

**First 5 Sonoma County Intake Form
Service Provider**

Program name: Child Care Connections

Date of Intake: _____ by: _____

Provider's <u>first</u> name:		Provider's <u>middle</u> name:		Provider's <u>last</u> name:	
Street address:			City:		Zip code:
Phone number: () - -			E-mail: _____		
Provider's birth date: mm / dd / yyyy		Provider's Preferred Language:			
Ethnicity of Provider (check ALL that apply) : <input type="checkbox"/> Alaska Native or American Indian <input checked="" type="checkbox"/> Asian <input type="checkbox"/> Asian Indian <input type="checkbox"/> Cambodian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian <input type="checkbox"/> Black/African-American <input checked="" type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Mexican, Mexican-American, Chicano <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Cuban <input type="checkbox"/> Central American <input type="checkbox"/> Other Hispanic/Latino <input checked="" type="checkbox"/> Pacific Islander <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other: specify _____ <input type="checkbox"/> Unknown			What is the highest level of education completed by the provider? <input type="checkbox"/> 8 th grade or less <input type="checkbox"/> Some High School <input type="checkbox"/> High School graduate or GED <input type="checkbox"/> Some college or two-year degree <input type="checkbox"/> Four-year college degree <input type="checkbox"/> More than four-year degree <input type="checkbox"/> Not Applicable		
			What other First 5-funded programs does the provider currently participate in? 		
			What other First 5-funded programs has the provider participated in previously? 		
What type of child care does the provider provide? <input type="checkbox"/> Licensed center <input type="checkbox"/> Licensed family child care (FCC) <input type="checkbox"/> License-exempt child care (Family, Friend, and Neighbor) <input type="checkbox"/> Other: specify _____ <input type="checkbox"/> Not Applicable					
Center providers: Approximately how many classrooms are in the provider's center? _____					
FCC providers: How many children is the provider licensed to care for? <input type="checkbox"/> Maximum of 8 (small family child care) <input type="checkbox"/> Maximum of 12 (large family child care)			FCC providers: Does the provider own or rent the home? <input type="checkbox"/> Own <input type="checkbox"/> Rent		

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Classroom 1: How many children are in the provider's classroom/home?				
Ages of Children	Total	# with Special Needs	# children whose home language is not English	Home language(s) (Please write in)
<input type="checkbox"/> Infants up to 17 mo				<input type="checkbox"/>
<input type="checkbox"/> 18mo to 35mo:				<input type="checkbox"/>
<input type="checkbox"/> 3 and 4 year-olds				<input type="checkbox"/>
<input type="checkbox"/> 5 year-olds				<input type="checkbox"/>
<input type="checkbox"/> 6 years and up				<input type="checkbox"/>
Describe the special needs of the children enrolled at the child care site:				
Classroom 2: How many children are in the provider's classroom/home?				
Ages of Children	Total	# with Special Needs	# children whose home language is not English	Home language(s) (Please write in)
<input type="checkbox"/> Infants up to 17 mo				<input type="checkbox"/>
<input type="checkbox"/> 18mo to 35mo:				<input type="checkbox"/>
<input type="checkbox"/> 3 and 4 year-olds				<input type="checkbox"/>
<input type="checkbox"/> 5 year-olds				<input type="checkbox"/>
<input type="checkbox"/> 6 years and up				<input type="checkbox"/>
Describe the special needs of the children enrolled at the child care site:				
Classroom 3: How many children are in the provider's classroom/home?				
Ages of Children	Total	# with Special Needs	# children whose home language is not English	Home language(s) (Please write in)
<input type="checkbox"/> Infants up to 17 mo				<input type="checkbox"/>
<input type="checkbox"/> 18mo to 35mo:				<input type="checkbox"/>
<input type="checkbox"/> 3 and 4 year-olds				<input type="checkbox"/>
<input type="checkbox"/> 5 year-olds				<input type="checkbox"/>
<input type="checkbox"/> 6 years and up				<input type="checkbox"/>
Describe the special needs of the children enrolled at the child care site:				

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The following questions are baseline questions for the Child Care Connections project. Other First 5-funded provider-focused projects will use different questions based on the intervention.

<p>Have you heard of the FDCERS, ECERS-R, and/or ITERS (or “Harms scales” or “environmental rating scales”)?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Have you ever used the FDCERS, ECERS-R, and/or ITERS to improve your child care site?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>What have you done in the past to improve your child care? (Check all that apply)</p> <p><input type="checkbox"/> Talked with a more experienced provider <input type="checkbox"/> Called or visited 4Cs for advice <input type="checkbox"/> Used 4Cs’ materials and toy lending library <input type="checkbox"/> Wrote a plan to improve a specific thing about my site <input type="checkbox"/> Discussed how to improve care with parents <input type="checkbox"/> Observed other providers/parents at the park <input type="checkbox"/> Participated in organized playgroups <input type="checkbox"/> Thought about a way to make things better and did it myself <input type="checkbox"/> Other:</p>	<p>What areas have you improved in your child care in the past?</p>