

## PROVIDER QUESTIONNAIRE - Referral Listing Form

If you are a licensed child care provider, please include a copy of your license with this survey.

PLEASE PRINT ALL INFORMATION

A Division of Southwestern Child Development Commission Inc.

Name of Program: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Secondary Phone: \_\_\_\_\_

Contact Person's Name: \_\_\_\_\_ Fax: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Street

City

State

Zip

Mailing Address: \_\_\_\_\_

Street

City

State

Zip

County: \_\_\_\_\_ Email Address: \_\_\_\_\_

Date Program Opened: \_\_\_\_\_ Website: \_\_\_\_\_

What type of facility do you operate: (Check all that apply):

☐ Child Care Center ☐ Pre-School Program ☐ School Age Program ☐ Family Child Care Home

☐ Public Pre-K ☐ Head Start ☐ Early Head Start ☐ NC Pre-K ☐ Half-day program

☐ Licensed Exempt Program ☐ Summer Camp

Are you a licensed Child Care Provider? ☐ Yes ☐ No (If No, Skip to transportation question)

License ID#: \_\_\_\_\_ Sanitation Grade: \_\_\_\_\_

What type of license do you have? (Please check only one):

☐ 1 Star

☐ 4 Star

☐ Exempt

☐ 2 Star

☐ 5 Star

☐ Temporary

☐ 3 Star

☐ GS110-106

☐ Provisional

License Rating: \_\_\_\_\_ Program Points ~ Quality Point \_\_\_\_\_ Education Points ~ Quality Point \_\_\_\_\_

Ages accepted: From \_\_\_\_\_ (years/months/weeks) thru \_\_\_\_\_ (years/months/weeks)

Total Licensed Capacity (potential) \_\_\_\_\_ Total Desired Capacity (wanted) \_\_\_\_\_ Total Current Vacancies \_\_\_\_\_

What transportation options do you offer? (Check all that apply): ☐ Near Public Transportation ☐ None

☐ Walking Distance to School ☐ School Bus Pick Up/Drop Off (from which schools?: \_\_\_\_\_)

☐ To Program from School ☐ To School from Program ☐ To and From Home

What Language(s) is spoken by Provider and Clients at your program? (Check all that apply):

☐ English ☐ Spanish ☐ Russian

☐ German ☐ Vietnamese ☐ Hebrew

☐ Portuguese ☐ Sign Language ☐ Other

What local community are you in? \_\_\_\_\_

First Shift			Second Shift			Third Shift		
Hours of Operation			Hours of Operation			Hours of Operation		
Day	Start Time	End Time	Day	Start	End	Day	Start	End
Monday								
Tuesday								
Wednesday								
Thursday								
Friday								
Saturday								
Sunday								

Schedule	Check all that apply
<input type="checkbox"/> Full Time	<input type="checkbox"/> Full Year
<input type="checkbox"/> Part Time	<input type="checkbox"/> School Year Only
<input type="checkbox"/> Drop In	<input type="checkbox"/> Summer Only
<input type="checkbox"/> Before School	<input type="checkbox"/> Temporary/Emer.
<input type="checkbox"/> After School	<input type="checkbox"/> 24 Hours
<input type="checkbox"/> Teacher Work Days	<input type="checkbox"/> Rotating (weeks or days)
<input type="checkbox"/> Snow Days	<input type="checkbox"/> Open Holidays & Breaks
<input type="checkbox"/> Summers only	<input type="checkbox"/> Spring Break

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**First Shift-FEES (Fill in the fees for each time slot that applies)**

Ages	Hourly	Hourly	Daily	Daily	Weekly	Weekly	Monthly	Monthly
	P/T	F/T	P/T	F/T	P/T	F/T	P/T	F/T
<i>Example: Toddler (3 yr.)</i>		2.50		20.00		100.00		433.33
Infants (0-12 months)								
Infants (1 year)								
Toddlers (2 years)								
Toddlers (3 years)								
Preschool (4 years)								
Preschool (5 years)								
School Age (K to 12)								

**First Shift-ADDITIONAL FEES (Fill in the amount and frequency each fee is charged.)**

Fee	Example	Registration	Activity	Late Pickup Fee	Transportation	Other
Amount	\$50					
Frequency (1-time, Weekly, monthly, annually)	Annual					

**First Shift-ENROLLMENT (Fill in the appropriate numbers for each age group that you serve.)**

Ages	Desired Capacity	Licensed Capacity	Subsidy Capacity	F/T Vacancy	P/T Vacancy	Current Enrollment	Child/Adult Ratio
<i>Example: Toddler (3 yr.)</i>							
Infants (0-12 months)							
Infants (1 year)							
Toddlers (2 years)							
<i>Toddlers (3 years)</i>							
Preschool (4 years)							

Preschool (5 years)							
School Age (K to 12)							

Is your program? ☐ For Profit ☐ Not for Profit

Is your program open?...(Check all that apply):

☐ Teacher Workdays ☐ Snow Days ☐ Other Weather Related Emergencies

☐ Fall Break ☐ Spring Break ☐ Winter Break ☐ Summer only

Please check all the environmental conditions that apply:

☐ Non-Smoking ☐ Outdoor Play ☐ Pool-On Site ☐ Pool-Off Site

☐ Gym ☐ No Pets ☐ Wheelchair Accessible

☐ Computers ☐ Fenced Yard ☐ Homework Time and/or Help

Please check all meals that you serve daily in your child care program.

☐ Breakfast ☐ Morning Snacks ☐ Lunch ☐ Afternoon Snack

☐ Dinner ☐ Provide Formula ☐ Special Meal Request ☐ Parents Provide

Do you participate in a Child and Adult Care Food Program (CACFP)?

☐ Yes ☐ No

What philosophy does your program follow for classroom instruction?

☐ Academic ☐ Faith Based/Religious ☐ Parent Involvement ☐ Field Trips

☐ Mixed Ages ☐ Montessori ☐ Waldorf ☐ Other

☐ Kindergarten ☐ Developmentally Appropriate Practice

Are you currently accepting children receiving financial assistance? (Check all that apply)

☐ Accept Subsidies/Currently Enrolled ☐ Smart Start Scholarships (3, 4, and 5 star only)

☐ Head Start funding ☐ Early Head Start funding ☐ NC Pre-K funding

☐ Community College ☐ Unwilling/unable to accept voucher

What types of financial policies has your program instituted?

☐ Multi-child Discount ☐ Sliding Fee Scale ☐ Scholarships ☐ Written Contract

☐ Written Handbook ☐ Child Absence ☐ Provider Sick Time ☐ Prov. Vacation Time

Special Skills and Training that you or your staff may have. (Check all that apply)

☐Autistic/Special Training    ☐Interpreter    ☐Developmental Delays    ☐Sick Care  
☐Sign Language    ☐Special Needs    ☐On-Site Nurse    ☐Health Related Degree

Do you accept children with special needs? (Check all that apply)

☐Any Special Need    ☐Developmental Delay    ☐Behavioral Challenges    ☐Chronic Illness  
☐Mentally Challenged    ☐Sign Language    ☐Visually Challenged  
☐Wheelchair Accessible    ☐Interpreter    ☐Speech/Language Delay  
☐Autistic/Special Services    ☐Other\_\_\_\_\_

How many hours of annual training does the Director or Family Child Care Operator have this year?

☐12 hours or less    ☐13-40 hours    ☐Credit Based Training

How many years of experience does the Director or Family Child Care Operator have?

☐1-3 years    ☐4-9 years    ☐10-20 years    ☐21+ years  
☐Family child care experience    ☐Center Director experience

What is the educational level of the Director or Family Child Care Operator?

(ECE=Early Childhood Education)     Other\_\_\_\_\_  
☐High School    ☐NCEC Credential    ☐Some College ECE    ☐Some College (other)  
☐AAS, ECE    ☐AAS (other)    ☐BS, ECE    ☐BS (other)  
☐Masters, ECE    ☐Masters, other    ☐PhD, ECE    ☐Administrative Credential

What accreditations has your program achieved? (Check all that apply)

☐ACA    ☐NAEYC    ☐NAFCC    ☐NSACA (School age)    ☐NAEYC (study process)  
☐Developmental Day    ☐Other\_\_\_\_\_

Director Accreditation    ☐NCECAC Level 1    ☐NCECAC Level II

☐NCECAC Level III    ☐Not received yet

Please indicate any of the following affiliations that apply to your child care program.

☐Single site    ☐State/Regional/National    ☐Local Chain    ☐NC Pre-K\_\_\_\_    ☐Employer  
Sponsored    ☐Public School    ☐Religious Sponsored    ☐Higher Education    ☐Head Start  
☐NC Pre-K    ☐Other\_\_\_\_\_

Indicators of Higher Quality Child Care provided by your program. (Check all that apply)

☐3, 4, or 5 star program    ☐Low staff/child ratio    ☐Education of staff  
☐Staff/child interaction    ☐Small Group Size    ☐Program Standards

**Child Care Setting**

☐ Non Residential    ☐ Faith Based    ☐ Workplace Based    ☐ Preschool Program  
☐ School Age Only    ☐ Summer Camp    ☐ Mobile Home    ☐ Duplex  
☐ Center in a residence    ☐ Other \_\_\_\_\_

Please indicate whether your staff has current certifications in the following areas. (Check all that apply)

Staff Certifications	All Staff	At least 1 staff on premises during hours of operation	No Staff
First Aid			
CPR			
BSAC			
Other:			

**Staff Information:**

Positions	Number of staff Employed currently	Number of years employed in program	Average starting pay	Average High Pay
Director/Owner				
Assistant Director				
Lead Teacher				
Teacher				
Teacher's Assistants				
Support staff				
Substitute				
Floater				

Please indicate the number of persons on staff whose race is?

☐ Mexican    ☐ Mexican American, Chicano    ☐ Puerto Rican    ☐ Cuban  
☐ Other Spanish/Hispanic/Latino (print group) \_\_\_\_\_  
☐ Caucasian/White    ☐ African American/Black    ☐ Native Hawaiian    ☐ Samoan  
☐ Asian Indian    ☐ American Indian or Alaskan Native (print tribe) \_\_\_\_\_

\_\_\_Chinese \_\_\_Japanese \_\_\_Vietnamese \_\_\_Filipino \_\_\_Guamanian or Chamorro

\_\_\_Other Asian (print race)\_\_\_\_\_

\_\_\_Other Pacific Islander (print race)\_\_\_\_\_

\_\_\_Other (print race)\_\_\_\_\_

### English Ability

Please indicate the number of persons on staff who speak a language other than English at home;\_\_\_\_\_

What languages?\_\_\_\_\_

How well do these persons speak English?

\_\_\_Very Well \_\_\_Well \_\_\_Not Well \_\_\_Not at all

Please check all benefits that you offer your staff:

Benefit	Director/ owner		Asst. Director		Lead Teacher		Teacher		Asst. Teacher		Support Staff		Sub.	
	F/T	P/T	F/T	P/T	F/T	P/T	F/T	P/T	F/T	P/T	F/T	P/T	F/T	P/T
F/T-fulltime														
P/T-part time														
Pd. Vacation														
Paid Sick Leave														
Health Insurance(Employer + employee paid)														
Health Insurance (Employer pays all)														
Retirement Plan														
Professional Devel.														
Child Care Subsidy														
Disability Insurance														
Dental Insurance														
Life Insurance														

Southwestern Child Development Commission/Mountain Child Care Connections provides **REFERRALS**, **NOT RECOMMENDATIONS**, to your child care program.

**PLEASE HELP US TO REFER PARENTS TO YOUR PROGRAM** by completing this form yearly.

Don't forget to keep a copy in order to respond/expedite for next year. Thank you for all that you do!

Please review the attached Referral, Listing and Complaint Policies, and attach a copy of your license, if applicable.

I have read and understand Mountain Child Care Connections Referral, Listing and Complaint policies. I agree to allow information provided on this form to be used for parent referrals, mailings related to child care programs, and for community planning purposes.

Signature\_\_\_\_\_ Date\_\_\_\_\_

Thank you.

Beth Kowalski, Parent Referral Specialist

**Mountain Child Care Connections,** a div. of **Southwestern Child Development Commission**

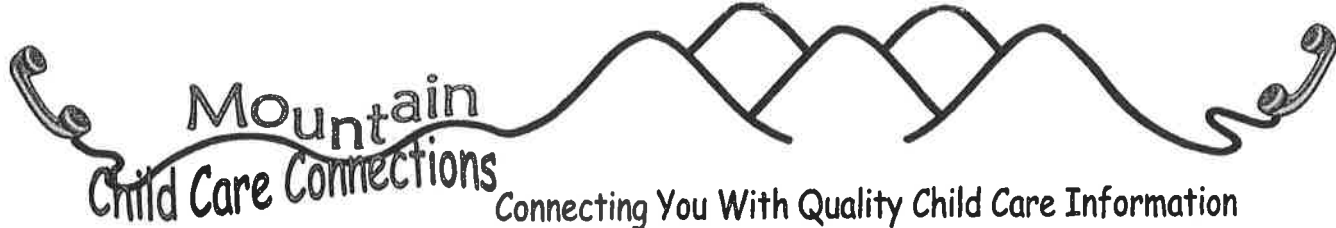
1078 North Main Street, Waynesville, NC 28786

**877-752-5955**

Fax: 828-246-6260

Email: [Kowalski.beth@swcdcinc.org](mailto:Kowalski.beth@swcdcinc.org) or [childcareinfo@swcdcinc.org](mailto:childcareinfo@swcdcinc.org)





## **Policy regarding Complaints about Consumer Education and Referral Services Delivered by *Mountain Child Care Connections***

*Mountain Child Care Connections'* referral staff may receive complaints on services provided. It is the policy of MCCC to ensure that a fair, equitable, and efficient method is followed for handling the complaint that is respectful of the complainant and the staff member involved.

Customers will be informed about the complaint policy near the end of every referral call, in the cover letter and in the agency brochure about referral services. The referral specialist may use this statement, "***Mountain Child Care Connections* is committed to provide high quality services to all customers. If you have any comments, concerns or are not satisfied with the service you have received, please call the Regional CCRR Services Manager at 828-586-5561.**"

If a complaint is received about referral services, the following steps will be taken to resolve the issue:

1. The staff member will assure complainant that the complaint will be investigated.
2. The staff member will document the complaint on the CCR&R Complaint Intake Form, completing all necessary information. The staff member taking the complaint call will document information from the complainant and make no remarks that would indicate agreement, disagreement or concern.
3. The complainant will be informed that the complaint will be investigated and the complainant will receive a response.
4. The complaint will be given to the *Mountain Child Care Connections* Supervisor to review.
5. The supervisor will review documentation of the complaint and discuss it with the staff member involved. She will contact the complainant if further information is needed.
6. The supervisor will provide a verbal or written response to the complainant within 3 business days.
7. Should a resolution not be reached and the complainant continues to have concerns, the supervisor will share the documentation about the complaint with the Executive Director of Southwestern Child Development Commission.
8. After a resolution has been reached, the indicated staff member and her supervisor will meet to discuss the complaint and, if necessary, develop a plan to prevent future issues. Documentation of the discussion, plan and follow-up will be maintained in the staff member's personnel file.
9. If appropriate, the complaint will be discussed during a staff meeting in order for other staff to benefit from the experience.
10. Complaints listed in MCCC files are not considered public record and will not be made available through this office.

*Approved by Call Center Start-up Advisory Committee June 9, 2010*

*For more information about child care, call: 1-877-752-5922*

Mountain Child Care Connections  
Is a subsidiary of Southwestern Child Development  
P. O. Box 250 Webster, NC 28788  
828-586-5561  
[www.swcdcinc.org](http://www.swcdcinc.org)



## Policy regarding Complaints about Child Care Programs

At *Mountain Child Care Connections*, our first commitment is to the well-being of the child. To ensure the well-being of children, we have outlined a series of steps by which we can help customers handle concerns about their child's care. There are 3 basic types of complaints:

1. Those that are not violations of licensing rules and regulations.
2. Those that are violations of licensing rules and regulations, and
3. Those that involve child abuse and neglect and/or the mistreatment of children.

*Mountain Child Care Connections* is not a monitoring agency. MCCC does not investigate complaints. MCCC encourages communication between the customer and the program as a means to resolve complaints and concerns. When a customer makes a complaint about a facility, the customer is asked his/her name, address and telephone number. This information is kept confidential unless the customer gives MCCC permission to use his/her name. The staff person documents this information and, in addition, obtains information about the facility and the specific incident or concern.

1. When MCCC receives a complaint that does not violate NC licensing rules and regulations, the complaint is documented and placed in the program's file. The complainant is encouraged to discuss these concerns with the center director and/or lead teacher.
2. For complaints received that may violate NC licensing rules and regulations, the complainant is encouraged to make this complaint directly to the NC Division of Child Development and Early Education. The complainant is given the telephone number for the Raleigh office 1-800-859-0829. The complaint is documented and given to the supervisor who may report the complaint to the Division of Child Development and Early Education. The documentation will be kept in the program's file and with the local CCR&R Director.
3. For complaints that may involve child abuse and neglect and/or the mistreatment of children, the complainant is strongly encouraged to call the NC Division of Child Development and Early Education or the local Department of Social Services to register the complaint. Complaints of this type need to be registered by someone who has first hand or close knowledge of the situation.

The complainant is informed of North Carolina's mandatory reporting law:

**All persons who have cause to suspect that any juvenile is abused, neglected, or dependent, or has died as the result of maltreatment, shall report.**

The complaint is documented, given to the Supervisor and reported to the Division of Child Development and Early Education. The documentation will be kept in the program's file and a copy will be given to the local CCR&R Director.

4. Programs are placed on inactive status in the consumer education database and referrals are suspended upon substantiation of abuse/neglect AND/OR when the

Division of Child Development and Early Education issues a Provisional, Special Provisional, Special Probationary, Summary Suspension or Suspended License to a program. Programs will return to active referral status when *Mountain Child Care Connections* is notified by DCDEE, local CCR&R or the program itself that the program has successfully completed the terms stated in their Corrective Action Plan or that the program has returned to full license status. MCCC will mail a Notice of Action letter to the program informing the program that it is now on inactive status and will not be given out as a referral until full licensing status has been approved by DCDEE. In the event that the child care program appeals the licensure status, they may also appeal the suspension of referrals. In that case, the program director must write a letter to the CCR&R Director appealing the suspension of referrals. The CCR&R Director will discuss the situation with the local CCR&R agency and make a decision about the appeal. In the event that a program receives a license revocation, the program is removed from MCCC's database.

Removal from the Consumer Education database does not affect a provider's ability to participate in other Child Care Resource and Referral services.

5. Complaints listed in MCCC files are not considered public record and will not be made available through this office. Any complaints filed with the Division of Child Development and Early Education are considered public record and may be obtained by contacting the Division of Child Development (DCD), Customer Services, at 1-800-859-0829 or 2201 Mail Service Center, Raleigh, NC 27699-2201.

*Approved by Call Center Start-up Advisory Committee June 9, 2010  
Revised 7/30/12*

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