

## CHILD CARE INNOVATIONS PROVIDER UPDATE FORM

Thank you for taking the time to fill out this form completely and accurately. This information will be entered into our database and matched with parents' requests for child care. We provide community referrals for child care centers, family child care homes, preschools, head starts, school age programs, and summer programs. Data is also used to help develop and seek resources for provider support services. Any program licensed by or listed in the Colorado Division of Child Care is asked to provide this information, so please take time to fill out this form.

**NOTE:** If you are no longer providing child care and/or no longer licensed by or listed in the Colorado Division of Child Care for your program check here  and return this form to. Child Care Innovations Please note your reason for no longer providing child care:

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Business Name \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Cross-streets/Major Intersections \_\_\_\_\_ School District: \_\_\_\_\_

Mailing Street Address (if different): \_\_\_\_\_

### Type of Care (check one)

Family Child Care Home  Child Care Center  School Age  Preschool

Primary Phone \_\_\_\_\_ Ext. \_\_\_\_\_ Secondary Phone \_\_\_\_\_ Ext. \_\_\_\_\_

Fax \_\_\_\_\_ E-mail Address \_\_\_\_\_

Website: \_\_\_\_\_

First Provided Care (date) \_\_\_\_\_

Do you want to utilize our free service of Internet /Web referrals?  Yes  NO

(Please keep in mind the only information we would disclose with parents on a referral is your phone number and general location)

If you marked "NO referrals" your name will stay on database for mailings but referrals will not be made until you call Child care Innovations to say that you would like to receive calls.

### Vacancies (check any that apply – vacancies exist):

Opening: Under 2 Years Old  Opening: School Age  Opening: Over 2 Years Old

### Type of license (check one):

Standard Family Child Care Home  3 Under 2  Large Family Child Care Home  Infant/Toddler  
 Preschool License  School-Age Site License  Center License  Experienced Family Child Care License

License ID# \_\_\_\_\_ Total licensed capacity \_\_\_\_\_ Total Desired Capacity \_\_\_\_\_

Total vacancies \_\_\_\_\_ Vacancy Date \_\_\_\_\_

### Accepted age range:

From \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ weeks to \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ weeks

### Please list Elementary Schools in Area: \_\_\_\_\_

Provides Transportation: \_\_\_\_\_ (yes or no)

Near Public Transportation: \_\_\_\_\_ (yes or no)

Walking distance to school: \_\_\_\_\_ (yes or no)

Site is on school grounds : \_\_\_\_\_ (yes or no)

### Languages Spoken: \_\_\_\_\_

American Sign Language:  yes  no

### Nurse Consultant

Full Name \_\_\_\_\_ Contact info# \_\_\_\_\_ or email \_\_\_\_\_

### Subsidy Information (check all that apply):

CCCAP Willingness to consider  CCCAP **not** willing to Consider

If willing to consider... Counties that you are contracted with: \_\_\_\_\_

**Type of Schedule (check only one):**

Full time care (25 hours or more per week)  Part time care (less than 25 hours per week)  Both

**Time of Year Open (check only one):**

Full year (open 12 months)  Summer only  School year only (follows school calendar)

**Accept (check all that applies):**

Drop-in  Temp/Emergency  After School  Before School  24 Hour  Open Holidays  Rotating Schedule  
Funding:  Head Start  State Pre-K Funding (CPP slots)  Respite Care  Non-Profit Status

**Days/Hours:**

Monday: Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_  
Tuesday: Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_  
Wednesday: Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_  
Thursday: Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_  
Friday: Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_  
Saturday: Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_  
Sunday: Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

**No Cost Survey (check if applies to you):**

All sliding scale  Drop-in only  Federally Subsidized (Head Start)  Part-time only family home  
 Part-time Only Preschool  Private school tuition  School Dist- Community Preschool  Refused

**Other Information (check all that apply):**  Flexible Hours  Over-night Care  Weekend Care  Evening Care  24-hour Care

*\*Rate and Vacancy information is for statistical purposes only, we do not share this information with parents\**

**Infant (0-12 months):**

Desired Capacity =  Licensed Capacity =  # Vacancies:  Full Time  Part Time →  
Vacancy Date \_\_\_\_\_  
Rate charged \$:  per \_\_\_\_\_ (week/day/month)

**Toddler (13 months – 2 years):**

Desired Capacity =  Licensed Capacity =  # Vacancies:  Full Time  Part Time →  
Vacancy Date \_\_\_\_\_  
Rate charged \$:  per \_\_\_\_\_ (week/day/month)

**Preschool Age (2 years – 5 years):**

Desired Capacity =  Licensed Capacity =  # Vacancies:  Full Time  Part Time →  
Vacancy Date \_\_\_\_\_  
Rate charged \$:  per \_\_\_\_\_ (week/day/month)

**Kindergarten:**

Desired Capacity =  Licensed Capacity =  # Vacancies:  Full Time  Part Time →  
Vacancy Date \_\_\_\_\_  
Rate charged \$:  per \_\_\_\_\_ (week/day/month)

**School age (6+ years Full Time):**

Desired Capacity =  Licensed Capacity =  # Vacancies:  Full Time  Part Time →  
Vacancy Date \_\_\_\_\_  
Rate charged \$:  per \_\_\_\_\_ (week/day/month)

**School age (6+ years Before/After School):**

Desired Capacity =  Licensed Capacity =  # Vacancies:  Full Time  Part Time →  
Vacancy Date \_\_\_\_\_  
Rate charged \$:  per \_\_\_\_\_ (week/day/month)

Number of class room staff  Number of non-classroom staff

**Environment (check all that apply):**

Wheelchair Accessible  Smoke free  No pets ( Dog(s)  Cat(s)  Pets away from children)

**Meals Served (check all that apply):**

Breakfast  AM Snack  Lunch  PM Snack  Dinner  Food Program Member  Provides formula

**Philosophy (check if it applies to you):**

Faith-Based  Montessori  Reggio Emilia  Waldorf

Other than the above listed: \_\_\_\_\_

**Policies (check all that apply):**

Deposit to hold spot  Deposit for last week of care  Registration fee  Pre-Pay

**Safety: (check all that apply):**  Liability Insurance  On-site nurse  Health related degree

**Experience w/ Special needs – (check all that apply):**

Physical Delays/Limitations  Food/Dietary  Respiratory  Seizure Disorders  Diabetes  
 Social Emotional Behaviors  Medically/Special Procedures  Cognitive Delays/Speech/Communication

**Training (check all that applies):**  College credit  Special needs  CDA Credential

**Experience (check one):**

Under 1 Year Experience  1-5 Years Experience  5-10 Years Experience  10+ Years Experience

**Education (check all that apply to your staff):**

High School Education  
 Some College, Child Related  
 Some College, Other Emphasis  
 Associate Degree, Child Related  
 Associate Degree, Other Emphasis  
 Bachelor's, Child Related  
 Bachelor's, Other Emphasis  
 Masters, Child Related  
 Masters, Other Emphasis

**Accreditation/Credential:**

Ecumenical  Montessori  NAA  NAEYC  
 NAFCC  NECPA  The Council on Quality and leadership

**Affiliation:**

Local FCCA  CAFCC  NAFCC  Local AEYC  
 CAEYC  NAEYC  NCCA  CAQSAP  
 CAEYC  NAEYC  NCCA  CAQSAP

*\*This information is for centers, school-age program, head starts, and preschools. It is for statistical purposes only.\**

**For Full Time Employed Director:**

*Please List the lowest pay and the highest pay per staff title:* Low \$ \_\_\_\_\_ / \_\_\_\_\_ High \$ \_\_\_\_\_ / \_\_\_\_\_ Refused \_\_\_\_\_

*Benefits Received/offered:*  Health Insurance  Retirement Plan  Disability  Paid Vacation  Free/Reduced Child Care

**For Full Time Employed Assistant Early Childhood Teacher:**

*Please List the lowest pay and the highest pay per staff title:* Low \$ \_\_\_\_\_ / \_\_\_\_\_ High \$ \_\_\_\_\_ / \_\_\_\_\_ Refused \_\_\_\_\_

*Benefits Received/offered:*  Health Insurance  Retirement Plan  Disability  Paid Vacation  Free/Reduced Child Care

**For Full Time Employed Assistant Director / Program Director:**

*Please List the lowest pay and the highest pay per staff title:* Low \$ \_\_\_\_\_ / \_\_\_\_\_ High \$ \_\_\_\_\_ / \_\_\_\_\_ Refused \_\_\_\_\_

*Benefits Received/offered:*  Health Insurance  Retirement Plan  Disability  Paid Vacation  Free/Reduced Child Care

**For Full Time Employed Staff Aide:**

*Please List the lowest pay and the highest pay per staff title:* Low \$ \_\_\_\_\_ / \_\_\_\_\_ High \$ \_\_\_\_\_ / \_\_\_\_\_ Refused \_\_\_\_\_

*Benefits Received/offered:*  Health Insurance  Retirement Plan  Disability  Paid Vacation  Free/Reduced Child Care

**For Full Time Employed Infant Nursery Supervisor:**

*Please List the lowest pay and the highest pay per staff title:* Low \$ \_\_\_\_\_ / \_\_\_\_\_ High \$ \_\_\_\_\_ / \_\_\_\_\_ Refused \_\_\_\_\_

*Benefits Received/offered:*  Health Insurance  Retirement Plan  Disability  Paid Vacation  Free/Reduced Child Care

**For Full Time Employed Kindergarten Teacher:**

*Please List the lowest pay and the highest pay per staff title:* Low \$ \_\_\_\_\_ / \_\_\_\_\_ High \$ \_\_\_\_\_ / \_\_\_\_\_ Refused \_\_\_\_\_

*Benefits Received/offered:*  Health Insurance  Retirement Plan  Disability  Paid Vacation  Free/Reduced Child Care

**For Full Time Employed Early Childhood Teacher:**

*Please List the lowest pay and the highest pay per staff title:* Low \$ \_\_\_\_\_ / \_\_\_\_\_ High \$ \_\_\_\_\_ / \_\_\_\_\_ Refused \_\_\_\_\_

*Benefits Received/offered:*  Health Insurance  Retirement Plan  Disability  Paid Vacation  Free/Reduced Child Care

*\*this information is for Family home providers only and is collected for statistical purposes\**

**Family Care Setting (Please check one):**

House  Apartment  Townhome  Mobile home  Duplex  Non-residential

**Wages (please check one):**

<\$10,000  \$10,000-\$15,000  \$15,000-\$20,000  \$20,000-\$25,000  \$25,000-\$30,000  \$30,000-\$35,000  
 \$35,000-\$40,000  40,000+  Refused

**Benefits that come from your Business (Please check all that apply):**

Business Liability  Personal Health Insurance  Retirement Plan  Disability  Auto Ins. for Transporting Children

**If you would like more information about the Provider Update Form, call Child Care Innovations at (303) 969-9666. To mail-in your update, please send form to:**

ATTN: Provider Updates  
CHILDCARE INNOVATIONS  
Red Rocks Community College  
13300 West 6<sup>th</sup> Avenue, BOX 22 B  
Lakewood, CO 80228-1255

...Or you can also Fax to 303-914-6802

**Thank you for taking the time to update your information so that accurate and appropriate referrals are made.**