



Family Child Care Questionnaire

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12. Please check the days of the week that you are regularly open:

Sun\_\_\_\_ Mon\_\_\_\_ Tues\_\_\_\_ Wed\_\_\_\_ Thurs\_\_\_\_ Fri\_\_\_\_ Sat\_\_\_\_

13. Please circle your answers:

- a. Accept income eligible children who are paid for by the Department of Social Services (Child Care Subsidy) Yes No
- b. Provide discount when caring for more than one child from the same family (Sibling Discount) Yes No
- c. Offer sliding fee (fee that is flexible according to the parent's income) Yes No

14. a. Do you offer care: \_\_\_\_\_ Full time? \_\_\_\_\_ Part-time? \_\_\_\_\_ Both?  
b. Do you offer infant care: \_\_\_\_\_ Full time? \_\_\_\_\_ Part-time? \_\_\_\_\_ Both?

15. Are you open:  
9 or 10 months (closed in summer) \_\_\_\_\_ 12 months (year-round) \_\_\_\_\_  
Summer only \_\_\_\_\_ During school vacations \_\_\_\_\_

16. Please circle **yes** or **no** for each of the following schedules. **(Please send a copy of your license if you offer evening or overnight care. This must be reflected on your license).** Do you offer:

Weekend (on regular basis)	Yes	No	Temporary/emergency	Yes	No
Drop-in care	Yes	No	Overnight	Yes	No
Evening	Yes	No	Rotating schedule	Yes	No

17. a. Do you require that all children be toilet trained except where a disability prevents toilet training?  
Yes No

b. Will you toilet train or assist with toilet training toddlers except where a disability prevents toilet training?  
Yes No

18. Please circle all that apply to your program:

CPR trained	Yes	No
First-Aid trained	Yes	No
Administer prescribed medicine (with written permission)	Yes	No
Speak more than one language fluently	Yes	No

If yes, which language(s): \_\_\_\_\_

19. Please check all that apply to your home:

apartment/condo	_____	fenced yard	_____
townhouse	_____	swimming pool	_____
single family home	_____	pets	_____
trailer	_____	(list type of pets under question #42.)	
duplex	_____		

or totally smoke-free environment \_\_\_\_\_

or smoke-free during child care hours \_\_\_\_\_

or smoke outside during child care hours \_\_\_\_\_

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20. Please check the meals that you provide:

Breakfast	_____	P.M. snack	_____
A.M. snack	_____	Dinner	_____
Lunch	_____	No meals/snacks	_____

21. Does your household accommodate special diets (ex: kosher, vegetarian, severe food allergies)?  
 Yes    No    If yes, which ones? \_\_\_\_\_

22. Please circle **Y** if your program accepts or **N** if your program does not accept children of each age. Then complete the chart by listing the fees you charge for the different age groups that you accept.

Age	Accept	Weekly cost for full-time care	Daily cost for Part-time care
6 wks. - 11 mon.	Y    N	\$_____ per week	\$_____ per day
12 mon. - 23 mon.	Y    N	\$_____ per week	\$_____ per day
2 years	Y    N	\$_____ per week	\$_____ per day
3 years	Y    N	\$_____ per week	\$_____ per day
4 years	Y    N	\$_____ per week	\$_____ per day
5 years	Y    N	\$_____ per week	\$_____ per day
6+ yrs.-full time (holidays/summer)	Y    N	\$_____ per week	\$_____ per day
Before/after preschool	Y    N	\$_____ per week	\$_____ per day
Before/after school	Y    N	\$_____ per week	\$_____ per day

Please complete the following chart if you provide **evening/overnight** care (as reflected on your license) or **weekend** care. If you do not provide care during these hours, skip to question 23.

Age	Accept	Weekly cost for evening care	Weekly cost for overnight care	Daily cost for weekend care
6 wks. - 11 mon.	Y    N	\$_____ per week	\$_____ per week	\$_____ per day
12 mon. - 23 mon.	Y    N	\$_____ per week	\$_____ per week	\$_____ per day
2 years	Y    N	\$_____ per week	\$_____ per week	\$_____ per day
3 years	Y    N	\$_____ per week	\$_____ per week	\$_____ per day
4 years	Y    N	\$_____ per week	\$_____ per week	\$_____ per day
5 years	Y    N	\$_____ per week	\$_____ per week	\$_____ per day
6+ years	Y    N	\$_____ per week	\$_____ per week	\$_____ per day

**Deposits, Fees and additional information:**

23. Do you require a security deposit?    Yes    No  
 If yes, how much? \$\_\_\_\_\_

24. Do you require a registration fee?    Yes    No  
 If yes, how much? \$\_\_\_\_\_

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25. Provide care for up to what age? \_\_\_\_\_years

26. Are you part of the Child and Adult Care Food Program? Yes No

27. Are you a member of your local Family Child Care Provider Association? Yes No

28. Does your program have an emergency preparedness plan? Yes No

29. Have you received formal emergency preparedness training for your program? Yes No

**The information you provide for Questions 30-37 is for statistical purposes only and will not be available as part of your referral information to parents. Your information is combined with the information of other caregivers in order to study trends in the areas of compensation, children’s mental health, and computer usage by the child care community.**

30. a. What is the current estimated gross income from your business?  
 (Indicate your answer on the basis of weekly income or monthly income, whichever is easier):  
 Weekly \$\_\_\_\_\_or Monthly \$\_\_\_\_\_

b. Which of the following benefits do you have? (Check all that apply).

	Yes, Paid by your Family Child Care Business	Yes, through spouse	None
Health Insurance			
Dental Insurance			
Life Insurance			
Other Specify: _____			

31. Do you currently have a child or children with special needs or disabilities enrolled in care?  
 Yes \_\_\_\_ If yes, how many? \_\_\_\_ No \_\_\_\_

32. Do you currently have a child or children in care who are receiving early childhood mental health services?  
 Yes \_\_\_\_ If yes, how many? \_\_\_\_ No \_\_\_\_ Don't know \_\_\_\_

33. Do you currently have a child or children in care who are receiving early intervention services other than mental health services?  
 Yes \_\_\_\_ If yes, how many? \_\_\_\_ No \_\_\_\_ Don't know \_\_\_\_

34. Have you ever referred a child or children for early intervention services?  
 Yes \_\_\_\_ If yes, how many? \_\_\_\_ No \_\_\_\_ Don't know \_\_\_\_

35. Have you ever had to terminate the care of a child due to behavior problems?  
 Yes \_\_\_\_ If yes, how many? \_\_\_\_ No \_\_\_\_

36. Do you have a working computer? \_\_\_\_Yes \_\_\_\_ No

37. Do children have access to a computer in your child care program? \_\_\_\_Yes \_\_\_\_No

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**Special Needs Care**

38. a. Have you had experience caring for children or adults with disabilities (child care, family and/or community activities)? Yes No

b. If yes, please check which disabilities you have had experience with or knowledge of:

**Cognitive**

- Delayed Development
- Down Syndrome
- Fragile X
- Learning Disabled

- Mental Retardation
- Speech/Language Delay
- Traumatic Brain Injury

**Medical**

- Apnea Monitor
- BPD
- Blood/organ Disorder
- Cancer
- Colostomy Bags
- Cystic Fibrosis
- Diabetes
- Drug Addicted/Exposed
- Newborns
- Feeding Problems/GI Tubes
- Genetic Disorder
- George DeLange Syndrome
- Heart Condition
- HIV+/AIDS
- Hydrocephalus
- Lead Poisoning
- Prematurity
- Respiratory
- Severe Allergies
- Severe Asthma
- Seizure Disorder
- Trach Tube

**Physical**

- Arthritis
- Cerebral Palsy
- Hearing/Vision Loss
- Low Muscle Tone
- Muscular Dystrophy

- Orthopedic
- Paraplegic
- Quadriplegic
- Spina Bifida

**Social/ Emotional**

- Adjustment Disorder
- Asperger Syndrome
- Attachment Disorder
- Attention Deficit Disorder
- Attention Deficit Hyperactivity Disorder
- Autism
- Behavior Problems
- Bipolar Disorder
- Depression
- Emotional Problems
- Mood Disorder
- Obsessive-Compulsive Disorder
- ODD (Oppositional Defiant Disorder)
- PDD (Pervasive Development Disorder)
- Post-traumatic Stress Disorder
- Sensory Integration Dysfunction

c. Please circle all that apply to your program:  
 currently wheelchair accessible Yes No  
 know sign language Yes No

**Education**

39. Check the highest level of education you have completed (*check only one*):

- Less than High School  Associate Degree  Master Degree
- GED/High School  Bachelor Degree  Doctoral Degree

40. a. Have you completed college level credit courses in Early Childhood Development or Early Childhood Education? Yes No

b. Do you have a college degree in Early Childhood Development or Early Childhood Education? Yes No

41. a. Have you completed college level credit courses in Special Education? Yes No

b. Do you have a professional teaching certificate in Special Education issued by Maryland State Department of Education? Yes No

42. Is there anything else you would like to share with parents about your program, i.e. training, preschool activities offered, types of pets, website, etc.?

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**Enrollment Information**

Would you please take a few extra moments to complete the following questions concerning the enrollments in your program? This information, combined with that of other caregivers, will be used to provide an accurate picture of the number of children currently enrolled in regulated child care in Maryland.

**Full-Time Enrollment**

- 43. How many children under 2 years of age do you have currently enrolled in your program? \_\_\_\_\_
- 44. How many children ages 2-4 years of age do you have currently enrolled in your program? \_\_\_\_\_
- 45. How many 5 year olds do you have currently enrolled all day, all year in your program? \_\_\_\_\_  
(These are the 5 year olds who did not make the September 1<sup>st</sup> kindergarten age cutoff.)
- 46. How many school age children do you have enrolled full time (summer and holiday care) in your program? \_\_\_\_\_

**Before and After School Enrollment**

- 47. If you provide before and after school care, how many children 5 years and older are currently enrolled? \_\_\_\_\_