YWCA Child Care Solutions
Annual Update Form

Basics About Your Child Care Program

Business Name (if licensed, as it appears on license): _____

Owner/Operator Name (if a family day care home): _____

Street Address: _____

City:_____ ZIP Code:_____ County:_____

Mailing Address (if different than above): _____

City:_____ ZIP Code:_____ County:_____

Business Phone Number: _____ Ext. _____

Other Phone Number (if applicable): _____ Fax: _____

Email Address:_____

Business Website Address: _____

Contact Name: _____ Title: _____

Program Information

Profit Status: ☐ We are a non-profit organization ☐ We are a for-profit organization

License Information: ☐ Our program is licensed by DCFS (provide info below) ☐ Our program is exempt from licensure

License ID #: _____ Expiration Date: _____ Overnight License: ☐ Yes ☐ No

When did you first provide care at this location? (Mm/dd/yyyy): _____/_____/_____

Type of Care-Which is your primary purpose of your program (check only one)?

☐ Child Care Center ☐ Preschool Program Only ☐ School-Age Care Program Only

☐ Head Start/Early Head Start Only ☐ Preschool for All Only ☐ Special Needs Care Only

☐ Before/After School Only ☐ Park/Recreation Program Only ☐ Lab Program

Capacity: _____ Total day-time license capacity (if exempt, enter your exempt capacity)

_____ Total night-time capacity (overnight capacity listed on license of exempt capacity)

What ages of children are you willing to accept (enter the number and circle either weeks, months, or years):

Age of youngest child: _____ weeks/months/years Age of oldest child: _____ weeks/months/years

Hours of Operation: Start Time: _____am/pm End Time: _____ am/pm

Our program is open (check all that apply):

☐ Full Day ☐ Full School Day ☐ Part Day ☐ Full Year ☐ School Year ☐ Summer Only

Funding-Does your program receive any of the following funding (check all that apply):

☐ Head Start or Early Head Start ☐ Illinois State Board of Education (ISBE) ☐ Chicago Public Schools

☐ Chicago Public Schools (CPS) ☐ Community College Sponsored ☐ Corporate Sponsored

☐ DCFS Voucher/Certificate ☐ Religious/Faith Based ☐ Government Sponsored

☐ Hospital Sponsored ☐ IDHS Voucher ☐ IDHS Site Contract

☐ Tuition Based (parent fees) ☐ ISBE Preschool for All Site--List RCDTS code here: _____

Accreditation-Please check any accreditation(s) your program has earned and that are current:

☐ National Association for the Education of Young Children (NAEYC) Expiration: _____/_____/_____

☐ National Accreditation Commission (NAC) Expiration: _____/_____/_____

☐ National Early Childhood Program Accreditation (NECPA) Expiration: _____/_____/_____

☐ AdvancED Accreditation Expiration: _____/_____/_____

☐ Council on Accreditation (COA) Expiration: _____/_____/_____

☐ American Montessori Society (AMS) Accreditation Expiration: _____/_____/_____

☐ National Association of Child Care Professionals (NACCP) Expiration: _____/_____/_____

☐ National Association of Family Child Care Homes (NAFCC) Expiration: _____/_____/_____

Program Attributes

Referral Status (select one) *Referral Status means you are willing to have your program name given to families looking for child care*:

☐ I want to be part of the referral service ***including*** **web** referrals

☐ I want to be part of the referral service, but do not wish to go out on ***web*** referrals

☐ I do not want to be part of the referral service

Print Rates (select one):

☐ I want my program rates to be listed on referrals

☐ I do not want my program rates to be listed on referrals

Hours of Operation-Enter your hours of operation in the table below. If you provide care in multiple shifts (i.e. am preschool vs. pm preschool, please note as appropriate).

Shift #1			Shift #2			Shift #3		
Days	**Start Time**	**End Time**	**Days**	**Start Time**	**End Time**	**Days**	**Start Time**	**End Time**
Monday	AM PM	AM PM	Monday	AM PM	AM PM	Monday	AM PM	AM PM
Tuesday	AM PM	AM PM	Tuesday	AM PM	AM PM	Tuesday	AM PM	AM PM
Wednesday	AM PM	AM PM	Wednesday	AM PM	AM PM	Wednesday	AM PM	AM PM
Thursday	AM PM	AM PM	Thursday	AM PM	AM PM	Thursday	AM PM	AM PM
Friday	AM PM	AM PM	Friday	AM PM	AM PM	Friday	AM PM	AM PM
Saturday	AM PM	AM PM	Saturday	AM PM	AM PM	Saturday	AM PM	AM PM
Sunday	AM PM	AM PM	Sunday	AM PM	AM PM	Sunday	AM PM	AM PM

Our program is open: _____ hours per day _____ days per week _____ weeks per year

Do you accept children (check only one): ☐ Full-time (more than 35 hours/week) ☐ Part-time (34 or less hours/week) ☐ Both

Check the year schedule that best describes your program (check only one): ☐ Full Year ☐ School Year Only ☐ Summer Only

Do you accept/provide any of the following schedules (check all that apply)?

☐ 24-Hour Care ☐ Before School ☐ Rotating (varying schedules, e.g., M/W/F one week, T/Th second week)

☐ After School ☐ Drop-In ☐ Temporary/Emergency (short-term, back-up care, space permitting)

Capacity, Enrollment, and Rates

Please complete the following table based on the ages of children you serve. For the rates, provide that most common full-time rate you charge, and/or the most common part-time rate you charge to parents for each age group you serve.

☐ I do not wish to disclose rate information ☐ No rate charged

	Licensed Capacity*	Desired Capacity**	Currently Enrolled	Number Enrolled in CCAP	Current Vacancies	Full-Time Rate	FT Rate Type (see key)	Part-Time Rate	PT Rate Type (see key)
Infants (0-14 months)									
Toddlers (15-23 months)									
2 Year Olds (24-35 months)									
3-4 Year Olds									
5 Year Olds & Kindergarten									
School-Age B/A (Before/ Afterschool Only)									
School-Age Summer (Summer Only)									

*Licensed capacity is the total day-time capacity stated on your license, or if license-exempt, the number of children at any one time allowable to be legal.

**Desired capacity is the number children in each age group you prefer to have at any one time.

Rate Type Key: **H**=Hourly; **D**=Daily; **W**=Weekly; **M**=Monthly

Additional Fees

Does your program charge any of the following additional fees (select yes or no for each fee type listed)?

Registration/Application Fee	☐ Yes	☐ No	Specify Amount:
Deposit	☐ Yes	☐ No	Specify Amount:
Meal/Snack Fee	☐ Yes	☐ No	Specify Amount:
Materials/Supplies	☐ Yes	☐ No	Specify Amount:
Field Trips	☐ Yes	☐ No	Specify Amount:
Transportation	☐ Yes	☐ No	Specify Amount:
Late Pick Up	☐ Yes	☐ No	Specify Amount:
Charges CCAP Difference *Mark only if your program's daily rate is higher than the maximum daily CCAP rate and you charge the difference.*	☐ Yes	☐ No	Specify Amount:
Does your program charge when a child is absent due to illness, holidays, vacation, etc.? ☐ No ☐ Yes			

Special Needs

Does your program provide respite care (occasional care for children with disabilities)? ☐ Yes ☐ No

Enter the number of children with special needs currently enrolled in your program (a child with special needs/disabilities is a child who has been diagnosed by a professional and is receiving special services from a public school, community agency, or regular care by a physician for a medical condition): _____

Do you or your staff have experience with any of the following special needs (check all that apply)?

☐ Caring for a child with asthma who uses a nebulizer or inhaler, or a child with life-threatening allergies

☐ Caring for a child who is gifted

☐ Caring for children with sensory disabilities (tactile deficiency, over stimulation due to environment, etc.)

☐ Caring for a child diagnosed with autism

☐ Caring for children with other types of special needs

☐ Using sign language to fluently communicate daily

☐ Caring for a child with a developmental delay

☐ Caring for a child with physical needs (spina bifida, cerebral palsy, etc.)

☐ Conditions which require medical procedures to be performed (tube feedings, diabetes monitoring, seizures, etc.)

☐ Caring for a child with special emotional needs or behaviors (ADD, ADHD, etc.)

☐ Caring for premature infants

☐ Caring for a child with visual/hearing impairments

Financial Assistance

Indicate all forms of financial assistance you offer or are willing to accept (check all that apply):

☐ We accept or will consider accepting IDHS certificate payment, also known as the Child Care Assistance Program (CCAP)

☐ Our program currently has an annual IDHS site contract to service a specified number of children eligible for CCAP

☐ We will consider accepting IL DCFS vouchers for foster children, protective services, or special needs children

☐ We are an employer-sponsored program, which offers some form of financial assistance to employees

☐ We are a Preschool for All site (ISBE or CPS)

☐ Our rate are negotiable (family child care programs only)

☐ We offer scholarships and/or charge tuition based on a sliding fee scale

Program Information-Check any of the following that apply to your program:

☐ We have Montessori Teacher Training Certificate(s) from an organization affiliated with Montessori Accreditation Council (MACTE), American Montessori Society (AMS), or Association Montessori International (AMI)

☐ We incorporate religious curriculum or practices into our program

☐ We provide parent co-op service singly or as part of other services

☐ We are a Preschool for All program

☐ We offer a preschool program onsite (family child care programs only)

☐ We have a kindergarten on-site

☐ We have a grade school on-site

Check all that apply to your program's environment:

☐ Fenced in Yard ☐ Smoke Free ☐ Wheelchair Accessible ☐ No Pets

Check all that apply to your program's transportation options:

☐ Near Public Transportation ☐ Walking Distance to School ☐ Will Consider Providing Transportation

☐ Transportation Provided (i.e. bus)

Check all meals that are provided at your program:

☐ Breakfast ☐ AM Snack ☐ Lunch ☐ PM Snack ☐ Dinner ☐ Families Must Bring Their Own Meals/Snacks

Does your program participate in the USDA food program? ☐ Yes ☐ No

Do you accommodate special diets such as health, religious, or cultural? ☐ Yes ☐ No

Which language(s) do staff speak fluently and can use in communication with children and parents?

☐ English ☐ Spanish ☐ Other, please list: _____

Is your program affiliated with any of the following associations or partnerships?

☐ Agency/Network ☐ Head Start (Child Care Center Partnership) ☐ Head Start (Family Child Care Partnership)

☐ National Association (NAEYC, NAFCC, NCCA, etc.) ☐ State Association (IL AEYC, PSO-ICCA, etc.) ☐ Directors Association

☐ Local Association (local AEYC affiliate, FCC association, etc.) ☐ Other Partnership, please list: _____

What elementary school district are you assigned to? _____

What elementary school(s) is your address assigned to? _____

Is your program within walking distance of any of the schools listed above? ☐ Yes ☐ No

Does your program have any of the following (check all that apply):

☐ Able to Accept Advance Calls ☐ Written Policies ☐ Written Contract ☐ Translated Materials

☐ My Program Charges if a Child is Absent Due to Illness

☐ My Program Charges if Child is Absent Due to Vacation or a Holiday in Which the Program is Open

☐ I Have a Full-Time Assistant (Family Child Care Only) ☐ I have a Part-Time Assistant (Family Child Care Only)

Does your program have a computer on-site? ☐ Yes ☐ No (skip next two questions)

If you have a computer on-site, does it have internet service? ☐ Yes ☐ No

If you have a computer on-site, do staff have access to it? ☐ Yes ☐ No

Staff Benefits

Total Number of Staff (Child Care Centers Only): _____ (Include those staff in the following positions only: Administrative Director, Director/Teacher, School-Age Worker, Assistant School-Age Worker who are permanent, full-time, and part-time staff in the child care program. Do not include temporary, substitute, or seasonal employees.)

Benefit Information-Check all benefits offered to staff:

Benefit	Full-Time	Part-Time
Free Child Care	☐	☐
Reduced Child Care Fees	☐	☐
Paid Sick Days	☐	☐
Paid Holidays	☐	☐
Paid Personal/Vacation Days	☐	☐
Paid Time Off for Trainings	☐	☐

Periodic Increase in Wages Based on Performance	☐	☐
Yearly Cost-of-Living Increase in Wages	☐	☐
Increase in Wages Based on Educational Advancement	☐	☐
Increase in Wages Based on Attainment of Credentials	☐	☐
Retirement or Pension Plan	☐	☐
Health Insurance	☐	☐
Dental Insurance	☐	☐
Disability Insurance	☐	☐
Life Insurance	☐	☐
Payment/Reimbursement for Educational or Training Expenses	☐	☐
Formal Mentoring/Coaching	☐	☐
Annual Performance Evaluation	☐	☐
☐ I do not wish to disclose benefit information		

Your Privacy Rights and Data Release Agreement:

The purpose of collecting this information is to:

1) Provide referrals to parents who are looking for child care. Only providers who have indicated their participation in the referral service portion of this survey will be included. This may be through mail, phone or other means;
2) Provide training and technical assistance to meet your program needs;
3) Report and gather statistics on child care supply and demand. This data influences planning, policy development, and funding levels. Statistical information, which does not include provider names, may be shared with the Department of Human Services, Department of Children & Family Services, communities, foundations and others;
4) Provide mailing labels to approved organizations or agencies offering professional development or funding opportunities to child care providers (such as conferences, grants, and Gateways, etc.). We do not provide mailing labels for solicitation purposes.
5) By completing this survey your program may be eligible for funding to expand or improve your program.

Note: You are not required to provide this information, but without it, we will not be able to fully meet the duties outlined above. This notice covers all changes you make in your file (by phone, in person, or written form) until your file is deleted from the database.

I authorize the information in this form to be used as outlined above and all information is true to the best of my knowledge.

Print Name_____ Title _____

Signature_____ Date: _____

We can accept this completed form by mail, drop off, or email:

By Mail: Attention: Annual Updates
YWCA Northwestern Illinois
Child Care Solutions
4990 East State Street
Rockford, IL 61108

By Email: ywcachildcaresolutions@ywcanwil.org

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