names of local Elementary schools: \_\_\_\_\_

**Enhanced Provider Information  
Child Care Options Resource Development Center**

1. Care Available\*:

Accepts Children:

\_\_\_ Before School

\_\_\_ Holidays

\_\_\_ Evenings (past 6pm)

Accepts Children:

\_\_\_ Full-time only

\_\_\_ After school

\_\_\_ Weekends

\_\_\_ 2<sup>nd</sup> Shift

\_\_\_ Part-time only

\_\_\_ Drop In

\_\_\_ Overnight

\_\_\_ 3<sup>rd</sup> Shift

\_\_\_ Both

\_\_\_ Temporary Emergency

Duration: \_\_\_\_\_ Full year \_\_\_\_\_ School year only \_\_\_\_\_ Summer only (check only one)

Comments:

2. Fees\*:

Age Group	Age Range	Full-Time Rate	Part-Time Rate	Other	Comments
Infant	6 weeks – 1 yr				
Toddler	1 yr – 3 yrs				
Preschool	3 yrs – 5 yrs				
School Age	Kindergarten				
School Age	1 <sup>st</sup> Grade and Older				

Additional fees:

Late fees: \_\_\_\_\_ Preschool fees: \_\_\_\_\_

Drop In fees: \_\_\_\_\_ Fieldtrip/Special Activities: \_\_\_\_\_

Lessons: \_\_\_\_\_ (please specify) Other: \_\_\_\_\_

3. Enrollment Information\*:

Age	Licensed Capacity	Desired Capacity	Subsidized Capacity	Full Time Vacancy	Part Time Vacancy	Vacancy Date	Enrollment	Adult/Child Ratio
Infant (6wks – 1yr)								
Toddler (1yr – 3 yrs)								
Preschool (3 yrs – 5 yrs)								
School Age (Kindergarten)								
School Age (1 <sup>st</sup> grade and older)								

*Subsidized capacity – The number of children you care for who are on the voucher program, in a contracted slot, etc..*

4. Environment\*: (check all that apply)

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> No pets                        | <input type="checkbox"/> Fenced yard            | <input type="checkbox"/> Near public transportation |
| <input type="checkbox"/> No indoor pets                 | <input type="checkbox"/> Voucher provider       | <input type="checkbox"/> Special needs experience   |
| <input type="checkbox"/> No outdoor pets                | <input type="checkbox"/> Accredited program     | <input type="checkbox"/> Separate child care area   |
| <input type="checkbox"/> Smoke free                     | <input type="checkbox"/> Flexible morning hours | <input type="checkbox"/> Outdoor play time          |
| <input type="checkbox"/> Small group size (less than 6) | <input type="checkbox"/> Flexible evening hours | <input type="checkbox"/> Lead Free                  |
| <input type="checkbox"/> Quality certificate            |   |   |

Other Comments:

5. Meals\*: (check all that apply)

- |  |  |
|--|--|
| <input type="checkbox"/> Breakfast     | <input type="checkbox"/> Afternoon snack   |
| <input type="checkbox"/> Morning snack | <input type="checkbox"/> Dinner            |
| <input type="checkbox"/> Lunch         | <input type="checkbox"/> USDA Food Program |

6. Philosophy\*: (if applicable)

- |                                     |  |
|-------------------------------------|--|
| <input type="checkbox"/> High Scope | <input type="checkbox"/> RIE           |
| <input type="checkbox"/> Montessori | <input type="checkbox"/> Reggio Emilio |
| <input type="checkbox"/> Waldorf    | <input type="checkbox"/> Other: _____  |

Other Comments:



- 13-40 hours of workshops and training specific to early care and education
- More than 40 hours of training
- Credit-based training

Other Comments:

13. Experience\*:

- |                                       |   |
|---------------------------------------|---|
| <input type="checkbox"/> Under 1 year | <input type="checkbox"/> 21 years plus                |
| <input type="checkbox"/> 1-3 years    | <input type="checkbox"/> Family Child Care Experience |
| <input type="checkbox"/> 4-9 years    | <input type="checkbox"/> Child Care Center Experience |
| <input type="checkbox"/> 10-20 years  |   |

14. Education\*:

- |   |  |
|---|--|
| <input type="checkbox"/> High School                      | <input type="checkbox"/> Bachelor's, child related |
| <input type="checkbox"/> Some college, child related      | <input type="checkbox"/> Bachelor's, other         |
| <input type="checkbox"/> Some college, other emphasis     | <input type="checkbox"/> Master's, child related   |
| <input type="checkbox"/> Associates Degree, child related | <input type="checkbox"/> Master's, other           |
| <input type="checkbox"/> Associates Degree, other         | <input type="checkbox"/> CDA                       |
| <input type="checkbox"/> Some child development courses   | <input type="checkbox"/> MRTQ training             |

15. Accreditation\*:

- NAFCC (National Association Family Child Care)
- NSACCA (National School Age Child Care Association)
- NAEYC (National Association Education Young Children)
- Other: \_\_\_\_\_

16. Advocacy: (check all that apply)

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Phone tree leader      | <input type="checkbox"/> Visit legislators | <input type="checkbox"/> Focus Groups          |
| <input type="checkbox"/> Phone tree participant | <input type="checkbox"/> On mailing list   | <input type="checkbox"/> Receive e-mail alerts |
| <input type="checkbox"/> Write letters          | <input type="checkbox"/> Media contact     |  |

Other Comments:

17. Do you provide respite care?\*

- YES  NO

18. Program\*: (check all that apply)

- |   |   |
|---|---|
| <input type="checkbox"/> Follows a curriculum | <input type="checkbox"/> Driving field trips  |
| <input type="checkbox"/> Offers lessons       | <input type="checkbox"/> Religious activities |
| <input type="checkbox"/> Walking field trips  |   |

Other Comments:

19. Center information only\*: (check all that apply)

Residential

Volunteers

Family style meals

Non-residential

Parent Advisory

Sliding fee

Faith-based

More than 3 sites

Parent Cooperative

Workplace based

Intergenerational

Scholarships (available to parents)

Other Comments:

\* The starred items indicate that this enhanced referral information will be given to parents if they choose an enhanced option over a public. All referrals are free of cost to the parent. Items that are not starred are for information only and will not be given to parents without prior permission from you.

Thank you for taking the time to fill out the Child Care Opportunities Resource and Referral Service questionnaire. If you have a question or would like to contact us about your program changes or vacancies, please feel free to call us. The numbers are: 207-667-2467 or toll free 1-800-834-4378.