



585 N. Main St. Site 4 Cedar City, UT 84721 ~ <http://www.childcarehelp.org> ~ phone: 800-543-7527 ~ fax: 435-673-3540

### Update Form for Family Childcare

*Thank you for spending your precious time to help us collect this important information! The data we collect helps connect parents to childcare programs that best fits their needs and schedules. The data collected also helps the State of Utah make important decisions regarding childcare. For any questions about this survey please call (435) 586-8722*  
 Instructions: Please fill in the blank or place a check mark next to items that apply to your program.

GENERAL INFORMATION		
Date:	Birth date (dd/mm/yyyy):	
First Name:	Last Name:	
Business Name:		
LOCATION		
Street Address:		
City:	State:	Zip Code:
MAILING ADDRESS (If different from the location of your program)		
Address:		
City:	State:	Zip Code:
CONTACT		
Primary Phone: (     ) -	Cell Phone: (     ) -	Other Phone: (     ) -
Fax: (     ) -	E-mail:	
Website:		

CAPACITY	ACCEPTED AGE RANGE (Regardless of current openings)		
How many children are you licensed for:			
What is your desired capacity at one time:	What is the youngest child's age you accept:	yrs.	mos.
How many total full time vacancies do you have:	What is the oldest child's age you accept:	yrs.	mos.
How many of your full time vacancies are under 2 years old:			
Do you have a waiting list: Yes <input type="checkbox"/> No <input type="checkbox"/>			
Number of caregivers in your programs (you plus other caregivers):			
POPULATION INFORMATION List your own children, part-time, drop-in and full time children.			
	Full Time Day Vacancies	*Number of Total Children <b>Enrolled</b> in Your Program (Include Full and Part Time Children).	*Number of Children <b>Enrolled</b> in Your Program with <b>Special Needs</b>
0-12 months			
1 years			
2 years			
3 years			
4 years			
5 years (not in kindergarten)			
Kindergarten – in school			
Kindergarten – out of school			
School Age – in school			
School Age – out of school			

**\*RATES**

List your full time *monthly* rates for each age group accepted at your daycare.

*\*This information is used for statistical purposes and will help us to advocate for the needs of providers.*

*No rate information is ever identified with any individual provider.*

***Updated full time monthly rates are required from providers accepting state subsidy payments.***

	Monthly Full Time Rates ONLY
0-12 months	
1 years	
2 years	
3 years	
4 years	
5 years (not in kindergarten)	
Kindergarten – in school	
Kindergarten – out of school	
School Age – in school	
School Age – out of school	
Middle School	
High School	

### DAYS AND HOURS

(Please enter the start and end time for the days which care is provided)

	Start Time	End Time
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

### SCHEDULE INFORMATION

I accept children: <input type="checkbox"/> Full Time (40 hours or more per week) <input type="checkbox"/> Part Time (less than 40 hours per week) <input type="checkbox"/> Both	
<input type="checkbox"/> I provide 24 Hour Care	<input type="checkbox"/> I provide care for Occasional Evening/Overnight
<input type="checkbox"/> I can provide care for a 4/10 Schedule (6:30am-7:00pm M-TH)	<input type="checkbox"/> I provide care for Occasional Saturday
<input type="checkbox"/> I provide care After School	<input type="checkbox"/> I provide care for Occasional Sunday
<input type="checkbox"/> I provide care After School on days school is out early	<input type="checkbox"/> I provide care on School Holidays
<input type="checkbox"/> I provide care Before School	<input type="checkbox"/> I provide care on State/National Holidays
<input type="checkbox"/> I provide care on a Drop In basis	<input type="checkbox"/> I <b>only</b> provide Relative Care
<input type="checkbox"/> I provide care during a Graveyard Shift (midnight-6:00am)	<input type="checkbox"/> I provide care for Rotating Shifts
<input type="checkbox"/> I provide care for KIC (Kids in Care)	<input type="checkbox"/> I provide care on Saturday
<input type="checkbox"/> I provide care for children that are Mildly Sick	<input type="checkbox"/> I provide care on Sunday
<input type="checkbox"/> I provide Sick Care	<input type="checkbox"/> I provide care during a Swing Shift (7:00pm- midnight)
<input type="checkbox"/> I provide care on a Temporary or Emergency Basis	<input type="checkbox"/> Year Round Care

### SPECIAL NEEDS

*Do you feel like because of your education and/or experience you have a comfort level with children with disabilities in these areas?*  
Please check all that apply to your program

<input type="checkbox"/> ADHA/ADD	<input type="checkbox"/> Feeding Tube
<input type="checkbox"/> Allergies	<input type="checkbox"/> Hearing Impairment
<input type="checkbox"/> Asthma	<input type="checkbox"/> Learning Disability
<input type="checkbox"/> Autism	<input type="checkbox"/> Multiple Sclerosis
<input type="checkbox"/> Blindness/Visual Impairment	<input type="checkbox"/> Orthopedic Disabilities
<input type="checkbox"/> Cerebral Palsy	<input type="checkbox"/> Oxygen Therapy
<input type="checkbox"/> Developmental Delays	<input type="checkbox"/> Seizures
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Spina Bifida
<input type="checkbox"/> Down Syndrome	<input type="checkbox"/> Muscular Dystrophy
<input type="checkbox"/> Emotional/Behavioral	<input type="checkbox"/> Wheel Chair Accessible
<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Other:

### ELEMENTARY SCHOOLS

Please list any elementary and middle schools, both public and private, that you service

↓List School Here↓	Check which applies to each school you list <i>If you serve more than 3 schools please list in comment box on the last page the others.</i>
	<input type="checkbox"/> There is a bus stop close to my house. <input type="checkbox"/> I provide transportation to and from school. <input type="checkbox"/> The children can walk to and from school. <input type="checkbox"/> Other _____
	<input type="checkbox"/> There is a bus stop close to my house <input type="checkbox"/> I provide transportation to and from school <input type="checkbox"/> The children walk to and from school <input type="checkbox"/> Other _____
	<input type="checkbox"/> There is a bus stop close to my house <input type="checkbox"/> I provide transportation to and from school <input type="checkbox"/> The children walk to and from school <input type="checkbox"/> Other _____

### ENVIRONMENT

Do you offer an educational preschool program for 3-5 year olds? Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/> There is a Public Transportation (CVTD) near my facility.
Do you have pets? Yes <input type="checkbox"/> No <input type="checkbox"/>  What type of pets	<input type="checkbox"/> I provide a smoke free environment (no one smokes in the facility during or after business hours.) <input type="checkbox"/> I accept state child care subsidy.  Current number of subsidy children in your care:

### LANGUAGES

Please check all languages that apply to you or a staff member

<input type="checkbox"/> English	<input type="checkbox"/> Non-English	<input type="checkbox"/> Sign Language	<input type="checkbox"/> Spanish	<input type="checkbox"/> Other: _____
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### Caregiver Update Staff is 100% up-to-date on your CAC profile

(If there is caregivers that has recently left or started at your facility please indicate that below with either a start or an end date)

Name	Email	Phone	Mailing Address	Position Title	Staff Roles	Start or End Date
					<input type="checkbox"/> Infants <input type="checkbox"/> 1yrs <input type="checkbox"/> 2yrs <input type="checkbox"/> 3yrs <input type="checkbox"/> 4yrs <input type="checkbox"/> 5yrs <input type="checkbox"/> Kindergarten <input type="checkbox"/> School Ages	
Name	Email	Phone	Mailing Address	Position Title	Staff Roles	Start or End Date
					<input type="checkbox"/> Infants <input type="checkbox"/> 1yrs <input type="checkbox"/> 2yrs <input type="checkbox"/> 3yrs <input type="checkbox"/> 4yrs <input type="checkbox"/> 5yrs <input type="checkbox"/> Kindergarten <input type="checkbox"/> School Ages	
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## CARE ABOUT CHILDCARE - MARKETING PAGE

Everyone benefits from quality child care parents, providers, and most importantly, children. Care About Childcare is an exciting new online program that the Utah Office of Child Care created in partnership with parents, child care providers, and many other early childhood stakeholders. More than a website, this system helps child care providers showcase the quality in their programs, and gives parents information that will allow them to make good choices for their families. The program does this by matching a family's specific needs to a child care provider's specific strengths. The website also provides links to child care and child development resources.

Have you completed your Marketing Page?  Yes  No

Have you finished the specific number of Quality Indicators needed for the CAC Grant?  Yes  No

Have you submitted and receive the CAC Grant?  Yes  No

Would you like one of our staff members to contact you and help you get started on your Marketing Page and the Quality Indicators needed for the CAC Grant?  Yes  No

*\*Funding is limited, and awarded on a first come, first serve basis.*



**It's important to fill out this update form and send back to CCR&R, because your childcare program information is linked to your Care About Childcare Profile.**

A program of Utah Department of Workforce Services – Office of Work & Family Life, Office of Child Care and Utah State University – College of Education & Human Services, Department of Family Consumer and Human Development. USU is an AA/EO employer.

### (Optional) GENERAL COMMENTS

Please use this space to provide other information about your program you would like us to know or share with parents.

Would you like this information to show on your Care About Childcare Marketing page? Yes  No

