Name & Address of your Child Care and Early Childhood Education Program

IMPORTANT! Please enter the **unique name, actual physical address and zip code** of the child care and early childhood education program for which you are registering. **DO NOT** use headquarter/main office names or addresses. Registrations that appear to be duplicates based on name/address/zip code combinations may be deleted.

* Required Fields

<table>
<thead>
<tr>
<th>Field</th>
<th>Text Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program Name: *</td>
<td>&lt;input id=&quot;ProgramName&quot; name=&quot;ProgramName&quot; size=&quot;50&quot; type=&quot;text&quot;&gt;</td>
</tr>
<tr>
<td>Street Address: *</td>
<td>&lt;input id=&quot;StreetAddress&quot; name=&quot;StreetAddress&quot; size=&quot;50&quot; type=&quot;text&quot;&gt;</td>
</tr>
<tr>
<td>City: *</td>
<td>&lt;input id=&quot;City&quot; name=&quot;City&quot; size=&quot;50&quot; type=&quot;text&quot;&gt;</td>
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<tr>
<td>State: *</td>
<td>&lt;input id=&quot;State&quot; name=&quot;State&quot; type=&quot;text&quot;&gt;</td>
</tr>
<tr>
<td>Zip Code: *</td>
<td>&lt;input id=&quot;ZipCode&quot; name=&quot;ZipCode&quot; type=&quot;text&quot;&gt;</td>
</tr>
<tr>
<td>Program Phone Number: *</td>
<td>&lt;input id=&quot;PhoneNumber&quot; name=&quot;PhoneNumber&quot; type=&quot;text&quot;&gt;</td>
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</tbody>
</table>

Primary Contact Information

<table>
<thead>
<tr>
<th>Field</th>
<th>Text Area</th>
</tr>
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<tbody>
<tr>
<td>First Name: *</td>
<td>&lt;input id=&quot;FirstName&quot; name=&quot;FirstName&quot; size=&quot;40&quot; type=&quot;text&quot;&gt;</td>
</tr>
<tr>
<td>Last Name: *</td>
<td>&lt;input id=&quot;LastName&quot; name=&quot;LastName&quot; size=&quot;40&quot; type=&quot;text&quot;&gt;</td>
</tr>
<tr>
<td>Job Title: *</td>
<td>&lt;input id=&quot;JobTitle&quot; name=&quot;JobTitle&quot; size=&quot;40&quot; type=&quot;text&quot;&gt;</td>
</tr>
</tbody>
</table>
About Your Child Care and Early Childhood Education Program

1. Which of the following describes your child care and early childhood education program? *(Mark Only One)*
   - [ ] Child Care Center
   - [ ] Family Child Care/Home Provider

1a. Does your child care and early childhood education program provide care to infants? *
   - [ ] Yes
   - [ ] No

2. What type of child care is offered at your program?
   - [ ] Full-day
   - [ ] Half-day
   - [ ] Both full- and half day

3. Enter the total number of children enrolled in your program.

4. Enter the number of children by age enrolled in your program.
   - 0-23 months
   - 24-35 months
   - 3-5 years
   - School age children (either in before and/or after school program or summer program)

Does your program participate in the Child and Adult Care Food Program (CACFP)?
5. If participating in CACFP, then do you participate:
   - Through a sponsoring agency
   - Through a state sponsorship
   - Other (specify) - <input id="q5aother" name="q5aother" size="50" type="text">
   - Not applicable

5a. If participating in CACFP, then do you participate:
   - Through a sponsoring agency
   - Through a state sponsorship
   - Other (specify) - <input id="q5aother" name="q5aother" size="50" type="text">
   - Not applicable

6. What percentage of the total cost for all meals and snacks served by your program is reimbursed by CACFP? (Mark Only One)
   - None
   - Less than 50%
   - 50 to 59%
   - 60 to 69%
   - 70 to 79%
   - 80 to 89%
   - 90 to 99%
   - 100%

7. What additional sources of money or in-kind support are currently used to cover the cost of meals and snacks that are served by your program? (Mark all that apply)
   - Money from Head Start program budget
   - Money from fundraising events
   - Money or food from a school or school district
   - Money or food from faith-based organizations
8. Which statement best describes who provides meals for your program? (Mark only one)

- Cooks who are hired directly by our program
- The food service program of a school, school district or school food authority
- A food service company
- Other - Please specify

9. Which meals and snacks are provided? (Mark at least one answer per line)

<table>
<thead>
<tr>
<th>Meal</th>
<th>Not provided</th>
<th>Usually provided by childcare setting</th>
<th>Usually brought from home by parents</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Breakfast</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Lunch</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Dinner</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Mid-morning snack</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
e. Mid-evening snack

- [ ] Yes
- [ ] No
- [ ] Don't Know/Not Sure

f. Evening snack

- [ ] Yes
- [ ] No
- [ ] Don't Know/Not Sure

10. Does your child care program participate in Nebraska Step Up to Quality?

- [ ] Yes
- [ ] No
- [ ] Don't Know/Not Sure

Submit