

ERC Resource & Referral Child Care Provider Profile Form

Please fill in the following blanks. Contact and licensing information must match your KDHE License.

FCC = Family Child Care. Please call ERC at 785-357-5171 or 1-800-279-2372 if you need help filling out this form.

Name: _____

Business Name: _____

Type of Care: _____

First Care Provided: _____

Referrals Y_____/N_____

Web Referrals Y_____/N_____

Print Rates on Parents' Referral Sheet Y_____/N:_____

Street Address: _____

City: _____

Zip: _____

County: _____

Mailing Address: _____

Mailing City: _____

Mailing Zip: _____

Primary Phone:
() _____

Secondary Phone:
() _____

Fax:
() _____

Email: _____

Website: _____

Do You Have Internet Access in Your Home and/or Business? _____

Regulated Y_____/N_____

License Number: _____

Expires: _____

Total License Capacity: _____

Total Desired Capacity: _____

Total Vacancies: _____

As Of: _____

Accepted Age Range:

From: _____ Years _____ Months _____ Weeks _____

To: _____ Years _____ Months _____ Weeks _____

School District #: _____

Elementary school(s) closest to? _____

Circle if transportation available

Transportation: (If so – which way?)

- Walking Distance
- Near Public transportation
- On/Near Bus Line
- Only To (full day)
- Only From (full day)
- Only To (part day)
- Only From (part day)
- To/From Clients Home
- Field Trips
- None

Languages Used in Home or Center: _____

Check All That Apply:

- Provide Full Time Care (35+ hours a week)
- Provide Part Time Care
- Provide Both Part Time And Full Time Care
- Before School Care
- After School Care
- Accept Drop Ins
- Rotating Shifts
- Provide Temporary or Emergency Care
- Open Holidays
- Open 24-Hours
- Currently Have Waiting List
- If so, when are openings available? _____

- We can list three Shift options in our database. Complete a table for each shift you offer. Day shift covers hours from 6:00 a.m. until 6:30 p.m. Evening shift covers 6:30 p.m. to 12:00 a.m. Overnight shift covers 12:00 a.m. to 6:00 a.m.
- Enter school year and holiday shifts only if you do not offer care the entire calendar year.
- Full time care is to be completed only if you offer care for more than 35 hours per week.
- Preschool and school age care should be listed as part time care.

Shift Option One:

(Check only those applicable to this shift – you can complete up to 3 other shifts)

<u>Day of Week</u>	<u>Start Time</u>	<u>End Time</u>	<u>Is this shift?:</u>
<input type="checkbox"/> Monday			<input type="checkbox"/> Day
<input type="checkbox"/> Tuesday			<input type="checkbox"/> Evening
<input type="checkbox"/> Wednesday			<input type="checkbox"/> Overnight
<input type="checkbox"/> Thursday			<input type="checkbox"/> School Year Only
<input type="checkbox"/> Friday			<input type="checkbox"/> Summer/Holiday Only
<input type="checkbox"/> Saturday			<input type="checkbox"/> Weekend Only
<input type="checkbox"/> Sunday			<input type="checkbox"/> Preschool 2-Day
			<input type="checkbox"/> Preschool 3-Day
			<input type="checkbox"/> Preschool 5-Day

<u>Age</u>	<u>Under 1</u>	<u>1 to 1.5</u>	<u>1.5 to 2</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6 & up</u>
Desired Capacity								
Licensed Capacity								
Desired SRS Capacity								
Full Time Vacancies								
Part Time Vacancies								
Vacancy Date								
# Child Per Adult								
Number Enrolled in Age Group								
<u>FT Rates</u>								
<u>PT Rates</u>								
Rates are	<input type="checkbox"/> Hourly	<input type="checkbox"/> Daily	<input type="checkbox"/> Weekly	<input type="checkbox"/> Monthly				

Notes Regarding This Shift:

- Please check any additional fees that you charge:
- | | | |
|--|--|--|
| <input type="checkbox"/> Activity Fees | <input type="checkbox"/> Field Trip Fees | <input type="checkbox"/> Enrollment Fees |
| <input type="checkbox"/> Deposit | <input type="checkbox"/> Material Fees | <input type="checkbox"/> Late Fees |

Shift Option Two:

(check only those applicable to this shift – you can complete up to 3 other shifts)

<u>Day of Week</u>	<u>Start Time</u>	<u>End Time</u>	<u>Is this shift?:</u>
<input type="checkbox"/> Monday			<input type="checkbox"/> Day
<input type="checkbox"/> Tuesday			<input type="checkbox"/> Evening
<input type="checkbox"/> Wednesday			<input type="checkbox"/> Overnight
<input type="checkbox"/> Thursday			<input type="checkbox"/> School Year Only
<input type="checkbox"/> Friday			<input type="checkbox"/> Summer/Holiday Only
<input type="checkbox"/> Saturday			<input type="checkbox"/> Weekend Only
<input type="checkbox"/> Sunday			<input type="checkbox"/> Preschool 2-Day
			<input type="checkbox"/> Preschool 3-Day
			<input type="checkbox"/> Preschool 5-Day

<u>Age</u>	<u>Under 1</u>	<u>1 to 1.5</u>	<u>1.5 to 2</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6 & up</u>
Desired Capacity								
Licensed Capacity								
Desired SRS Capacity								
Full Time Vacancies								
Part Time Vacancies								
Vacancy Date								
# Child Per Adult								
Number Enrolled in Age Group								
<u>FT Rates</u>								
<u>PT Rates</u>								
<u>Rates are</u>	<input type="checkbox"/> Hourly	<input type="checkbox"/> Daily	<input type="checkbox"/> Weekly	<input type="checkbox"/> Monthly				

Notes Regarding This Shift:

Shift Option Three:

(check only those applicable to this shift – you can complete up to 3 other shifts)

<u>Day of Week</u>	<u>Start Time</u>	<u>End Time</u>	<u>Is this shift?:</u>
<input type="checkbox"/> Monday			<input type="checkbox"/> Day
<input type="checkbox"/> Tuesday			<input type="checkbox"/> Evening
<input type="checkbox"/> Wednesday			<input type="checkbox"/> Overnight
<input type="checkbox"/> Thursday			<input type="checkbox"/> School Year Only
<input type="checkbox"/> Friday			<input type="checkbox"/> Summer/Holiday Only
<input type="checkbox"/> Saturday			<input type="checkbox"/> Weekend Only
<input type="checkbox"/> Sunday			<input type="checkbox"/> Preschool 2-Day
			<input type="checkbox"/> Preschool 3-Day
			<input type="checkbox"/> Preschool 5-Day

<u>Age</u>	<u>Under 1</u>	<u>1 to 1.5</u>	<u>1.5 to 2</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6 & up</u>
Desired Capacity								
Licensed Capacity								
Desired SRS Capacity								
Full Time Vacancies								
Part Time Vacancies								
Vacancy Date								
# Child Per Adult								
Number Enrolled in Age Group								
<u>FT Rates</u>								
<u>PT Rates</u>								
<u>Rates are</u>	<input type="checkbox"/> Hourly	<input type="checkbox"/> Daily	<input type="checkbox"/> Weekly	<input type="checkbox"/> Monthly				

Notes Regarding This Shift:

Please check all that apply in these two fields:

Financial Options/Discounts:

- Sliding Scale
- Scholarship
- Multi-Child Discount
- KSCL
- Foster Care/Adoption
- Local Financial Assistance
- Accepts SRS
- Military

Meals:

- CACFP Reimbursement
- Serves Breakfast
- Serves Morning Snack
- Serves Lunch
- Serves Afternoon Snack
- Serves Evening Meal
- Serves Evening Snack
- Supports Breast Milk
- Provides Infant Formula
- Special Diet

Comments:

Environment

Please check all that apply to your environment:

- ADA Accessible Indoor
- Air Conditioning
- Basement Used For Child Care
- Fenced Yard
- Outdoor Pets Only
- Smoking During Non-Business Hours Only
- Designated Area for Meals
- ADA Accessible Outdoor
- Air Purifier
- Dehumidifier
- No pets
- Small Group of 6 Or Fewer Children
- Wading Pool
- Above or In-Ground Pool
- Basement Used As Storm Shelter
- Designated Indoor Play Area (FCC)
- Non-Carpeted Environment
- Smoke Free
- Nanny-Cam (online video monitoring for parents)

Philosophy

- Creative Curriculum
- Montessori
- Own Curriculum Used
- Developmentally Appropriate Practices
- No Curriculum Used
- Religious Curriculum
- High Scope
- No Television
- Waldorf

Policies

- Written Agreement/Contract
- Billing Monthly
- No Notice Required When Family Resigns
- Two Weeks Notice Required When Family Resigns
- Written Handbook
- Billing on 1st of Month for Entire Month
- Less Than 1 Week Notice Required If Family Resigns
- Billing Weekly
- Billing Bi-Monthly
- One Week Notice Required by Family

Safety/Training/Education/Experience/Skills

- Teaches Spanish
- Teaches Sign Language

Safety

- CPR Current within 2 years
- Child Care Health Consultant Agreement
- On-Site Nurse
- First Aid Training within Past 12 Months
- Liability Insurance Covering Child Care Business

Special Needs – Check Only Those Areas Which You Have Specialized Training or Experience

- | | | |
|--|--|---|
| <input type="checkbox"/> ADHD/ADD/PDD | <input type="checkbox"/> Abuse & Neglect (witness or victim) | <input type="checkbox"/> Allergies |
| <input type="checkbox"/> Apnea Monitor | <input type="checkbox"/> Asthma | <input type="checkbox"/> Autism/Asperger |
| <input type="checkbox"/> Cerebral Palsy | <input type="checkbox"/> Cystic Fibrosis | <input type="checkbox"/> Developmental Delays |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Down Syndrome | <input type="checkbox"/> Emotional Delays |
| <input type="checkbox"/> Epilepsy/Febrile Seizures | <input type="checkbox"/> Gastronomy/Tube Feeding | <input type="checkbox"/> HIV/AIDS |
| <input type="checkbox"/> Hearing Impaired | <input type="checkbox"/> Maternal Substance Abuse | <input type="checkbox"/> Medically Fragile |
| <input type="checkbox"/> Nutritional Deficiency | <input type="checkbox"/> Syndromes: Fragile X, Tourette’s etc. | <input type="checkbox"/> Visual Impairment |

Training – Please check those you have completed within the last 12 months

- | | | |
|--|---|--|
| <input type="checkbox"/> No Professional Development | <input type="checkbox"/> .4 – 2 CEUs | <input type="checkbox"/> 1-5 In-Service Hours |
| <input type="checkbox"/> 6-10 In-Service Hours | <input type="checkbox"/> 11-20 In-Service Hours | <input type="checkbox"/> More than 20 In-Service Hours |
| <input type="checkbox"/> 3-6 CEUs | <input type="checkbox"/> 7-10 CEUs | <input type="checkbox"/> More than 10 CEUs |
| <input type="checkbox"/> Early Childhood College Credits | | |

Experience Within the Early Childhood Field

- | | | |
|--|---|--|
| <input type="checkbox"/> Under 1 Year | <input type="checkbox"/> 1-3 Years | <input type="checkbox"/> 4-9 Years |
| <input type="checkbox"/> 10-20 Years | <input type="checkbox"/> More Than 20 Years | <input type="checkbox"/> Family Child Care |
| <input type="checkbox"/> Child Care Center Preschool | <input type="checkbox"/> Elementary School | <input type="checkbox"/> Para |

Education – Check the highest level completed (check any Early Childhood completed as well)

- | | | |
|---|---|---|
| <input type="checkbox"/> Some High School | <input type="checkbox"/> High School Diploma or GED | <input type="checkbox"/> Associates Degree in Early Childhood |
| <input type="checkbox"/> Associates Degree in Non-Early Childhood | <input type="checkbox"/> Bachelor’s Degree in Early Childhood | <input type="checkbox"/> Bachelor’s Degree in Non-Early Childhood |
| <input type="checkbox"/> Master’s Degree in Early Childhood | <input type="checkbox"/> Master’s Degree in Non-Early Childhood | <input type="checkbox"/> Doctorate in Early Childhood |
| <input type="checkbox"/> Doctorate in Non-Early Childhood | | |

Professional Development

Early Childhood College Credits Total You have Received

- | | | |
|--------------------------------|---------------------------------|--|
| <input type="checkbox"/> 0 | <input type="checkbox"/> 1-6 | <input type="checkbox"/> 7-12 |
| <input type="checkbox"/> 13-24 | <input type="checkbox"/> 25-48 | <input type="checkbox"/> 49-72 |
| <input type="checkbox"/> 73-96 | <input type="checkbox"/> 97-120 | <input type="checkbox"/> More than 120 |

Professional Development Check Any You Have Completed the Past 12 Months

- | | | |
|---|--|---|
| <input type="checkbox"/> EBT (Electronic Benefit Transfer) | <input type="checkbox"/> DYFCCB (Developing Your Family Child Care Business) | <input type="checkbox"/> Q-Tip Oh! Filling the Gap |
| <input type="checkbox"/> Infant/Toddler | <input type="checkbox"/> NACCRRA Conference | <input type="checkbox"/> KACCRRRA State-Wide Professional Development |
| <input type="checkbox"/> CCR&R Sponsored Professional Development | <input type="checkbox"/> KCCTO | |

Type of CURRENT CDA: (only if you have completed the process)

- | | | |
|--|--|---------------------------------------|
| <input type="checkbox"/> Family Child Care | <input type="checkbox"/> Center Based Infant/Toddler & Preschool | <input type="checkbox"/> Home Visitor |
|--|--|---------------------------------------|

Core Competency Area – Check All You Have Completed Within The Past 12 Months

- | | |
|--|--|
| <input type="checkbox"/> I. Child Growth & Development | <input type="checkbox"/> V. Health, Safety & Nutrition |
| <input type="checkbox"/> II. Learning Environment & Curriculum | <input type="checkbox"/> VI. Interactions with Children |
| <input type="checkbox"/> III. Child Observation & Assessment | <input type="checkbox"/> VII. Program Planning & Development |
| <input type="checkbox"/> IV. Families & Communities | <input type="checkbox"/> VIII. Professional Development & Leadership |

Accreditation, Affiliation and Advocacy

NAEYC Accredited _____

NAFCC Accredited _____

Affiliation

- NAFCC
- NAEYC
- State FCC Association
- State AEYC
- Local FCC Association
- Local AEYC

Advocacy

- Member of KACCRRRA
- Member of CCPC
- Visit with Legislators
- Member of NAEYC/KAIEYC Or local AEYC affiliate
- Participant in Advocacy Conferences
- Write Legislator
- Member of Provider's Group
- Participant in Local Advocacy Events
- On Mailing List for Legislative Issue

Intentionality - Why You Work in the Early Childhood/School Age Field

- Career or Profession
- Job With Paycheck
- Stepping Stone to a Related Career
- Work to Do While My Children Are At Home
- Personal Calling
- Way of Helping a Family Member, Neighbor or Friend

Program Participation

- ELOA
- KQRIS
- Excel
- T.E.A.C.H.
- Early Head Start
- Smart Start

Family Child Care Owners

Please fill out this section. Information you provide is confidential and collected for statistical purposes only.

Family Child Care Setting:

Benefits: Check the benefits you have even if they're not paid by your child care business

- House
- Apartment
- Townhome
- Mobile Home
- Duplex
- Non-Residential
- Health Insurance
- Sick Leave
- Retirement
- Dental Insurance
- Vacation
- Long-Term/Short-Term Disability
- Life Insurance
- Professional Development Leave
- Company Vehicle

Wages:

What is your annual net income from your child care business? _____

Census Questions:

Is the owner of the business Spanish/Hispanic/ Latino? _____

Race: _____

Ancestry or Ethnic Origin? _____

Is there a language other than English spoke in your home? _____

What Language? _____

Please include any comments you would like included in this database regarding your settings or spoken language: