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:

___________________________
Full Name

Nurse Consultant

Languages Spoken: ________

Walking distance to school: __________ (yes or no)

Provides Transportation: _____

Please list

______________________________________
_________________________
From

Accepted age range:

______ years ______ months ______ weeks to ________ years ______ months ________ weeks

Type of Care (check one)

☐ Family Child Care Home  ☐ Child Care Center  ☐ School Age  ☐ Preschool

Primary Phone ___________________________ Ext. _________ Secondary Phone ___________________________ Ext. _________

Fax __________________ Secondary Phone __________________ Ext. _________

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  ☐ 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:
<table>
<thead>
<tr>
<th>Type of Schedule (check only one):</th>
<th></th>
<th>Full time care (25 hours or more per week)</th>
<th>Part time care (less than 25 hours per week)</th>
<th>Both</th>
</tr>
</thead>
<tbody>
<tr>
<td>Time of Year Open (check only one):</td>
<td></td>
<td>Full year (open 12 months)</td>
<td>Summer only</td>
<td>School year only (follows school calendar)</td>
</tr>
<tr>
<td>Accept (check all that applies):</td>
<td></td>
<td>Drop-in</td>
<td>Temp/Emergency</td>
<td>After School</td>
</tr>
<tr>
<td>Funding:</td>
<td></td>
<td>Head Start</td>
<td>State Pre-K Funding (CPP slots)</td>
<td>Respite Care</td>
</tr>
<tr>
<td>No Cost Survey (check if applies to you):</td>
<td></td>
<td>All sliding scale</td>
<td>Drop-in only</td>
<td>Federally Subsidized (Head Start)</td>
</tr>
<tr>
<td>Other Information (check all that apply):</td>
<td></td>
<td>Flexible Hours</td>
<td>Over-night Care</td>
<td>Weekend Care</td>
</tr>
<tr>
<td><em>Rate and Vacancy information is for statistical purposes only, we do not share this information with parents</em></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Infant (0-12 months):</th>
</tr>
</thead>
<tbody>
<tr>
<td>Desired Capacity = ______</td>
</tr>
<tr>
<td>Vacancy Date ______</td>
</tr>
<tr>
<td>Rate charged $: ______ per ______ (week/day/month)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Toddler (13 months – 2 years):</th>
</tr>
</thead>
<tbody>
<tr>
<td>Desired Capacity = ______</td>
</tr>
<tr>
<td>Vacancy Date ______</td>
</tr>
<tr>
<td>Rate charged $: ______ per ______ (week/day/month)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Preschool Age (2 years – 5 years):</th>
</tr>
</thead>
<tbody>
<tr>
<td>Desired Capacity = ______</td>
</tr>
<tr>
<td>Vacancy Date ______</td>
</tr>
<tr>
<td>Rate charged $: ______ per ______ (week/day/month)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Kindergarten:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Desired Capacity = ______</td>
</tr>
<tr>
<td>Vacancy Date ______</td>
</tr>
<tr>
<td>Rate charged $: ______ per ______ (week/day/month)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>School age (6+ years Full Time):</th>
</tr>
</thead>
<tbody>
<tr>
<td>Desired Capacity = ______</td>
</tr>
<tr>
<td>Vacancy Date ______</td>
</tr>
<tr>
<td>Rate charged $: ______ per ______ (week/day/month)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>School age (6+ years Before/After School):</th>
</tr>
</thead>
<tbody>
<tr>
<td>Desired Capacity = ______</td>
</tr>
<tr>
<td>Vacancy Date ______</td>
</tr>
<tr>
<td>Rate charged $: ______ per ______ (week/day/month)</td>
</tr>
</tbody>
</table>
Number of classroom 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
- AFCC
- NAFCC
- Local AEYC
- CAEYC
- NAEYC
- NCCA
- CAQSAP
- NAA
- 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:

<table>
<thead>
<tr>
<th>Please List the lowest pay and the highest pay per staff title:</th>
<th>Low $</th>
<th>High $</th>
<th>Refused</th>
</tr>
</thead>
<tbody>
<tr>
<td>Benefits Received/Offered: Health Insurance</td>
<td>Retirement Plan</td>
<td>Disability</td>
<td>Paid Vacation</td>
</tr>
</tbody>
</table>

For Full Time Employed Assistant Early Childhood Teacher:

<table>
<thead>
<tr>
<th>Please List the lowest pay and the highest pay per staff title:</th>
<th>Low $</th>
<th>High $</th>
<th>Refused</th>
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For Full Time Employed Assistant Director / Program Director:

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<thead>
<tr>
<th>Please List the lowest pay and the highest pay per staff title:</th>
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</table>

For Full Time Employed Staff Aide:

<table>
<thead>
<tr>
<th>Please List the lowest pay and the highest pay per staff title:</th>
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<th>Refused</th>
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</tr>
</tbody>
</table>

For Full Time Employed Infant Nursery Supervisor:

<table>
<thead>
<tr>
<th>Please List the lowest pay and the highest pay per staff title:</th>
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</tbody>
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For Full Time Employed Kindergarten Teacher:

<table>
<thead>
<tr>
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<th>Low $</th>
<th>High $</th>
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For Full Time Employed Early Childhood Teacher:

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<tr>
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<td>Retirement Plan</td>
<td>Disability</td>
<td>Paid Vacation</td>
</tr>
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</table>
*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.