



**CHILD CARE RESOURCE & REFERRAL UPDATE FORM**

**Accurate information about your program helps us to serve you better. The information is also used for statistical reports about child care in our community and statewide. Please print clearly and fill out all that apply. Please feel free to call us with any questions at 360-734-8396 or 888-444-1862, ext. 227.**

**Please return form to: Child Care Resource and Referral / The Opportunity Council  
1111 Cornwall Avenue, Suite 200  
Bellingham, WA 98225**

**Or fax to: 360-671-5096**

Today's date: \_\_\_\_\_

Owner/Director \_\_\_\_\_ Business Name \_\_\_\_\_

Type of care provided (check ONE): \_\_\_\_\_ Licensed Family Child Care \_\_\_\_\_ Licensed Center Care  
\_\_\_\_\_ Preschool ONLY (exempt) \_\_\_\_\_ School Age ONLY \_\_\_\_\_ Summer Camp

Date program started/First Provided Care \_\_\_\_\_ Number of years experience \_\_\_\_\_

Facility street address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

County \_\_\_\_\_ 2<sup>nd</sup> Contact Name \_\_\_\_\_

Mailing address (if different) \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone # parents/families call (360) \_\_\_\_\_ Secondary phone # (360) \_\_\_\_\_

Fax # (360) \_\_\_\_\_ E-mail address \_\_\_\_\_ @ \_\_\_\_\_

Would you like to receive our Newsletter via email? \_\_\_yes \_\_\_no

Can we give your information as a referral to clients who use our database service online? \_\_\_yes \_\_\_no

Web Site [www.](http://www.) \_\_\_\_\_ Do you have access to the Internet? \_\_\_yes \_\_\_no

STARS ID # \_\_\_\_\_

**License Information:**

License ID# (top left corner of license) \_\_\_\_\_ Expiration Date \_\_\_\_\_

Licensed for total of \_\_\_\_\_ children Licensed age range: from youngest \_\_\_\_\_ to oldest \_\_\_\_\_

Total **Licensed** Capacity \_\_\_\_\_ Total **Desired** Capacity \_\_\_\_\_

Accepted age range from youngest \_\_\_\_\_ to oldest \_\_\_\_\_

Total openings as of today \_\_\_\_\_ (More capacity and vacancy questions on next page)

School District \_\_\_\_\_ Elementary School nearest you \_\_\_\_\_

**If you have or want school age children in your care:**

Kids may attend these schools: \_\_\_\_\_



Does a school bus stop near your home? If yes, which school? \_\_\_\_\_

Are you near public transportation? \_\_\_\_\_ Where is the bus stop: \_\_\_\_\_

Do you transport children to school? \_\_\_\_yes \_\_\_\_no If yes, which? \_\_\_\_\_

Are you in walking distance to school? \_\_\_\_yes \_\_\_\_no If yes, which? \_\_\_\_\_

Languages spoken by staff: \_\_\_\_\_

Check all subsidies you accept/offer: \_\_\_\_ DSHS/CPS \_\_\_\_ Opportunity Council Vouchers  
 \_\_\_\_ Sliding Scale (based on family's income) \_\_\_\_ Multi-Child Discount

Describe your curriculum. Who designs it? Is it purchased? Is it emergent (based on children's needs)? Does it follow a certain philosophy? Does it have a preschool component? Please attach additional pages if necessary.

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***Business Days and Hours:***

Monday	from _____ to _____	Tuesday	from _____ to _____
Wednesday	from _____ to _____	Thursday	from _____ to _____
Friday	from _____ to _____	Saturday	from _____ to _____
Sunday	from _____ to _____		

Do you accept children: \_\_\_\_ Both full and part time \_\_\_\_ Full time only (+35 hrs.) \_\_\_\_ Part time only

Do you operate: \_\_\_\_ All year long \_\_\_\_ During the school year only \_\_\_\_ During the summer only

Do you provide: \_\_\_\_ Drop-in care \_\_\_\_ Temporary/emergency care  
 \_\_\_\_ Before school care \_\_\_\_ After school care  
 \_\_\_\_ Rotating shift care \_\_\_\_ 24-hour care  
 \_\_\_\_ Care on holidays: If so, which ones? \_\_\_\_\_

***What do you charge?***

***Is your standard fee the same as the DSHS rate? \_\_\_\_yes \_\_\_\_no***

Age 0 – 12 months	\$ _____ per _____ (full-time)	\$ _____ per _____ (part-time)
Age 13 - 24 months	\$ _____ per _____ (full-time)	\$ _____ per _____ (part-time)
Age 2 – 3 years	\$ _____ per _____ (full-time)	\$ _____ per _____ (part-time)
Age 3 – 5 years	\$ _____ per _____ (full-time)	\$ _____ per _____ (part-time)
Age Kindergarten	\$ _____ per _____ (school days)	\$ _____ per _____ (full days)
Age 1 <sup>st</sup> Grade and up	\$ _____ per _____ (school days)	\$ _____ per _____ (full days)

Do you charge an application or registration fee?  yes  no      If yes, how much? \_\_\_\_\_

Are there any other fees you charge, such as supplies, late child pickup, field trips, transportation, activities, payment in advance, provider paid vacations, or provider paid holidays? \_\_\_\_\_

\_\_\_\_\_

**Family Child Care capacity and openings (columns do not have to add up to total capacity):**

Age Range	Maximum # Licensed	Maximum # Desired	# Vacancies	Date of Openings
Infant 0-12 months			___ FT ___ PT	
Infant 1-2 years			___ FT ___ PT	
Toddler 2-3 years			___ FT ___ PT	
Preschool 3-5 years			___ FT ___ PT	
Kindergarten				
Grades 1 and up				

**Center Care capacity and openings (columns do not have to add up to total capacity):**

Age Range	Maximum # Licensed	Maximum # Desired	# Vacancies	Date of Openings
Infant 0-12 months			___ FT ___ PT	
Toddler 12-30 months			___ FT ___ PT	
Preschool 31 months to 5 years			___ FT ___ PT	
Kindergarten				
Grades 1 and up				

**Tell us about your program:**

Is your program considered not-for-profit by the IRS?  yes  no

Would you provide respite (relief) care for children with special needs outside your regular business hours?  
 yes  no      If yes, when? \_\_\_\_\_

**Environment**

- No pets                                       Indoor pets                                       Outdoor pets ONLY  
 Covered outdoor play area                       Wheelchair accessibility                       Non-smoking (always)  
 No diapering facilities                               Wood stove used for heat (during or after program hours)

**Meals served**

- Breakfast                       Lunch                       Dinner                       Snacks  
 Parents provide meals                       Extra charge for meals                       Additional meals at extra charge  
 Will accommodate family diet preferences  
 USDA Food program participant                       Opportunity Council Food Program Participant



**Special Skills**

10-Hour STARS trainer     20-Hour STARS trainer     Trained Mentor  
 Building Blocks—Family Child Care trainer     Consultant     Trained Model Provider

**Special needs**

Have you had experience and/or training in serving children with special needs? Please consider behavior supervision/support, communication support, diapering assistance, eating assistance, health monitoring, mobility assistance, medication monitoring, nursing care, physical therapy, and/or specialized equipment. Please list training topics and/or describe ways you have helped children with special needs be successful in your program:

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**Training**

Building Blocks for FCC     20-Hour STARS for CCC     Credit Based Training

**Higher Education (mark all that apply to you and your staff):**

some ECE (Early Childhood Education) classes     1 yr ECE certificate  
 AA in ECE or related     BA in ECE or related     MA in ECE or related  
 CDA (Child Development Associate)     TEACH scholarship program participant  
 Montessori Credential     Other, please describe: \_\_\_\_\_

**Accreditation (to have these listed as part of your profile, you must submit a copy of the certificate with an expiration date):**

NAFCC (family child care)     NAEYC (center care)     NSACA (school-age)  
 MACTE (Montessori)     Faith-Based Organization     Military Certification

**Affiliation:**

FCC Assoc.     AEYC     Center Directors Assoc.     Support Group/Network  
 Child Care Union     CCR&R Advisory Board     Montessori Association

**Advocacy: Willing to advocate/educate other on child care issues by:**

Participating in focus groups     Contacting legislators and policy-makers

**Flexibility: would you change your hours to accommodate a family's needs?  yes  no**

Opening time     Closing time     Occasional Saturday     Occasional Sunday  
 Occasional Evening     Occasional overnight

**Organizational Structure**

Church/faith based organization     Public school     Private school     College/Voc Tech  
 Parent cooperative     Employer-sponsored     Military     Tribe     Church-housed  
 Program limited to certain clients, please describe \_\_\_\_\_

**Do you take children on field trips?  yes  no If yes, how do they get there?  Facility vehicle**

Provider private vehicle     Parents drive     Walking     Public transportation



How much time do children in your care spend watching TV or videos and/or playing video games?  
 None  About 1/2 hour per day  About 1 hour per day  More than five hours per week

Enrichment Activities

Gymnastics  Music  Swim lessons  Art  Theatre  
 Parent newsletter  Parent education  Homework assistance  
 Other, please explain: \_\_\_\_\_

*Please note:*

*The Americans with Disabilities Act (ADA) prohibits discrimination against people with disabilities. All providers have an obligation to provide reasonable accommodations for children with disabilities. Referrals of children with disabilities will not be restricted to those providers who indicate special skills or training. All referrals will be made in compliance with the ADA. It is our policy to refer parents to providers by matching location, type of care and ages of children as primary criteria.*