ParentChild+
Equal Possibilities From The Start

Provider Information Form

The purpose of the Provider Information Form is to collect self-reported contact and demographic data from each provider. All data collected will be entered into ParentChild+'s management information system, DAISY. Questions with an asterisk are required by ParentChild+ National Center.

Provider Contact Information

1. What is the provider's name?

First:	Middle:	Last:

2. Provide the address of the location where the visits will take place.

Address Line 1:

Address Line 2:

Address Line 3:

City*:	State*:	Zip Code*:

County*:	Country:	Other:

3. Provide the phone number and email address that is best to reach the provider.

Country:	Number:

Email:

Provider: Demographics

4. What is the provider's age at intake?

Age:

5. How many years has the child care center been in operation?

Number of years:

6. What is the license status of the child care program?

☐ Licensed	☐ Legally exempt - Family, Friend, and Neighbor
☐ Registered (applicable by state)	☐ Unlicensed

7. To which gender identity does the provider most identify?*

☐ Woman	☐ Man
☐ Non-binary/Third gender	☐ Prefer to self-describe
☐ Prefer not to say	

8. Does the provider identify as Hispanic and/or Latino?*

☐ Yes	☐ No

9. If question #8 answer is yes, select from the categories and sub-categories*:

Hispanic and/or Latino **only**:			
☐ Brazilian	☐ Colombian	☐ Costa Rican	☐ Cuban
☐ Dominican	☐ Ecuadorian	☐ Guatemalan	☐ Honduran
☐ Indigenous Mexican (Mazahua)		☐ Indigenous Mexican (Mixteco)	
☐ Indigenous Mexican (Nahuatl)		☐ Indigenous Mexican (Zapoteco)	
☐ Mexican	☐ Peruvian	☐ Puerto Rican	☐ Salvadoran
☐ Spanish	☐ Venezuelan	☐ Other	

Hispanic and/or Latino **and another race**:
☐ Hispanic and/or Latino and Asian
☐ Hispanic and/or Latino and Black and/or African American
☐ Hispanic and/or Latino and Middle Eastern or Northern African
☐ Hispanic and/or Latino and White
☐ Hispanic and/or Latino and Other

10. <u>If question #8 answer is no</u>, which **race** does the provider identify as? Select from the categories and sub-categories*:

☐ American Indian or Alaskan Native		
☐ American Indian	☐ American Native	☐ Other

☐ Asian		
☐ Asian Indian	☐ Cambodian	☐ Chinese
☐ Filipino	☐ Hmong	☐ Japanese
☐ Korean	☐ Nepalis	☐ Vietnamese
☐ Other		

☐ Black and/or African American		
☐ African American	☐ Congolese	☐ Eritrean
☐ Ethiopian	☐ Haitian	☐ Jamaican
☐ Nigerian	☐ Somali	☐ Other

☐ Middle Eastern or Northern African		
☐ Egyptian	☐ Iranian	☐ Iraqi
☐ Lebanese	☐ Libyan	☐ Moroccan
☐ Syrian	☐ Other	

☐ Native Hawaiian or other Pacific Islander		
☐ Chamorro	☐ Fijian	☐ Guamanian
☐ Marshallese	☐ Micronesian	☐ Native Hawaiian
☐ Samoan	☐ Tongan	☐ Other

☐ White		
☐ English	☐ Irish	☐ Polish
☐ Romanian	☐ Russian	☐ Other

11. Was the provider born in the United States?*

☐ Yes	☐ No

12. If question #11 is no, answer the questions below*:

What country was the provider born?:
How many years has the provider lived in the United States?:

13. What is the provider's native language(s)? Select all that apply.*

☐ Amharic, Somali, or other Afro-Asiatic		☐ Arabic
☐ Armenian	☐ Bengali	☐ Chinese
☐ English	☐ French	☐ Gujarati
☐ Haitian Creole	☐ Hindi	☐ Hmong
☐ Ilocano, Samoan, Hawaiian, or other Austronesian		☐ Japanese
☐ Kannada, Malayalam, or other Dravidian		☐ Khmer
☐ Korean	☐ Navajo	☐ Nepali, Marathi, or other Indic
☐ Other indigenous language of the Americas		☐ Persian (Farsi, Dari)
☐ Polish	☐ Portuguese	☐ Punjabi
☐ Russian	☐ Serbo-Croatian	☐ Spanish
☐ Swahili or other language of Central, Eastern, or Southern Africa		
☐ Tagalog (Filipino)	☐ Tamil	☐ Telugu
☐ Thai, Lao, or other Tai-Kadai	☐ Urdu	☐ Vietnamese
☐ Yoruba, Twi, Igbo, or other language of Western-Africa		
☐ Other		

14. What language(s) are spoken in the child care setting? Select all that apply.*

☐ Amharic, Somali, or other Afro-Asiatic		☐ Arabic
☐ Armenian	☐ Bengali	☐ Chinese
☐ English	☐ French	☐ Gujarati
☐ Haitian Creole	☐ Hindi	☐ Hmong
☐ Ilocano, Samoan, Hawaiian, or other Austronesian		☐ Japanese
☐ Kannada, Malayalam, or other Dravidian		☐ Khmer
☐ Korean	☐ Navajo	☐ Nepali, Marathi, or other Indic
☐ Other indigenous language of the Americas		☐ Persian (Farsi, Dari)
☐ Polish	☐ Portuguese	☐ Punjabi
☐ Russian	☐ Serbo-Croatian	☐ Spanish
☐ Swahili or other language of Central, Eastern, or Southern Africa		
☐ Tagalog (Filipino)	☐ Tamil	☐ Telugu
☐ Thai, Lao, or other Tai-Kadai	☐ Urdu	☐ Vietnamese
☐ Yoruba, Twi, Igbo, or other language of Western-Africa		
☐ Other		

15. What is the provider's highest level of education completed?*

☐ Less than 9th grade	☐ 9th to 12th grade (no diploma)
☐ High school graduate	☐ GED
☐ Some college (no degree)	☐ Associate's degree
☐ Bachelor's degree	☐ Graduate degree or higher

16. Is the provider currently enrolled in a school or educational program?*

☐ Yes	☐ No

17. Is the provider currently enrolled in a quality improvement program?*

☐ Yes	☐ No

18. In the past 12 months, how many hours of professional development has the provider completed?

Number of hours:

19. What is the provider's annual personal income?*

☐ Under $10,000	☐ $10,001-15,000
☐ $15,001-20,000	☐ $20,001-25,000
☐ $25,001-30,000	☐ $30,001-35,000
☐ $35,001-40,000	☐ $40,001-45,000
☐ $45,001-50,000	☐ $50,001-55,000
☐ $55,001-60,000	☐ More than $60,000

Provider's Staff: Demographics

20. How many staff members work with the provider?*:

Number of provider's staff:

21. Of the provider's staff, please provide the total number by employment status*:

Number of provider's staff who are full-time:
Number of provider's staff who are part-time:

22. Below is a list of race and ethnicity categories. Please check the boxes next to the categories that are an accurate representation of the provider's staff. Select all that apply*:

☐ American Indian or Alaskan Native	☐ Asian
☐ Black and/or African American	☐ Hispanic and/or Latino
☐ Middle Eastern or Northern African	☐ Native Hawaiian or other Pacific Islander

☐ White	

Children in Care: Demographics

23. How many children are currently in the care of the provider?*

Number of children in care:

24. How many children is the provider licensed for?*

Number who are licensed:

25. How many of the children in care are subsidized?*

Number who are subsidized:

26. Below is a list of age categories. Please enter the total number of children in care that fall under each category.*:

0 to 23 months:	24 to 35 months:
3 years old:	4 to 5 years old:
Older than 5 years old:	

27. Below is a list of race and ethnicity categories. Please check the boxes next to the categories that are an accurate representation of the children in care. Select all that apply*:

☐ American Indian or Alaskan Native	☐ Asian
☐ Black and/or African American	☐ Hispanic and/or Latino
☐ Middle Eastern or Northern African	☐ Native Hawaiian or other Pacific Islander
☐ White	

Program information (Office use only)

28. Date of Intake*:

Date of first visit:

29. Status*:	☐ Enrolled	☐ Waitlisted

30. What language(s) will be spoken during the visit? Select all that apply*.

☐ Amharic, Somali, or other Afro-Asiatic		☐ Arabic
☐ Armenian	☐ Bengali	☐ Chinese
☐ English	☐ French	☐ Gujarati
☐ Haitian Creole	☐ Hindi	☐ Hmong
☐ Ilocano, Samoan, Hawaiian, or other Austronesian		☐ Japanese
☐ Kannada, Malayalam, or other Dravidian		☐ Khmer
☐ Korean	☐ Navajo	☐ Nepali, Marathi, or other Indic
☐ Other indigenous language of the Americas		☐ Persian (Farsi, Dari)
☐ Polish	☐ Portuguese	☐ Punjabi
☐ Russian	☐ Serbo-Croatian	☐ Spanish
☐ Swahili or other language of Central, Eastern, or Southern Africa		
☐ Tagalog (Filipino)	☐ Tamil	☐ Telugu
☐ Thai, Lao, or other Tai-Kadai	☐ Urdu	☐ Vietnamese
☐ Yoruba, Twi, Igbo, or other language of Western-Africa		
☐ Other		

31. How did the provider learn about ParentChild+?*

☐ Community organization	☐ Database (Federal/state/local)
☐ Door-to-door	☐ Email/website
☐ Events/presentations	☐ FCC/FFN model participant
☐ Flyer/mailer	☐ Grocery/local retail
☐ One-on-one model participant	☐ WIC
☐ Other	☐ Word of mouth