

SKCDC - Care for ME: Caregiver Questionnaire

If you have questions about this survey or need help filling it out, please call 1-866-638-7878

First Name: _____ **Last Name:** _____

Business Name: _____

Do you provide care: In your home only In the child's home only In both your home or the child's home
(Please list towns your willing to travel to _____)

Would you like referrals from the Care for ME program? Yes No

Would you like to receive web referrals? (you do NOT need web access) Yes No

Would you like your rates made available to parents? Yes No

Do you want referrals from your local Resource Development Center? Yes No

Location Address: _____

Mailing Address (if different): _____

County: _____

Please list all other adult household members and their dates of birth:

Name

Date of Birth

Name	Date of Birth

Primary Phone: _____ **Other Phone:** _____

Fax: _____ **E-mail:** _____

Website: _____

Do you have openings in your child care? Yes No **If yes, how many?** _____

What ages of children will you care for? Youngest age: _____ Oldest age: _____

What is your date of birth? _____

Are you willing to provide transportation for children? Yes No

Are you within walking distance to any schools: please list: _____

Please list all the languages you speak (including American sign language): _____

What time does your child care open? _____ **What time do you close?** _____

Please specify EXACT times (If you list flexible, your times will listed for parents as 24 hour care!)

What days are you open? _____

- Do you provide:**
- Full time care
 - Part time care
 - Both full and part time care
 - Drop in care
 - Temporary/emergency care
 - Before school care
 - After school care
 - Rotating schedules
 - 24-hour care
 - Care on holidays

Please fill in your rates (prices you charge for child care):

Age	Full time rate	Part time rate	Hourly rate
Infant (0 - 12 months)			
Toddler (13 months – 3 years)			
Preschool (3 - 5 years)			
Before/After School Only (5 + years)			
School Age Summers & Vacation (5 + years)			

Do you have any of these extra fees? - Please check all that apply:

- Late Fee
- Field Trip Fee
- One Time Registration
- Annual Registration
- Preschool Fee
- Drop In Fee
- Lesson Fee
- Odd Hour Care Fee
- Meal Fee
- Other

Do you provide Respite care? Yes No

Environment - Please check all that apply to your child care:

- Caged Pet(s)
- Cat
- Dog
- Faith Based Programming
- Fenced Yard
- Lead Safe Home
- Near City/Public Transportation
- No Indoor Pets
- No Pets
- Non-Smoking
- Outdoor Play Area
- Pets
- Provider Willing to Transport
- Rural Setting
- Smoking
- Swimming pool
- Urban Setting
- Wading Pool

Meals - Please check all that you are willing to provide:

- Breakfast
- Morning Snack
- Lunch
- Afternoon Snack
- Dinner
- Current USDA Food Program Participant
- Formula Provided by Parent
- Formula Provided by Caregiver
- Meals Provided by Parents
- Diapers Provided by Caregiver

Will you accept financial Assistance?

- I Will Accept Financial Assistance
- I Will NOT Accept Financial Assistance

Policies – Please check all that apply to your child care:

- Written Contract
- Written Handbook
- Multi-Child Discount
- Caregiver has paid vacations
- No paid vacations for caregiver
- Caregiver has paid holidays
- No paid holidays for caregiver
- Parents pay when they take vacation
- Parents don't pay when child is sick
- Parents pay when child is sick

Special Skills - Please check all that apply:

- Sports/Recreation Experience
- Foster Parent
- Social Work Experience
- Special Education Experience
- Lifeguard Experience
- Music Experience
- Current CNA license

Safety - Please check all that apply:

- | | | |
|---|---|--|
| <input type="checkbox"/> CPR (Exp. Date. _____) | <input type="checkbox"/> First Aid (Exp. Date. _____) | <input type="checkbox"/> Health Related Degree |
| <input type="checkbox"/> Liability Insurance (not homeowners) | <input type="checkbox"/> Video monitor On Site | <input type="checkbox"/> Audio Monitor On Site |
| <input type="checkbox"/> SIDS Monitor On Site | <input type="checkbox"/> Password/Key Admittance | <input type="checkbox"/> Fire Detector On Site |
| <input type="checkbox"/> Carbon Monoxide Monitor On Site | | |

Special Needs Experience - Please check all that you have training or experience in:

- | | | |
|---|---|---|
| <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Aspergers | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Autism/PDD | <input type="checkbox"/> Behavioral Issues/Needs | <input type="checkbox"/> Cerebral Palsy |
| <input type="checkbox"/> Child on Medication | <input type="checkbox"/> Cleft lip/palate | <input type="checkbox"/> Cystic Fibrosis |
| <input type="checkbox"/> Developmental delays | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Dyslexia |
| <input type="checkbox"/> EpiPen | <input type="checkbox"/> Food Allergies | <input type="checkbox"/> HIV/Hepatitis B |
| <input type="checkbox"/> Hearing Impairments | <input type="checkbox"/> Home is Wheelchair Accessible | <input type="checkbox"/> MRTQ Inclusive Training |
| <input type="checkbox"/> MRTQ Social Emotional Training | <input type="checkbox"/> Mental Retardation | <input type="checkbox"/> Other Mental Health Diagnosis |
| <input type="checkbox"/> Physical Disabilities | <input type="checkbox"/> Willing to Dispense Medication | <input type="checkbox"/> Seizures Other Than Febrile |
| <input type="checkbox"/> Sensory Integration Disorder | <input type="checkbox"/> Social/Emotional Disabilities | <input type="checkbox"/> Speech and Language Delays |
| <input type="checkbox"/> Tube Feeding | <input type="checkbox"/> Visual Impairments | <input type="checkbox"/> Willing to Take Specialized Training |

How many hours of early childhood training have you had in the last year? _____

Have you had college courses for credit in the last year? Yes No

Are you on the Maine Roads to Quality (MRTQ) Registry? Yes No

How many years experience have you had caring for other people's children? _____

What kind of experience was that? Please check all that apply:

- | | | | |
|--|--|--------------------------------|--|
| <input type="checkbox"/> Family Child Care | <input type="checkbox"/> Child Care Center | <input type="checkbox"/> Nanny | <input type="checkbox"/> School system |
|--|--|--------------------------------|--|

Please list your education level: _____
(i.e. High school diploma/GED; College – degree type)

Please list all child care organizations you belong to: _____

Have you ever had a child care license? Yes No

If yes, have you ever been found to have significant health and safety violations? Yes No

Have you ever had a child care license OR application denied or revoked? Yes No

Please check all the activities you offer in your program:

- | | | |
|--------------------------------------|---|---|
| <input type="checkbox"/> Religious | <input type="checkbox"/> Music & Movement | <input type="checkbox"/> Arts & Crafts |
| <input type="checkbox"/> Cooking | <input type="checkbox"/> Story Time | <input type="checkbox"/> Preschool Curriculum |
| <input type="checkbox"/> Field Trips | <input type="checkbox"/> Circle Time | <input type="checkbox"/> Cultural Activities |

Would you like your Approved Caregiver Guide in paper form or on a CD? _____
(If you would like it on CD you need to have access to Adobe Reader PDF files)

How did you first hear about the Care for ME program? _____

Where did you get this Care for ME application? _____

.....

The next set of questions is for statistics only, this information will not be given out, it is only used to track legal-exempt care in the State of Maine and the qualities of legal-exempt care. You are not obligated to answer the questions below.

Please check where your child care is located:

- Your home
- Your apartment
- Your townhouse
- Your mobile home
- Your duplex
- In child's home

Please check which wage category applies to you:

- I make under \$15,000 per year
- I make between \$15-35,000 per year
- I make over \$35,000 per year
- I do not wish to disclose this information
- I do not know this information

Insurance Statistics - Please check all that apply:

- I do not have health insurance at all
- I do not have dental insurance at all
- I have my own health insurance
- I have my own dental insurance
- I have health insurance with my spouse
- I have dental insurance with my spouse
- I have my own retirement plan
- I have a retirement plan with my spouse
- I have paid sick time
- I am on state health insurance

What is your race or ethnicity? _____

.....