

NACCRRAware Data Sheet

General Info				
Provider (or Director) Name				
Business Name (Name of Program)				
Type of Care	<input type="checkbox"/> Child Care Center (CCC) <input type="checkbox"/> Family Child Care (FCC)			
Contact				
Street Address:				
Mailing Address (if different from physical address) :				
Primary Phone:				
Secondary Phone:				
Fax:				
Email:				
Web:				
License Info				
MA Program ID:				
License ID:				
Expiration Date:				
EIN/SSN:				
Total Licensed Capacity:				
Accepted Age Range:	From:	Years	Months	Weeks
	To:	Years	Months	Weeks

Transportation		
<input type="checkbox"/> Transportation Provided	<input type="checkbox"/> Walking Distance to School	<input type="checkbox"/> Near Public Transportation
<input type="checkbox"/> On Public School Bus Route	<input type="checkbox"/> Provides School Age Transportation	<input type="checkbox"/>
Languages		
<input type="checkbox"/> English	<input type="checkbox"/> American Sign Language (ASL)	<input type="checkbox"/> Amharic
<input type="checkbox"/> Armenian	<input type="checkbox"/> Cantonese	<input type="checkbox"/> Chinese

<input type="checkbox"/> Croatian	<input type="checkbox"/> French	<input type="checkbox"/> Greek
<input type="checkbox"/> Italian	<input type="checkbox"/> Khmer (Cambodian)	<input type="checkbox"/> Laotian
<input type="checkbox"/> Polish	<input type="checkbox"/> Portuguese	<input type="checkbox"/> Russian
<input type="checkbox"/> Serbian-Cyrillic	<input type="checkbox"/> Slovenian	<input type="checkbox"/> Spanish
<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Other	

Schedule Options

<input type="checkbox"/> Part week	<input type="checkbox"/> Part day	<input type="checkbox"/> Full day
<input type="checkbox"/> 2nd shift	<input type="checkbox"/> 3rd shift	<input type="checkbox"/> Sick care
<input type="checkbox"/> Evening	<input type="checkbox"/> Overnight	<input type="checkbox"/> Early day
<input type="checkbox"/> Open school vacation week	<input type="checkbox"/> Full week	<input type="checkbox"/> Weekend
<input type="checkbox"/> Flexible Schedule	<input type="checkbox"/> Morning session	<input type="checkbox"/> Afternoon session

FCC System

Do you belong to a FCC system? Yes No

If yes, which one?

Program Type

<input type="checkbox"/> Child Care Center & School Age	<input type="checkbox"/> Regular Family Child Care	<input type="checkbox"/> Large Family Child Care
<input type="checkbox"/> Child Care Center	<input type="checkbox"/> School Age only	<input type="checkbox"/> Small Group Center

Days Care Provided

Day	Start Time	End Time
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

Shift General Information

Accepts Children: Full-time Part-time

Duration:

Full year School Year Summer Only

Does your program offer any of these care options?

Drop In Temp/Emergency

Before School After School

Rotating 24-hour

Open Holidays

Rates

Age Group	License Capacity	Current FT Vacancies	Full Week Rate	Daily Rate	Other Rate
Infants					
Toddlers					
Preschool					
School Age – BS					
School Age – AS					
School Age – Full Day					
Kindergarten					

Quality Rating

QRIS Level:

QRIS #:

Environment

<input type="checkbox"/> Accepts Cloth Diapers	<input type="checkbox"/> Adult Pool	<input type="checkbox"/> Air Conditioned
<input type="checkbox"/> Approved Assistant	<input type="checkbox"/> Cats	<input type="checkbox"/> Dogs
<input type="checkbox"/> Fenced Yard	<input type="checkbox"/> Field Trips Taken	<input type="checkbox"/> No Pets
<input type="checkbox"/> Other Pets	<input type="checkbox"/> Peanut Free	<input type="checkbox"/> Smoke Free
<input type="checkbox"/> Uses Public Playground	<input type="checkbox"/> Wheelchair Accessible	

Meals

<input type="checkbox"/> Breakfast	<input type="checkbox"/> Morning Snack	<input type="checkbox"/> Lunch
<input type="checkbox"/> Afternoon Snack	<input type="checkbox"/> Dinner	<input type="checkbox"/> USDA Food Program
<input type="checkbox"/> Special Meal Request	<input type="checkbox"/> Parents Provide Food	<input type="checkbox"/> Parents Provide Lunch

Philosophy

<input type="checkbox"/> Academic Program	<input type="checkbox"/> High/Scope Approach	<input type="checkbox"/> Learning/Play
<input type="checkbox"/> Montessori	<input type="checkbox"/> Parent Cooperative	<input type="checkbox"/> Piaget
<input type="checkbox"/> Reggio Emilia	<input type="checkbox"/> Religious Orientation	<input type="checkbox"/> Resources for Infant Educators
<input type="checkbox"/> Waldorf		

Financial Assistance

<input type="checkbox"/> Active Duty Military Discount	<input type="checkbox"/> Campership	<input type="checkbox"/> Contracted Slots
<input type="checkbox"/> DCF Supportive Slots	<input type="checkbox"/> Headstart	<input type="checkbox"/> Private Scholarship
<input type="checkbox"/> Sibling Discount	<input type="checkbox"/> Sliding Fee Scale	<input type="checkbox"/> Teen Parent Slot
<input type="checkbox"/> United Way	<input type="checkbox"/> Voucher	<input type="checkbox"/> Other

Policies		
<input type="checkbox"/> Written Contract	<input type="checkbox"/> Written Handbook	<input type="checkbox"/> Provider Sick Allowance
<input type="checkbox"/> Provider Vacation Allowance	<input type="checkbox"/> Child Absence Allowance	

Special Skills		
<input type="checkbox"/> Adaptive Equipment	<input type="checkbox"/> Onsite Therapy	<input type="checkbox"/> Onsite Medical Care
<input type="checkbox"/> Onsite Nurse		

Special Skills		
<input type="checkbox"/> Adaptive Equipment	<input type="checkbox"/> Onsite Therapy	<input type="checkbox"/> Onsite Medical Care
<input type="checkbox"/> Onsite Nurse		

Special Needs		
<input type="checkbox"/> Experience	<input type="checkbox"/> ADD/ADHD	<input type="checkbox"/> Asthma/Allergies
<input type="checkbox"/> At risk	<input type="checkbox"/> Autism Spectrum Disorder	<input type="checkbox"/> Behavioral
<input type="checkbox"/> Developmental	<input type="checkbox"/> Emotional/Social	<input type="checkbox"/> Feeding Tube
<input type="checkbox"/> Hearing Impairment	<input type="checkbox"/> Learning	<input type="checkbox"/> Medical Condition
<input type="checkbox"/> Monitors	<input type="checkbox"/> Parental Incapacity	<input type="checkbox"/> Physical
<input type="checkbox"/> Sensory Integration	<input type="checkbox"/> Special Diet	<input type="checkbox"/> Speech/Language
<input type="checkbox"/> Visual Impairment	<input type="checkbox"/> None	<input type="checkbox"/> Other

Special Skills		
<input type="checkbox"/> Adaptive Equipment	<input type="checkbox"/> Onsite Therapy	<input type="checkbox"/> Onsite Medical Care
<input type="checkbox"/> Onsite Nurse		

Accreditation		
<input type="checkbox"/> NAFCC	<input type="checkbox"/> NAEYC	<input type="checkbox"/> NSACA
<input type="checkbox"/> ACA	<input type="checkbox"/> NAEYC in process	

Is your program affiliated with any of the following? (check all that apply)		
<input type="checkbox"/> Local FCC Association	<input type="checkbox"/> FCC System	<input type="checkbox"/> Religious
<input type="checkbox"/> Hospital	<input type="checkbox"/> College	<input type="checkbox"/> Private School
<input type="checkbox"/> Public School	<input type="checkbox"/> CFCE	<input type="checkbox"/> Other
<input type="checkbox"/> Support Group Leader		

Are you willing to assist with advocacy efforts? (check all that apply)		
<input type="checkbox"/> Local FCC Association	<input type="checkbox"/> FCC System	<input type="checkbox"/> Religious
<input type="checkbox"/> Hospital	<input type="checkbox"/> College	<input type="checkbox"/> Private School
<input type="checkbox"/> Public School	<input type="checkbox"/> CFCE	<input type="checkbox"/> Other
<input type="checkbox"/> Support Group Leader		

How often are child assessments completed?		
<input type="checkbox"/> Annually	<input type="checkbox"/> Twice per Year	<input type="checkbox"/> Quarterly

Child Assessment Type		
<input type="checkbox"/> Ages & Stages	<input type="checkbox"/> Creative Curriculum Developmental Continuum	<input type="checkbox"/> High Scope Child Observation Record
<input type="checkbox"/> Work Sampling	<input type="checkbox"/> Our Own Developed Assessment	<input type="checkbox"/> Teaching Strategies Gold
<input type="checkbox"/> Other		

For FCC Only

Family Child Care Setting		
<input type="checkbox"/> House	<input type="checkbox"/> Apartment	<input type="checkbox"/> Townhouse
<input type="checkbox"/> Mobile Home	<input type="checkbox"/> Duplex	<input type="checkbox"/> Non-Residential
<input type="checkbox"/> Multi-family Home		

Wages		
<input type="checkbox"/> Refused	<input type="checkbox"/> \$9,999 and under	<input type="checkbox"/> \$10,000 to \$20,000
<input type="checkbox"/> \$20,001 to \$30,000	<input type="checkbox"/> \$30,001 to \$40,000	<input type="checkbox"/> \$40,001 and Higher

FCC Education		
<input type="checkbox"/> Degree related to health field	<input type="checkbox"/> Degree related to special needs	<input type="checkbox"/> LPN/RN
<input type="checkbox"/> High School Education/GED	<input type="checkbox"/> Degree related to ECE	<input type="checkbox"/> Associate's Degree
<input type="checkbox"/> Bachelor's Degree	<input type="checkbox"/> Advanced Degree	<input type="checkbox"/> CDA
<input type="checkbox"/> Non-related degree		

FCC Experience		
<input type="checkbox"/> Under 1 Year Experience	<input type="checkbox"/> 1-3 Years Experience	<input type="checkbox"/> 4-9 Years Experience
<input type="checkbox"/> 10-20 Years Experience	<input type="checkbox"/> 21 Years + Experience	

FCC Attributes		
<input type="checkbox"/> Assistant on call	<input type="checkbox"/> Car used regularly	<input type="checkbox"/> Dedicated indoor play area

Benefits		
<input type="checkbox"/> Health Insurance	<input type="checkbox"/> Dental Insurance	<input type="checkbox"/> Paid Vacation
<input type="checkbox"/> Unpaid Vacation	<input type="checkbox"/> Paid Sick Leave	<input type="checkbox"/> Unpaid Sick Leave
<input type="checkbox"/> Other	<input type="checkbox"/> Refused	

Census Bureau Questions			
Are you Spanish/Hispanic/Latino?		Race?	
<input type="checkbox"/> Refused	<input type="checkbox"/> No, Not Spanish/Hispanic/Latino	Refused	White
<input type="checkbox"/> Yes, Mexican, Mexican American, Chicano	<input type="checkbox"/> Yes, Puerto Rican	Black or African American	American Indian or Alaska Native
<input type="checkbox"/> Yes, Cuban	<input type="checkbox"/> Yes, Other (print group)	Asian Indian	Native Hawaiian
		Chinese	Filipino
		Japanese	Vietnamese
		Other Asian	Guamanian or Chamorro
		Samoan	Other Pacific Islander
		Other Race	
What is your ancestry or ethnic origin?		Do you speak a language other than English at home?	
		If yes, what language?	
		How well do you speak English?	
		<input type="checkbox"/> Very Well <input type="checkbox"/> Well <input type="checkbox"/> Not Well <input type="checkbox"/> Not at All	

For CCC Only

Care Setting		
<input type="checkbox"/> Non-Residential	<input type="checkbox"/> Faith-Based	<input type="checkbox"/> Workplace-Based
<input type="checkbox"/> College Based	<input type="checkbox"/> Public School Setting	<input type="checkbox"/> School
<input type="checkbox"/> Church	<input type="checkbox"/> Other	

MA Center Specific		
<input type="checkbox"/> Full Day Kindergarten	<input type="checkbox"/> Center w/Preschool Option	<input type="checkbox"/> Kindergarten Wrap Around
<input type="checkbox"/> Kindergarten After School	<input type="checkbox"/> Preschool w/extended day Options	<input type="checkbox"/> Certified Kindergarten

MA Camp Activities		
<input type="checkbox"/> Arts and Crafts	<input type="checkbox"/> Field Trips	<input type="checkbox"/> Games/Sports
<input type="checkbox"/> Special Activities	<input type="checkbox"/> Swimming	<input type="checkbox"/> Theme weeks
<input type="checkbox"/> CIT (Counselor in Training) Program	<input type="checkbox"/> Other	

Director Education		
<input type="checkbox"/> High School Education/GED	<input type="checkbox"/> Associate's Degree	<input type="checkbox"/> Bachelor's Degree
<input type="checkbox"/> Advanced Degree	<input type="checkbox"/> CDA	<input type="checkbox"/> Degree related to ECE
<input type="checkbox"/> Degree related to health field	<input type="checkbox"/> Degree related to special needs	<input type="checkbox"/> Non-related degree
<input type="checkbox"/> LPN/RN		

Census Bureau Questions		
Enter the number of persons on staff who are Spanish / Hispanic / Latino:		
<input type="checkbox"/> Mexican, Mexican Am., Chicano	<input type="checkbox"/> Puerto Rican	<input type="checkbox"/> Cuban
<input type="checkbox"/> Other Spanish / Hispanic / Latino (Print group)		
Enter the number of persons on staff whose race is:		
<input type="checkbox"/> Refused	<input type="checkbox"/> White	
<input type="checkbox"/> Black or African American	<input type="checkbox"/> American Indian or Alaska Native	
<input type="checkbox"/> Asian Indian	<input type="checkbox"/> Native Hawaiian	
<input type="checkbox"/> Chinese	<input type="checkbox"/> Filipino	
<input type="checkbox"/> Japanese	<input type="checkbox"/> Vietnamese	
<input type="checkbox"/> Other Asian	<input type="checkbox"/> Guamanian or Chamorro	
<input type="checkbox"/> Samoan	<input type="checkbox"/> Other Pacific Islander	
<input type="checkbox"/> Other Race		

English Ability:
Number of persons on staff who speak a language other than English at home:
What other languages?
How well do those persons speak English?