

SCHEDULE OPTIONS - Schedule 2

RATES			DAY:	START:	END:	SCHEDULE DESCRIPTION	
AGE	FT	PT				<i>(Check all applicable)</i>	
Under 1	\$ _____	\$ _____	<input type="checkbox"/> Mon	_____	_____	<input type="checkbox"/> Day	
1 - 1½	\$ _____	\$ _____	<input type="checkbox"/> Tues	_____	_____	<input type="checkbox"/> Evening	
1½ - 2	\$ _____	\$ _____	<input type="checkbox"/> Wed	_____	_____	<input type="checkbox"/> Overnight	
2	\$ _____	\$ _____	<input type="checkbox"/> Thurs	_____	_____	<input type="checkbox"/> School Year Only	
3	\$ _____	\$ _____	<input type="checkbox"/> Fri	_____	_____	<input type="checkbox"/> Summer/Holiday	
4	\$ _____	\$ _____	<input type="checkbox"/> Sat	_____	_____	<input type="checkbox"/> Weekend Only	
5	\$ _____	\$ _____	<input type="checkbox"/> Sun	_____	_____	<input type="checkbox"/> Preschool - 2 Day	
6+	\$ _____	\$ _____				<input type="checkbox"/> Preschool - 3 Day	
Rates are: <input type="checkbox"/> Hourly <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly						<input type="checkbox"/> Preschool - 4 Day <input type="checkbox"/> Preschool - 5 Day <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Both FT & PT <input type="checkbox"/> Drop-In <input type="checkbox"/> Temp/Emergency <input type="checkbox"/> Before School <input type="checkbox"/> After School <input type="checkbox"/> 24-Hour <input type="checkbox"/> Rotating <input type="checkbox"/> Open Holidays	
Age Group	Desired Capacity	DCF Capacity <small>(previously SRS)</small>	FT Vacancies	PT Vacancies	Vacancy Date	Child/Adult Ratio	Number Enrolled
Under 1	_____	_____	_____	_____	_____	_____	_____
1 - 1½	_____	_____	_____	_____	_____	_____	_____
1½ - 2	_____	_____	_____	_____	_____	_____	_____
2	_____	_____	_____	_____	_____	_____	_____
3	_____	_____	_____	_____	_____	_____	_____
4	_____	_____	_____	_____	_____	_____	_____
5	_____	_____	_____	_____	_____	_____	_____
6+	_____	_____	_____	_____	_____	_____	_____
Additional Fees: <input type="checkbox"/> Activities Fees <input type="checkbox"/> Field Trip Fees <input type="checkbox"/> Deposit <input type="checkbox"/> Late Fees <input type="checkbox"/> Enrollment Fees <input type="checkbox"/> Material Fees						WAITING LIST? <input type="checkbox"/> Yes <input type="checkbox"/> No	
						DATE OPENINGS AVAILABLE: _____	

Special Needs

- ADHD/ADD/PDD
- Abuse & Neglect (witness/victim)
- Allergies
- Apnea Monitor
- Asthma
- Autism/Asperger
- Cerebral Palsy
- Cystic Fibrosis
- Developmental Delays
- Diabetes
- Downs Syndrome
- Emotional Delays
- Epilepsy/Febrile Seizures
- Gastrostomy/Tube Feeding
- HIV/AIDS
- Hearing Impaired
- Maternal Substance Abuse
- Medically Fragile
- Mental Illness
- Nutritional Deficiencies
- Visual Impairment
- Other: _____

Special Skills

- Teaches Spanish
- Teaches Sign Language

Accreditation

- NAFCC NECP
- NAEYC NACCP

Attributes

- ADA Accessible Indoor
- ADA Accessible Outdoor
- Above or In-Ground Pool
- Air Conditioning
- Air Purifier
- Basement Used as Storm Shelter
- Basement Used for Child Care
- Dehumidifier
- Designated Indoor Play Area (FCC)
- Fenced Yard
- No Pets
- Non-Carpeted Environment
- Outdoor Pets Only
- Small Group of Six or Fewer Children
- Smoke Free
- Smoking During Non-Business Hours Only
- Wading Pool

Meals

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

Philosophy

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

Policies

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

Experience

- Under 1 Year
- 1-3 Years
- 4-9 Years
- 10-20 Years
- More than 20 Years
- Family Child Care
- Child Care Center
- Preschool
- Elementary School
- Para

Education (Check Highest Level Completed for All Staff)

- Some High School
- High School Diploma or GED
- Associate in Early Childhood
- Associate in Non-Early Childhood
- Bachelor in Early Childhood
- Bachelor in Non-Early Childhood
- Master in Early Childhood
- Master in Non-Early Childhood
- Doctorate in Early Childhood
- Doctorate in Non-Early Childhood

Affiliation

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

Safety

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

Training

- No Professional Development
- 1-5 In-Service Hours
- 6-10 In-Service Hours
- 11-20 In-Service Hours
- More than 20 In-Service Hours
- 4-2 CEUs
- 3-6 CEUs
- 7-10 CEUs
- More than 10 CEUs
- Early Childhood College Credits

Advocacy

- Member of Child Care Aware® of Kansas
- Member of NAEYC/KAEYC or local AEYC affiliate
- Member of Providers' Group
- Member of CCPC
- Participant in Advocacy Conferences
- Participant in Local Advocacy Events
- Visit with Legislators
- Write Legislators
- On Mailing List for Legislative Issues

Intentionality

Why You Work in Early or School Age Ed Programs

- | | |
|---|---|
| <input type="checkbox"/> Career or Profession | <input type="checkbox"/> Work to Do While My Children are at Home |
| <input type="checkbox"/> Stepping Stone to a Related Career | <input type="checkbox"/> Way of Helping a Family Member, Neighbor or Friend |
| <input type="checkbox"/> Personal Calling | |
| <input type="checkbox"/> Job With Paycheck | |

Core Competency Area

(Listed on Class Certificates)

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

Professional Development

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

Early Education College Credits

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

Type of CDA (Child Development Associate) List Names of Staff Currently Holding CDAs

- | | | |
|--|--|--|
| <input type="checkbox"/> Center Based Infant/Toddler
1. _____
2. _____
3. _____ | <input type="checkbox"/> Preschool
1. _____
2. _____
3. _____ | <input type="checkbox"/> Family Child Care
1. _____
2. _____
3. _____ |
|--|--|--|

Financial Options

- | | |
|---|--|
| <input type="checkbox"/> Foster Care / Adoption | <input type="checkbox"/> Department of Children and Families (DCF), previously SRS |
| <input type="checkbox"/> KCSL | <input type="checkbox"/> Scholarships |
| <input type="checkbox"/> Local Financial Assistance | <input type="checkbox"/> Sliding Scale / Non-DCF |
| <input type="checkbox"/> Military | <input type="checkbox"/> Youthville |
| <input type="checkbox"/> Multi-Child Discount | |

Program Participation

- | | |
|---|--|
| <input type="checkbox"/> ACCYN (Army Child Care in Your Neighborhood) | <input type="checkbox"/> Smart Start |
| <input type="checkbox"/> Apprenticeship | <input type="checkbox"/> T.E.A.C.H. |
| <input type="checkbox"/> ELOA | <input type="checkbox"/> CCO (Child Care Online) |
| <input type="checkbox"/> Early Head Start | <input type="checkbox"/> WAGES |
| <input type="checkbox"/> QQRIS | |

CONFIDENTIAL INFORMATION

The following information is collected for statistical purposes only.

THIS SECTION IS FOR FAMILY CHILD CARE PROVIDERS ONLY.

ALL OTHERS CONTINUE TO NEXT PAGE.

CHILD CARE SETTING

<input type="checkbox"/> House	<input type="checkbox"/> Apartment
<input type="checkbox"/> Townhome	<input type="checkbox"/> Mobile Home
<input type="checkbox"/> Duplex	<input type="checkbox"/> Non-Residential

CENSUS QUESTIONS

Is the business owner Spanish/Hispanic/Latino? Yes No
 Race: _____ Ancestry or Ethnic Origin? _____

Is a non-English language used in your home? Yes No
 What Language(s)? _____

BENEFITS

<input type="checkbox"/> Health Insurance	<input type="checkbox"/> Professional Development Leave
<input type="checkbox"/> Dental Insurance	<input type="checkbox"/> Long-Term Disability
<input type="checkbox"/> Life Insurance	<input type="checkbox"/> Short-Term Disability
<input type="checkbox"/> Sick Leave	<input type="checkbox"/> Vehicle Insurance
<input type="checkbox"/> Vacation	
<input type="checkbox"/> Retirement	

COMMENTS?

WAGES

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

<input type="checkbox"/> Under 5,000	<input type="checkbox"/> 25,000 - 29,999
<input type="checkbox"/> 5,000 - 9,999	<input type="checkbox"/> 30,000 - 34,999
<input type="checkbox"/> 10,000 - 14,999	<input type="checkbox"/> 35,000 - 39,999
<input type="checkbox"/> 14,000 - 19,999	<input type="checkbox"/> 40,000 - 44,999
<input type="checkbox"/> 20,000 - 24,999	<input type="checkbox"/> 45,000 - 49,999
	<input type="checkbox"/> 50,000 - 54,999
	<input type="checkbox"/> 55,000 - 59,999
	<input type="checkbox"/> Other _____

Date Completed: _____

Completed By (please print): _____

Signature: _____

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THIS SECTION IS FOR CHILD CARE CENTERS ONLY.

STAFFING INFORMATION

Administrator	Low Pay \$ _____	High Pay \$ _____	Pay Rate is:	<input type="checkbox"/> Hourly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Annually
	Benefits for this position:	<input type="checkbox"/> Health <input type="checkbox"/> Dental <input type="checkbox"/> L/T or S/T Disability	<input type="checkbox"/> Retirement <input type="checkbox"/> Prof Dev Leave	<input type="checkbox"/> Life <input type="checkbox"/> Company Vehicle/Vehicle Insurance	<input type="checkbox"/> Vacation	<input type="checkbox"/> Sick Leave
Director	Low Pay \$ _____	High Pay \$ _____	Pay Rate is:	<input type="checkbox"/> Hourly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Annually
	Benefits for this position:	<input type="checkbox"/> Health <input type="checkbox"/> Dental <input type="checkbox"/> L/T or S/T Disability	<input type="checkbox"/> Retirement <input type="checkbox"/> Prof Dev Leave	<input type="checkbox"/> Life <input type="checkbox"/> Company Vehicle/Vehicle Insurance	<input type="checkbox"/> Vacation	<input type="checkbox"/> Sick Leave
Assistant Director	Low Pay \$ _____	High Pay \$ _____	Pay Rate is:	<input type="checkbox"/> Hourly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Annually
	Benefits for this position:	<input type="checkbox"/> Health <input type="checkbox"/> Dental <input type="checkbox"/> L/T or S/T Disability	<input type="checkbox"/> Retirement <input type="checkbox"/> Prof Dev Leave	<input type="checkbox"/> Life <input type="checkbox"/> Company Vehicle/Vehicle Insurance	<input type="checkbox"/> Vacation	<input type="checkbox"/> Sick Leave
Program Director	Low Pay \$ _____	High Pay \$ _____	Pay Rate is:	<input type="checkbox"/> Hourly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Annually
	Benefits for this position:	<input type="checkbox"/> Health <input type="checkbox"/> Dental <input type="checkbox"/> L/T or S/T Disability	<input type="checkbox"/> Retirement <input type="checkbox"/> Prof Dev Leave	<input type="checkbox"/> Life <input type="checkbox"/> Company Vehicle/Vehicle Insurance	<input type="checkbox"/> Vacation	<input type="checkbox"/> Sick Leave
Lead Teacher	Low Pay \$ _____	High Pay \$ _____	Pay Rate is:	<input type="checkbox"/> Hourly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Annually
	Benefits for this position:	<input type="checkbox"/> Health <input type="checkbox"/> Dental <input type="checkbox"/> L/T or S/T Disability	<input type="checkbox"/> Retirement <input type="checkbox"/> Prof Dev Leave	<input type="checkbox"/> Life <input type="checkbox"/> Company Vehicle/Vehicle Insurance	<input type="checkbox"/> Vacation	<input type="checkbox"/> Sick Leave
Assistant Teacher	Low Pay \$ _____	High Pay \$ _____	Pay Rate is:	<input type="checkbox"/> Hourly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Annually
	Benefits for this position:	<input type="checkbox"/> Health <input type="checkbox"/> Dental <input type="checkbox"/> L/T or S/T Disability	<input type="checkbox"/> Retirement <input type="checkbox"/> Prof Dev Leave	<input type="checkbox"/> Life <input type="checkbox"/> Company Vehicle/Vehicle Insurance	<input type="checkbox"/> Vacation	<input type="checkbox"/> Sick Leave
Co-Teacher	Low Pay \$ _____	High Pay \$ _____	Pay Rate is:	<input type="checkbox"/> Hourly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Annually
	Benefits for this position:	<input type="checkbox"/> Health <input type="checkbox"/> Dental <input type="checkbox"/> L/T or S/T Disability	<input type="checkbox"/> Retirement <input type="checkbox"/> Prof Dev Leave	<input type="checkbox"/> Life <input type="checkbox"/> Company Vehicle/Vehicle Insurance	<input type="checkbox"/> Vacation	<input type="checkbox"/> Sick Leave
Non-Teaching Staff	Low Pay \$ _____	High Pay \$ _____	Pay Rate is:	<input type="checkbox"/> Hourly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Annually
	Benefits for this position:	<input type="checkbox"/> Health <input type="checkbox"/> Dental <input type="checkbox"/> L/T or S/T Disability	<input type="checkbox"/> Retirement <input type="checkbox"/> Prof Dev Leave	<input type="checkbox"/> Life <input type="checkbox"/> Company Vehicle/Vehicle Insurance	<input type="checkbox"/> Vacation	<input type="checkbox"/> Sick Leave

BUSINESS SETTING

- Non-Residential Faith Based Workplace Based
 Residential School Based Military Based
 Tribal Based Campus Based Summer Camp
- Number of Classrooms _____

ENGLISH ABILITY

Number of staff who use a non-English language at home _____
 What language(s)? _____

How well do these persons speak English?
 Very Well Well Not Well

CENSUS QUESTIONS

Number of Persons on Staff Who Are

_____ Mexican, Mexican American, Chicano
 _____ Puerto Rican
 _____ Cuban
 _____ Other Spanish/Hispanic/Latino Specify: _____

Number of Persons on Staff Whose Race Is

_____ White
 _____ Black/African American
 _____ Amer. Indian/Alaska Native Specify Tribe: _____
 _____ Asian Indian
 _____ Native Hawaiian
 _____ Chinese
 _____ Filipino
 _____ Japanese
 _____ Vietnamese
 _____ Other Asian Specify: _____
 _____ Guamanian or Chamorro
 _____ Samoan
 _____ Other Pacific Islander Specify: _____
 _____ Other Race Specify: _____

COMMENTS?

Date Completed: _____

Completed By (please print): _____

Signature: _____