



PacificCARE Child Care Resource & Referral
 3156 Barons Rd., Nanaimo, BC V9T 4B5
 Telephone: 250-756-2022
 Fax: 250-756-2021
 Email: pacificcare@pacific-care.bc.ca
 URL: www.pacific-care.bc.ca

Child Care Provider Questionnaire

Facility Name:			
Provider Name:			
Date:		Consultant:	
Ages of children served:		Vacancies:	
Location Address:			
Mailing Address:			
Phone 1: ()		Phone 2: ()	Fax: ()
Cell Phone: ()		E-mail:	
<i>(This Email address can be included on referral lists. Yes ___ No ___)</i>			
Schools served:		Website:	
License #:		or LNR:	

Facility Type	Capacity	Hourly Fee	Daily Fee	Monthly Fee
Registered License Not Required		\$	\$	\$
Licensed Family Child Care		\$	\$	\$
In Home Multi-Age		\$	\$	\$
Group Child Care (Infant/Toddler)		\$	\$	\$
Croup Child Care (30 mths – 5 yrs)		\$	\$	\$
Out of School Care		\$	\$	\$
Preschool		\$	\$	\$
Multi-Age Centre –I/T, 3-5, o/s/c		\$	\$	\$
Summer Care		\$	\$	\$

VACANCIES

Full-time vacancies Yes No

Part-time vacancies Yes No

Preschool	
1 Day/Wk	\$
2 Days/Wk	\$
3 Days/Wk	\$
4 Days/Wk	\$
5 Days/Wk	\$

Accepting referrals YES NO

Operation: (Check off all that apply)

S	M	T	W	T	F	S		<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time	<input type="checkbox"/> Sept – June	<input type="checkbox"/> July & Aug.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Before 7:00 AM	<input type="checkbox"/> Saturday	<input type="checkbox"/> Before School	<input type="checkbox"/> Drop-in Registered
From:		To:					<input type="checkbox"/>	<input type="checkbox"/> After 6:00 PM	<input type="checkbox"/> Sunday	<input type="checkbox"/> After School	<input type="checkbox"/> Temporary
From:		To:					<input type="checkbox"/>	<input type="checkbox"/> Flexible	<input type="checkbox"/> 24 Hour	<input type="checkbox"/> Before KG	<input type="checkbox"/> Sick Care
							<input type="checkbox"/>		<input type="checkbox"/> After KG	<input type="checkbox"/> Emergency	

Regulation Type	Total Capacity	Regulation Type	Total Capacity
<input type="checkbox"/> Registered License Not Required		<input type="checkbox"/> Group Child Care (30 mths – 5 years)	
<input type="checkbox"/> Licensed Family Child Care		<input type="checkbox"/> Out-of-school Care	
<input type="checkbox"/> In Home Multi-Age Child Care		<input type="checkbox"/> Preschool	
<input type="checkbox"/> Group Child Care (Infant/Toddler)		<input type="checkbox"/> Multi-Age Centre –I/T, 3-5, o/s/c	

Languages Spoken: _____

Curriculum:			
<input type="checkbox"/> Bilingual Program	<input type="checkbox"/> Montessori	<input type="checkbox"/> Reggio & Amelia Approach	<input type="checkbox"/> Waldorf
<input type="checkbox"/> Cultural	<input type="checkbox"/> Parent Participation	<input type="checkbox"/> Religious	<input type="checkbox"/> Other
<input type="checkbox"/> Learn Thru Play/Creative	<input type="checkbox"/> Preschool	<input type="checkbox"/> Structured	

Environment:			
<input type="checkbox"/> Farm	<input type="checkbox"/> Non Smoking	<input type="checkbox"/> Near Public Transportation	<input type="checkbox"/> Pets
<input type="checkbox"/> First Nations	<input type="checkbox"/> No Pets	<input type="checkbox"/> Outdoor Play	

Qualification:		Affiliation:
<input type="checkbox"/> 20 Hr. Responsible Adult	<input type="checkbox"/> Infant and Toddler ECE Certificate	<input type="checkbox"/> Private
<input type="checkbox"/> ECE Certificate	<input type="checkbox"/> Montessori	<input type="checkbox"/> Non Profit
<input type="checkbox"/> E.C.E. Outside B.C.	<input type="checkbox"/> Special Needs ECE Certificate	<input type="checkbox"/> Church – Religious
<input type="checkbox"/> FCC Certificate	<input type="checkbox"/> Teacher	<input type="checkbox"/> Church – Non-Religious
<input type="checkbox"/> Good Beginnings Certificate	<input type="checkbox"/> Other	<input type="checkbox"/> Educational Institution
		<input type="checkbox"/> First Nations
		<input type="checkbox"/> Other

* Accreditation certificates only required for LNR providers.

Special Needs – Supported Child Care:		
Will you be providing care to children who require extra support? Yes <input type="checkbox"/> No <input type="checkbox"/>		
<input type="checkbox"/> Medical Condition	<input type="checkbox"/> Other/Allergies	<input type="checkbox"/> Supported CC Worker
<input type="checkbox"/> Mentally Challenged	<input type="checkbox"/> Physically Challenged	<input type="checkbox"/> Wheel Chair Access

Meals:		
<input type="checkbox"/> Can be discussed	<input type="checkbox"/> Care Provider Provide	<input type="checkbox"/> Parent Provide
<input type="checkbox"/> Special Diet Accommodated	<input type="checkbox"/> Allergies Accommodated	

Transportation: Yes <input type="checkbox"/> No <input type="checkbox"/>		
<input type="checkbox"/> Accompanies to school	<input type="checkbox"/> Close to public transportation	<input type="checkbox"/> Walking
<input type="checkbox"/> Meets school bus	<input type="checkbox"/> None	

Associations/Memberships:			
<input type="checkbox"/> NONE	<input type="checkbox"/> MONTESSORI	<input type="checkbox"/> PACIFIC CARE CCRR	<input type="checkbox"/> OTHER
<input type="checkbox"/> ECEBC	<input type="checkbox"/> BCFCCA	<input type="checkbox"/> PACIFIC CHILD & FAMILY ENRICHMENT SOCIETY	

Participate in confidential networking e-mail list: <input type="checkbox"/> YES <input type="checkbox"/> NO

Additional Comments:

_____ CAREGIVER SIGNATURE	_____ DATE
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