

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 NÉCPA The Council on Quality and leadership

Affiliation:

Local FCCA CAFCC NAFCC Local AEYC
 CAEYC NAEYC NCCA CAQSAP
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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 6th 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.