



Annual Provider Information Update Form

Please take a few moments to complete this form. In order to better serve both providers and families, we need to have up to date and complete information on your programs. **We are requesting that programs submit a copy of their program license so that we can ensure that we have the most accurate information.** Please feel free to add any comments or explanations. Please remember that you may change any information that we have in our database at any time with just a phone call or email to ccrr@snhs.org.

***Mail or email completed form and a copy of your Program License to
Child Care Aware of NH, Attn: Karen Abbott, Lead CCR&R Outreach Coordinator,
88 Temple Street, Nashua, NH 03060 or ccrr@snhs.org.
Questions? Contact Karen at (603) 578-1386, ext. 31 or 1-855-393-1731. Thank you!**

Program Information

PART I – General Information

Director or Site Director/Provider Name: _____

Business Name: as it Appears on Your License: _____

**Please send a copy of your current license with your updated form. This helps ensure other areas of accuracy with updated. Thank you.*

Location:

Street: _____ Unit # _____

City: _____ State: _____ Zip Code: _____ +4 _____

Mailing address if different from above:

Street: _____ Unit # _____

City: _____ State: _____ Zip Code: _____ +4 _____

Contact Information:

Primary Phone: (603) _____ ext. _____

Fax: _____ Email: _____

Program Website: _____

PLEASE NOTE: Our e-newsletter, “Monthly Minutes” and “At-A-Glance” editions are sent out via email. To disseminate this information we will be using the email address you provide below. Thank you in advance for helping us to reduce costs and minimize our carbon footprint. If you do not have internet access or an email account and need a hard copy please contact our office.

License Information (If licensed, please include most current copy of license)

Regulation: _____ Licensed _____ License-Exempt

Vacancy Information:

Total Vacancies: _____ As of what date? _____

Transportation:

____ Transportation Provided _____ Walking Distance to School _____ Near Public Transportation
____ Near/on Bus Route _____ CC Provides Transportation

Languages: (This pertains to languages spoken in the program. Check all that apply.)

____ English _____ Spanish _____ French
____ American Sign Language _____ Arabic _____ Bosnian
____ Cambodian _____ Chinese _____ German
____ Italian _____ Japanese _____ Korean
____ Polish _____ Portuguese _____ Russian
____ Somali _____ Swahili _____ Vietnamese

Vacancies: (Check all age groups that have vacancies.)

____ Evening _____ Full Time _____ Infant
____ Infant & Toddler _____ Kindergarten _____ Overnight
____ Part Time _____ Preschool _____ School Age
____ Toddler _____ Weekend

Part II – General Shift Information

What types of shifts do you provide? (Check all that apply.)

____ Day _____ Summer/Holiday _____ Session 3
____ Evening _____ Session 1 _____ Weekend
____ Overnight _____ Session 2 _____ Other
____ School Year

Comments related to Shift Information _____

Type of Care Your Program Provides: (Check all that apply.)

____ Full Time _____ Summer Only _____ Open Holidays
____ Part Time _____ Drop In _____ Temp/Emergency
____ Full Year _____ Before School _____ After School
____ School Year _____ Rotating _____ 24 Hour

Days Care is Provided:

Session Times	First Shift		Second Shift		Third Shift	
Day:	Start Time	End Time	Start Time	End Time	Start Time	End Time
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
Sunday						

Rates: (For informational and statistical purposes only.)

Age Group:	Age Range	Hourly Rate:		Daily Rate:		Weekly Rate:	
		P/T	F/T	P/T	F/T	P/T	F/T
Infant 1	0-36 weeks						
Infant 2	37 – 52 weeks						
Toddler 1	1-2 years						
Toddler 2	2-3 years						
Preschool 1	3-4 years						
Preschool 2	4-5 years						
School Age 1	5-6 years						
School Age 2	6-15 years						

Additional Fees:

Application Fee Deposit Required Field Trip Fee
 Late Payment Fee Late Pickup Fee Registration Fee

Population Information:

Age Group (Age Range)	Desired Capacity	Licensed Capacity	Full Time Vacancies	Part Time Vacancies
Infant 1 Age Group (0-36 weeks)				
Infant 2 Age Group (37-52 weeks)				
Toddler 1 Age Group (1-2 Years)				
Toddler 2 Age Group (2-3 Years)				
Preschool 1 Age Group (3-4 Years)				
Preschool 2 Age Group (4-5 Years)				
School Age 1 Group (5-6 Years, Kindergarten)				
School Age 2 Group (6-15 Years, School Age)				

Part III- Provider Attributes

Not For Profit Profit

Environment: (Check all that apply.)

<input type="checkbox"/> Fenced in Yard	<input type="checkbox"/> Waterfront	<input type="checkbox"/> Wheelchair Accessible
<input type="checkbox"/> Mixed Age (0-3)	<input type="checkbox"/> Indoor Pets	<input type="checkbox"/> Lead Safe
<input type="checkbox"/> No Dog	<input type="checkbox"/> Mixed Age (3-5)	<input type="checkbox"/> No Cat
<input type="checkbox"/> Outdoor Play Equip.	<input type="checkbox"/> No Pets	<input type="checkbox"/> No TV Use
<input type="checkbox"/> School Bus Route	<input type="checkbox"/> Pool	<input type="checkbox"/> Public Transportation
	<input type="checkbox"/> Smoke Free	<input type="checkbox"/> Wading Pool

Meals:

<input type="checkbox"/> Accommodates breast milk	<input type="checkbox"/> Breakfast	<input type="checkbox"/> CACFP Program
<input type="checkbox"/> Dinner	<input type="checkbox"/> Formula provided	<input type="checkbox"/> Lunch
<input type="checkbox"/> Nut free	<input type="checkbox"/> Snack	<input type="checkbox"/> Parent provides formula/meals
<input type="checkbox"/> Special Meal Requests Accommodated		

Philosophy:

<input type="checkbox"/> Developmentally Appropriate Practices	<input type="checkbox"/> Project Approach <input type="checkbox"/> Emergent Curriculum	<input type="checkbox"/> Waldorf <input type="checkbox"/> Montessori
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Financial Assistance:

<input type="checkbox"/> Employer support	<input type="checkbox"/> Multi-child Discount	<input type="checkbox"/> United Way
<input type="checkbox"/> Parent Co-op Exchange	<input type="checkbox"/> Program Scholarship	<input type="checkbox"/> Other (See Comments)
<input type="checkbox"/> Sliding Fee Scale		

Comments: _____

Policies:

<input type="checkbox"/> Program Contract	<input type="checkbox"/> Program Handbook	<input type="checkbox"/> Program policies
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Special Skills:

<input type="checkbox"/> CCRR Volunteer	<input type="checkbox"/> Credentialed Trainer	<input type="checkbox"/> Emergency Preparedness Peer Volunteer
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Safety:

<input type="checkbox"/> CPR certified staff	<input type="checkbox"/> CPR Current for all Staff	<input type="checkbox"/> Child Health Care Consultant
<input type="checkbox"/> Emergency Preparedness Plan	<input type="checkbox"/> First Aid Certified Staff	<input type="checkbox"/> Medication Administration Trained
<input type="checkbox"/> On-Site Nurse	<input type="checkbox"/> Water Safety Certified Staff	

Special Needs: (Check all that you have experience with.)

<input type="checkbox"/> ADD/ADHD	<input type="checkbox"/> Asthma/Severe Allergies	<input type="checkbox"/> Autism/PDD
<input type="checkbox"/> Developmental Delays	<input type="checkbox"/> Emotional/Behavioral	<input type="checkbox"/> Food Allergies
<input type="checkbox"/> Gifted	<input type="checkbox"/> Physical	<input type="checkbox"/> Seizures
<input type="checkbox"/> Sensory	<input type="checkbox"/> Special Health Need	<input type="checkbox"/> Speech/Language
<input type="checkbox"/> Tube Feedings	<input type="checkbox"/> Visual/Hearing	<input type="checkbox"/> Willing to be Trained

Training and Hours of Workshops:

Director's and Family Child Care Provider's Experience and Education Only: (Check all that apply.)

- | | |
|--|---|
| <input type="checkbox"/> 18 hours of training | <input type="checkbox"/> Child Care Administration |
| <input type="checkbox"/> Early Childhood Leadership and Supervision College Course | <input type="checkbox"/> College Course |
| | <input type="checkbox"/> College Courses for Credit |

Years of Experience:

- | | | | | |
|---|---|--|-------------------------------------|-----------------------------------|
| <input type="checkbox"/> Under 1 Yr. | <input type="checkbox"/> 1-3 Yrs. | <input type="checkbox"/> 4-9 Yrs. | <input type="checkbox"/> 10-20 Yrs. | <input type="checkbox"/> 21+ Yrs. |
| <input type="checkbox"/> Family Child Care Experience | <input type="checkbox"/> Child Care Center Experience | <input type="checkbox"/> School Age Experience | | |

Education:

- | | | |
|---|---|---|
| <input type="checkbox"/> High School | <input type="checkbox"/> Some College, Child Rel. | <input type="checkbox"/> Some College, Other Emphasis |
| <input type="checkbox"/> Assoc. Degree, Child Related | <input type="checkbox"/> Assoc. Degree, Other | <input type="checkbox"/> Bachelor's, Child Related |
| <input type="checkbox"/> Bachelor's, Other | <input type="checkbox"/> Master's, Child Related | <input type="checkbox"/> Master's, Other |
| <input type="checkbox"/> CDA | | |

Affiliation:

- | | | |
|---|--|---|
| <input type="checkbox"/> Children's Alliance of NH Membership | <input type="checkbox"/> ELNH Membership | <input type="checkbox"/> NAEYC Membership |
| <input type="checkbox"/> NHAN Membership | <input type="checkbox"/> NAFCC Membership | <input type="checkbox"/> Local organization |
| <input type="checkbox"/> Spark NH Committee Member | <input type="checkbox"/> NHAIMH Membership | |

Advocacy:

- | | |
|--|---|
| <input type="checkbox"/> Child Care Advisory Council Participant | <input type="checkbox"/> Spark NH Participant |
| <input type="checkbox"/> Write Letters | <input type="checkbox"/> Visit Legislators |

Activities Offered:

- | | | |
|---|--|--|
| <input type="checkbox"/> Art | <input type="checkbox"/> Cooking | <input type="checkbox"/> Faith-Based |
| <input type="checkbox"/> Family Involvement | <input type="checkbox"/> Field Trips | <input type="checkbox"/> Language Arts |
| <input type="checkbox"/> Music and Movement | <input type="checkbox"/> Nature Based Activities | <input type="checkbox"/> Physical Activities |

Special Services:

- | | | |
|--|--|---|
| <input type="checkbox"/> Emergency Care | <input type="checkbox"/> Offers Back-up Care | <input type="checkbox"/> Offers Overnight Care |
| <input type="checkbox"/> Offers Respite Care | <input type="checkbox"/> Offer Sick Child Care | <input type="checkbox"/> Open During School Vacations |
| <input type="checkbox"/> Open Snow Days | <input type="checkbox"/> Temporary Care | |

Part IV – Provider Specifics

Child Care Setting: (Check the one that best describes your program.)

- | | | |
|--|---|--|
| <input type="checkbox"/> Non-residential | <input type="checkbox"/> School-based | <input type="checkbox"/> College or University |
| <input type="checkbox"/> Faith-based | <input type="checkbox"/> Independently Owned/Profit | <input type="checkbox"/> Head Start |
| <input type="checkbox"/> Workplace-based | <input type="checkbox"/> Not For Profit | <input type="checkbox"/> Other |
| <input type="checkbox"/> Residential | | |

*Workplace-based means that your program is employer-supported and is located in the same place where other employees work. For example if you work at a program within a hospital and the program is provided through the hospital and employees of the hospital have access to your child care program as an employee benefit, than your child care setting is workplace-based. If your program is located in a shopping plaza around other businesses than your child care setting is NOT workplace-based, but is non-residential.

Allergy Restricted:

- | | | |
|-----------------------------------|--------------------------------------|-----------------------------------|
| <input type="checkbox"/> Nut-free | <input type="checkbox"/> Peanut-free | <input type="checkbox"/> Pet-free |
|-----------------------------------|--------------------------------------|-----------------------------------|

Child Care Centers Only

*****IMPORTANT: SALARY/BENEFITS – Child Care Centers** - The questions below pertain to salary ranges and what benefits, if any, are available to the positions described. This information can be used for statistical purposes and helps in assessing the current workforce. Specific program information is not shared, but general averages on position salaries, types of care, etc. can be. Please complete this information as it may benefit you and the early childhood field in the future. We have had programs call us, for example, requesting rates of salaries for directors so they can use that information when approaching their board regarding their upcoming review. The information is helpful, therefore, please fill it in accordingly.

Number of Classrooms: _____

Position	Hourly Salary Range (Low to High)	Health Benefits	Vacation Benefits	Credentialing Assistance	Education Assistance	Other Benefits
Director						
Assistant Director						
Lead Teacher						
Associate Teacher						
Child Care Assistant						
Student Teacher						

Family Child Care Providers Only

Family Care Setting:

- | | |
|-----------------|-----------------------|
| _____ House | _____ Mobile Home |
| _____ Apartment | _____ Duplex |
| _____ Townhouse | _____ Non-residential |

*****IMPORTANT: SALARY - Family Child Care Providers** - The question below pertains to the salary earned by family child care providers. This information can be used for statistical purposes and helps in assessing the current workforce. Specific program information is not shared, but general averages on salaries can be so please complete this information as it may benefit you and the early childhood field in the future. The information is helpful, therefore, please fill it in accordingly.

Family Child Care Provider Salary:

- | | |
|---------------------------|---------------------------|
| _____ Under \$5,000 | _____ \$20,000 - \$25,000 |
| _____ \$5,000 - \$10,000 | _____ \$25,000 - \$30,000 |
| _____ \$10,000 - \$15,000 | _____ \$30,000 - \$35,000 |
| _____ \$15,000 - \$20,000 | _____ Over \$35,000 |

IMPORTANT: The census questions below are being compiled for advocacy and statistical purposes. Individual program information is not shared but is used for averages for statistical purposes.

Census Bureau Questions

Number of persons on staff who are Spanish/ Hispanic/Latino:

Mexican, Mexican American, Chicano Puerto Rican Cuban
 Other Spanish/Hispanic/Latino (print group) _____

Number of persons on staff whose race is:

White Black or African American
 American Indian or Alaska Native (print Tribe) _____
 Asian Indian Native Hawaiian Chinese
 Filipino Japanese Vietnamese
 Other Pacific Islander (print race) _____
 Other Asian (print race) _____
 Other race (print race) _____

English Ability:

Number of persons on staff who speak a language other than English at home: _____

What languages? _____

How well do these people speak English? Very well Well Not Well Not At All

Technological Access

These questions pertain to how you and your program accesses technology.

Do you have a computer onsite that staff have access to? Yes No
Do you have Wi-Fi available onsite for staff use? Yes No
Are you registered in the NH Professional Registry? Yes No
How many staff members are registered in the NH Professional Registry? _____
Do you or your staff attend CCAoNH Trainings? Yes No
Do you receive the CCAoNH e-newsletters Yes No
If no, are you interested in receiving CCAoNH e-newsletters? Yes No
Does your program use social media? Yes No
If yes, can you provide the link for families locate you on:
Facebook: _____ Twitter: _____
Instagram: _____ YouTube: _____
Pinterest: _____ Other: _____

When accessing training information electronically what type of device do you use? (Select all that apply):

Computer Tablet/iPad Smart Phone Other

Do not have ability to access electronically

Sharing Information

These questions pertain to your interest in obtaining information from other Department of Health and Human Services Contractors, such as Preschool Technical Assistance Network (PTAN), A Comprehensive Resource for Out-of-School Staff NH (ACROSS NH) and the NH Market Rate Survey Contractor.

As a licensed program, general program information (name, address and phone number) can be shared upon request. If you are a license exempt program your information is currently not provided.

What type of care do you provide? Licensed License Exempt

Do you currently receive information from these entities via email? Yes No

If no, would you like your email address provided to these entities so that you can receive information about their services? Yes No

If yes, please provide the email address that you would like shared _____.

If you are a License Exempt program would you like your general program information (name, address, and phone number) shared with these entities? Yes No

Comments: _____

IS THERE ANY OTHER SPECIAL INFORMATION ABOUT YOUR PROGRAM THAT YOU WOULD LIKE CHILD CARE AWARE OF NEW HAMPSHIRE TO KNOW AND/OR SHARE WITH FAMILIES?

Signature of Person Filling Out This Form: _____

Title: _____

Date: _____

WEBSITE RELEASE INFORMATION: Child Care Aware@ of New Hampshire and the Child Development Bureau offers our referral services on the web at www.nh.childcareaware.org. Information about licensed programs in NH is public. **All licensed centers and family child care programs will automatically receive referrals via the website.** If you **DO NOT** want your licensed program listed for referrals on this website please sign below.

___ I do not want my program listed for referrals on www.nh.childcareaware.org _____

(Signature)

Thanks! And thank you for all that you do for NH Families!!!

Child Care Resource and Referral is a program of Southern New Hampshire Services. This service is offered under an Agreement with the State of New Hampshire, Department of Health and Human Services, Division of Children, Youth, and Families, Child Development Bureau, with funds provided in part or in whole by the State of New Hampshire and United States Department of Health and Human Services.

