

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?*

<input type="checkbox"/> Woman	<input type="checkbox"/> Man
<input type="checkbox"/> Non-binary/Third gender	<input type="checkbox"/> Prefer to self-describe
<input type="checkbox"/> Prefer not to say	

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

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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9. If question #8 answer is yes, select from the categories and sub-categories*:

<input type="checkbox"/> Hispanic and/or Latino only :			
<input type="checkbox"/> Brazilian	<input type="checkbox"/> Colombian	<input type="checkbox"/> Costa Rican	<input type="checkbox"/> Cuban
<input type="checkbox"/> Dominican	<input type="checkbox"/> Ecuadorian	<input type="checkbox"/> Guatemalan	<input type="checkbox"/> Honduran
<input type="checkbox"/> Indigenous Mexican (Mazahua)		<input type="checkbox"/> Indigenous Mexican (Mixteco)	
<input type="checkbox"/> Indigenous Mexican (Nahuatl)		<input type="checkbox"/> Indigenous Mexican (Zapoteco)	
<input type="checkbox"/> Mexican	<input type="checkbox"/> Peruvian	<input type="checkbox"/> Puerto Rican	<input type="checkbox"/> Salvadoran
<input type="checkbox"/> Spanish	<input type="checkbox"/> Venezuelan	<input type="checkbox"/> Other	
<input type="checkbox"/> Hispanic and/or Latino and another race :			
<input type="checkbox"/> Hispanic and/or Latino and Asian			
<input type="checkbox"/> Hispanic and/or Latino and Black and/or African American			
<input type="checkbox"/> Hispanic and/or Latino and Middle Eastern or Northern African			
<input type="checkbox"/> Hispanic and/or Latino and White			
<input type="checkbox"/> Hispanic and/or Latino and Other			

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

<input type="checkbox"/> American Indian or Alaskan Native		
<input type="checkbox"/> American Indian	<input type="checkbox"/> American Native	<input type="checkbox"/> Other
<input type="checkbox"/> Asian		
<input type="checkbox"/> Asian Indian	<input type="checkbox"/> Cambodian	<input type="checkbox"/> Chinese
<input type="checkbox"/> Filipino	<input type="checkbox"/> Hmong	<input type="checkbox"/> Japanese
<input type="checkbox"/> Korean	<input type="checkbox"/> Nepalis	<input type="checkbox"/> Vietnamese
<input type="checkbox"/> Other		
<input type="checkbox"/> Black and/or African American		
<input type="checkbox"/> African American	<input type="checkbox"/> Congolese	<input type="checkbox"/> Eritrean
<input type="checkbox"/> Ethiopian	<input type="checkbox"/> Haitian	<input type="checkbox"/> Jamaican
<input type="checkbox"/> Nigerian	<input type="checkbox"/> Somali	<input type="checkbox"/> Other

<input type="checkbox"/> Middle Eastern or Northern African	<input type="checkbox"/> Egyptian	<input type="checkbox"/> Iranian	<input type="checkbox"/> Iraqi
	<input type="checkbox"/> Lebanese	<input type="checkbox"/> Libyan	<input type="checkbox"/> Moroccan
	<input type="checkbox"/> Syrian	<input type="checkbox"/> Other	
<input type="checkbox"/> Native Hawaiian or other Pacific Islander	<input type="checkbox"/> Chamorro	<input type="checkbox"/> Fijian	<input type="checkbox"/> Guamanian
	<input type="checkbox"/> Marshallese	<input type="checkbox"/> Micronesian	<input type="checkbox"/> Native Hawaiian
	<input type="checkbox"/> Samoan	<input type="checkbox"/> Tongan	<input type="checkbox"/> Other
<input type="checkbox"/> White	<input type="checkbox"/> English	<input type="checkbox"/> Irish	<input type="checkbox"/> Polish
	<input type="checkbox"/> Romanian	<input type="checkbox"/> Russian	<input type="checkbox"/> Other

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

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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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.*

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

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

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

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

<input type="checkbox"/> Less than 9 th grade	<input type="checkbox"/> 9 th to 12 th grade (no diploma)
<input type="checkbox"/> High school graduate	<input type="checkbox"/> GED
<input type="checkbox"/> Some college (no degree)	<input type="checkbox"/> Associate's degree
<input type="checkbox"/> Bachelor's degree	<input type="checkbox"/> Graduate degree or higher

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

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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17. Is the provider currently enrolled in a quality improvement program?*

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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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?*

<input type="checkbox"/> Under \$10,000	<input type="checkbox"/> \$10,001-15,000
<input type="checkbox"/> \$15,001-20,000	<input type="checkbox"/> \$20,001-25,000
<input type="checkbox"/> \$25,001-30,000	<input type="checkbox"/> \$30,001-35,000
<input type="checkbox"/> \$35,001-40,000	<input type="checkbox"/> \$40,001-45,000

<input type="checkbox"/> \$45,001-50,000	<input type="checkbox"/> \$50,001-55,000
<input type="checkbox"/> \$55,001-60,000	<input type="checkbox"/> 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*:

<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Asian
<input type="checkbox"/> Black and/or African American	<input type="checkbox"/> Hispanic and/or Latino
<input type="checkbox"/> Middle Eastern or Northern African	<input type="checkbox"/> Native Hawaiian or other Pacific Islander
<input type="checkbox"/> 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

<input type="checkbox"/> Black and/or African American	<input type="checkbox"/> Hispanic and/or Latino
<input type="checkbox"/> Middle Eastern or Northern African	<input type="checkbox"/> Native Hawaiian or other Pacific Islander
<input type="checkbox"/> White	

28. Are there children in care who have been diagnosed with a developmental delay or disability?*

Yes No Unknown

Program information (Office use only)

29. Date of Intake*:

Date of first visit:

30. Status*: Enrolled Waitlisted

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

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

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

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