

# ANNUAL FAMILY CHILD CARE QUESTIONNAIRE



**Instructions:** Please answer the following questions regarding your family child care home. If there is information you do not wish to share or you feel does not apply to you, please indicate with a "NR" (not relevant) in the space provided. If you have any questions or concerns about the questionnaire, feel free to call the LOCATE staff at (410 ) 548-3279. Please return the completed questionnaire to: **Karen Goldman, Lower Shore Child Care Resource Center, Salisbury University, Suite 500, Power Professional Building, Salisbury, MD 21801**

PLEASE TYPE OR PRINT

Date \_\_\_\_\_

1. Name \_\_\_\_\_
2. Address \_\_\_\_\_ Community/Development \_\_\_\_\_
3. City \_\_\_\_\_ 4. County \_\_\_\_\_
5. Zip \_\_\_\_\_ 6. Phone (    ) \_\_\_\_\_  
 Fax (    ) \_\_\_\_\_  
 E-mail \_\_\_\_\_

7. Please circle all that apply:
- There is a subway/light rail station near my home.                      Yes    No  
 Name of subway/light rail station \_\_\_\_\_
- There is a public bus line near my home.                                      Yes    No  
 Bus names and numbers \_\_\_\_\_

8. We are very interested in linking child care providers with the closest public school that the children you care for attend. If you had to choose **one** school, what is your primary public elementary school and your primary public middle school? (Please answer even if you do not provide school-age care).

- a. Primary public elementary school \_\_\_\_\_  
 Name of public/private elementary schools that you transport to/from \_\_\_\_\_
- b. Primary public middle school \_\_\_\_\_  
 Name of public/private middle schools that you transport to/from \_\_\_\_\_
- c. Other schools (public or private) you would like to list \_\_\_\_\_

9. a. Please circle all that you provide:
- |   |     |    |
|---|-----|----|
| Before and/or after kindergarten care   | Yes | No |
| Before and/or after elementary school care                                    | Yes | No |
| Before and/or after middle school care  | Yes | No |
| Before and/or after preschool program (nursery, pre-kindergarten, Head Start) | Yes | No |

- b. Please circle all that apply **if you offer any before and/or after school care:**
- |                                    |                 |     |    |
|------------------------------------|-----------------|-----|----|
| I can walk/drive children to/from: | school          | Yes | No |
|                                    | school bus stop | Yes | No |
| Children can walk to/from:         | school          | Yes | No |
|                                    | school bus stop | Yes | No |

10. What time do you open? \_\_\_\_\_ Close? \_\_\_\_\_  
 Are you willing to adjust the opening and closing hour to accommodate a parent's needs?    Yes    No