

**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 360-734-5121 or 800-649-5121, ext. 227.

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

Or fax to: **360-734-0508**

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 can call (360) \_\_\_\_\_ Secondary phone # (360) \_\_\_\_\_

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

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? \_\_\_\_\_

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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 Assc.  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.*