### Agency Survey Addendum: Child Care

**Agency Name:**  
_________________________________________________

Please complete this form to give us a clear and complete picture of the services you provide and populations you serve. Read through all of the categories and indicate all that apply to your organization on a regular basis. This completed form will help us to make only the most appropriate referrals to your organization.

**Are you a licensed child care provider?**  
- ☐ Yes  
- ☐ No  
*If yes, please provide a copy of your DHR license/certification.*

**Location of services — physical address:**  
- ☐ Child care center — outside of home  
- ☐ Family child care home — home-based  
- ☐ Out of client’s home

### Programs Offered

#### Day Care

Do you provide structured enrichment activities during school hours?  

**List ages that you serve:**

**Hours of operation:** □ MON □ TUE □ WED □ THU □ FRI □ SAT □ SUN  

**Do you offer transportation to/from home to school?**  
- ☐ Yes  
- ☐ No

**Is there an added fee for this service?**  
- ☐ Yes  
- ☐ No  
*If yes, specify:*  

**Area available for pick up/drop off service:**

**Day care fees:**  
- ☐ No fee  
- ☐ Sliding fee scale (based on client’s income)  
- ☐ Straight fee — Specify:

**Do you accept CAPS subsidy?**  
- ☐ Yes  
- ☐ No

**Do you offer discounts for families with multiple children in your care?**  
- ☐ Yes  
- ☐ No

#### Summer Camps / Winter Camps / Spring Breaks / Fall Breaks

**Do you offer programs for school-aged children during school vacation times?**  
- ☐ Yes  
- ☐ No  

*Indicate which ones you offer:*  

**What ages do you serve with these school vacation time programs?**

**Hours of Operation:** □ MON □ TUE □ WED □ THU □ FRI □ SAT □ SUN  

**Do you offer transportation to/from home to school?**  
- ☐ Yes  
- ☐ No

**Is there an added fee for this service?**  
- ☐ Yes  
- ☐ No  
*If yes, specify:*  

**Area available for pick up/drop off service:**
Name of Agency: ______________________________________

Please list specific fees:
☐ No fee  ☐ Sliding fee scale (based on client’s income)
☐ Straight fee—Specify:

After School Program (extended care)

Do you offer after school care?  ☐ Yes  ☐ No
Do you provide structured enrichment activities during school hours (i.e. day care)?  ☐ Yes  ☐ No

What ages do you serve:

Hours of operation:  Days:  ☐ MON  ☐ TUE  ☐ WED  ☐ THU  ☐ FRI  ☐ SAT  ☐ SUN

Do you offer transportation to/from home to school?  ☐ Yes  ☐ No

Is there an added fee for this service?  ☐ Yes  ☐ No  ☐ If yes, specify:

Area available for pick up/drop off service:

Please list specific fees:
☐ No fee  ☐ Sliding fee scale (based on client’s income)
☐ Straight fee—Specify:

Do you serve children who:
☐ Are not yet potty trained  ☐ Have mobility challenges (i.e., wheelchair, walker)
☐ Have developmental disabilities  ☐ Have mental/emotional disabilities
☐ Have a hearing impairment  ☐ Have a visual impairment

Do you administer prescribed medications?  ☐ Yes  ☐ No
If yes, please indicate who administers the medication:
☐ Nurse Practitioner  ☐ MD
☐ Other staff—specify:

Meal provided:
☐ Breakfast  ☐ Music/dance time
☐ Lunch  ☐ Class work
☐ Dinner  ☐ Others—specify:
☐ Snack

Do you have a dietician on staff?  ☐ Yes  ☐ No

Who prepares the meals?

Activities Provided

Please indicate and list some activities you provide:

☐ Outdoor trips  ☐ Music/dance time
☐ Outdoor activities  ☐ Class work
☐ Learning games  ☐ Others—specify:
☐ Movie Time
☐ Computer access

List any additional information you would like to include: