



Office Use Only:
 Today's date: _____
 Cross streets: _____

 Recruitment Code _____

Child Care Provider Referral

Program Name: _____

Provider or Contact Name: _____

Type of care (Check only one):

- Child Care Center Family Child Care Preschool Program Only (license-exempt)
- School Age Only Program Summer Camp

Street Address (location): _____

City: _____ Zip: _____

Mailing Address (if different): _____

City: _____ Zip: _____

Phone # parents can call: (_____) _____ Additional Phone: (_____) _____

E-mail address: _____@_____

Web site URL: _____

What is your license ID #? _____ What is your licensed capacity? _____
 If you prefer to care for fewer children than you are licensed for, what is that number? _____

What are the ages you are licensed for? From: _____yr. _____mo. To: _____yr. _____mo.
 If you prefer to care for a narrower age group, what is it? From: _____yr. _____mo To: _____yr. _____mo.

Vacancies: How many? _____ What age(s)? _____ When Available? _____

SCHOOL AGE INFORMATION (If you have or want school age children in your care.)

What school(s) do you serve? _____

How do the children get between school and your program?

- You provide transportation (If so, which school(s)? _____)
- School bus stop near your facility (If so, which school(s)? _____)
- Walking distance to school (If so, which school(s)? _____)
- Near Public Transportation Other (comments) _____

Do you provide transportation to/from the child's home? Yes No

Do you charge a fee for transportation? Yes No If yes, how much? _____

LANGUAGE

Can you, or persons on your staff, converse in a language other than English? If yes, please list language(s):

SUBSIDIES

- Do you accept the DSHS subsidy (state)? Yes No
- Do you offer a sliding fee scale (fee is based on family's income level)? Yes No
- Do you offer a reduction in cost for more than one child in a family? Yes No
- Do you provide scholarships to help families pay for child care? Yes No

PROGRAM DESCRIPTION: Please check the box(es) below that best describe your program.

- Preschool Component – specific programming for preschool age children (3-5 yrs).
- School-Age Component – specific programming for school age children
- Montessori Philosophy – use approach developed by Maria Montessori
- Purchased Curriculum – subscribe to and/or use a commercially developed curriculum
- Provider/Teacher Designed Curriculum – themes, activities & materials developed by provider
- Emergent Curriculum – program content determined by children's interests and abilities
- Private Kindergarten onsite – Educational kindergarten program (usually at an extra cost)
- Therapeutic Child Care – for children from abusive situations or with special physical/health needs
- Religious Activities – Includes prayer at meals, religious holiday celebrations, religious pictures or symbols
- Christian Curriculum – Includes Christian songs, stories, videos, or other teaching
- Other (please describe) _____

Please write a statement describing what you feel is special or unique about your program that you would like families to know. For example, you could describe any religious or faith-based activities you offer or training/experience you have accommodating children with special needs. Due to space limitations on our database, please limit your response to 35 words or less. CCR reserves the right to edit all comments.

SCHEDULE

Check all the days that you provide care & the start time and end time each day:

Day	Start Time	End Time	Do you accept children:
<input type="checkbox"/> Monday	_____AM or PM?	_____AM or PM?	<input type="checkbox"/> Both full- and part-time
<input type="checkbox"/> Tuesday	_____AM or PM?	_____AM or PM?	<input type="checkbox"/> Full-time only (35 hrs+)
<input type="checkbox"/> Wednesday	_____AM or PM?	_____AM or PM?	<input type="checkbox"/> Part-time only
<input type="checkbox"/> Thursday	_____AM or PM?	_____AM or PM?	
<input type="checkbox"/> Friday	_____AM or PM?	_____AM or PM?	
<input type="checkbox"/> Saturday	_____AM or PM?	_____AM or PM?	
<input type="checkbox"/> Sunday	_____AM or PM?	_____AM or PM?	

Do you operate: All year long during the school year ONLY during 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: which ones? _____

Flexibility (Please check the boxes that apply to your program)

- Flexible with opening time
- Flexible with closing time
- Occasional Saturday care
- Occasional Sunday care
- Occasional evening care
- Occasional overnight care
- Part day care available
- Part week care available
- Evening care provided
- Overnight care provided
- School-age care with younger sibling ONLY

Is there anything you would like to share with families about your scheduling policies?

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 13-30 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)

Kindergarten \$_____ per _____ (full-time) \$_____per_____ (part-time)

1st Grade & up \$_____ per _____ (full-time) \$_____per_____ (part-time)

Additional Fees:

- Application/Registration
- Supplies
- Late Child Pickup
- Field Trips
- Transportation
- Enrichment Activities
- Require payment in advance
- Provider Paid Vacation
- Provider Paid Holidays
- Other (specify) _____

Does your program have 503 (C)3 Non-Profit Status? Yes No

ENVIRONMENT/LOCATION: (Check all the following that apply to your program.)

- No Pets
- Indoor Pets
- Outdoor Pets
- Covered Outdoor Play
- Wheelchair Accessible
- Non-smoking Premises
- No Diapering Facilities
- Uses Woodstove for Heat
- Near Public Transportation

MEALS: (Check all the meals that you provide.)

- Breakfast
- Lunch
- Dinner
- Snacks

Are you on the USDA food program? Yes No

Do you charge extra for meals? Yes No If yes, which one(s)? _____

Do parents provide the meals? Yes No

Will you accommodate a special diet (ex. vegetarian, food allergies)? Yes No

PROGRAM ENHANCEMENTS: (Please check all that apply.)

Anti Bias – This is an active/activist approach to challenging prejudice, stereotypes, bias, and the ‘isms.’ This approach values diversity and promotes activism. Children are taught to recognize when others are being treated unfairly based on their race, class, gender, sexual orientation, disability, or age. They learn ways to stand up for themselves and others when faced with bias.

Gay Welcoming – Materials, philosophy and attitudes of staff welcome gay and lesbian families (enrollment forms do not ask for “mother” and “father” but “parent” or “partner”; books, posters, photos and other materials reflect many kinds of families, including same sex families; staff are accepting and welcoming of children from different kinds of families, including same sex families).

Multi-cultural Program – Recognizes cultural differences in positive & meaningful ways. All children & staff’s racial/ethnic backgrounds, gender & family styles are acknowledged. Children are introduced to the cultures and ways of other people. Posters, materials, books and activities representing diverse cultures are visible in the environment. Focus on cultures as a whole rather than individuals within a culture.

SPECIAL NEEDS: (Do you or your staff have any training and/or experience in providing the following special accommodations? Please check all that apply.)

- Behavior Supervision/Supports – Program structure beyond that needed by typical children
- Communication Supports – Understand/speak sign language or accommodate assistive communication devices.
- Diapering/Toileting Assistance – Assistance in managing toileting or diapering of an older child
- Eating Assistance – Support food preparation & feeding of older child or utilize feeding tube
- Health Monitoring – Care for child with chronic condition requiring adult intervention
- Medication Monitoring – Ensure child receives required medication & maintain recordkeeping
- Mobility Assistance – Modify environment and/or provide assistance to child with wheelchair, crutches, or compromised mobility
- Nursing Care – Access to a nurse for children requiring medical monitoring or intervention
- Physical Therapy – Physical therapy credential or provide activities to support child’s PT goals
- Specialized Equipment – Provide and/or accommodate specialized equipment for child
- Other _____

PROFESSIONAL INFORMATION:

Education (Please attach documentation)

- Some ECE Credits
- 1 Yr. ECE Certificate
- Child Development Associate credential (CDA)
- Associates Degree (AA) in ECE or Related Field
- Bachelor’s Degree (BA) in ECE or Related Field
- Master’s Degree (MA) in ECE or Related Field
- Other College Degree (please specify) _____
- FCC TEACH Participant
- Center TEACH Participant
- Montessori Credential

Associations/Memberships (Check all that apply)

- Member of a Family Child Care Association (local/state/national)
- Member of the Association for the Education of Young Children (AEYC) local/state/national
- Center Director’s Association
- Support Group/Network
- Child Care Union
- Career & Wage Ladder Site
- CCR&R Advisory Board
- Montessori Association
- Other (please specify) _____

Organizational Structure/Affiliation: *(For Child Care Centers only)* (Check all that apply)

- | | | |
|--|--|---|
| <input type="checkbox"/> Faith Based Program | <input type="checkbox"/> Public School operation | <input type="checkbox"/> Private School |
| <input type="checkbox"/> College/Technical College | <input type="checkbox"/> Parent Cooperative | <input type="checkbox"/> Employer-sponsored |
| <input type="checkbox"/> Military | <input type="checkbox"/> Tribe sponsored | <input type="checkbox"/> Church-housed (unaffiliated) |

Field Trips

- | | | |
|--|---|---|
| <input type="checkbox"/> Facility Vehicle used | <input type="checkbox"/> Private Vehicle used | <input type="checkbox"/> Parents Drive |
| <input type="checkbox"/> Walking field trips | <input type="checkbox"/> Public transportation used | <input type="checkbox"/> No field trips |

TV/Video Screen Time

- | | | |
|---|---|---|
| <input type="checkbox"/> None | <input type="checkbox"/> About ½ hour per day | <input type="checkbox"/> About one hour per day |
| <input type="checkbox"/> More that 5 hours per week | | |

Enrichment Activities

- | | | |
|--|--|---|
| <input type="checkbox"/> Gymnastics | <input type="checkbox"/> Extra Music | <input type="checkbox"/> Swim Lessons |
| <input type="checkbox"/> Extra Art | <input type="checkbox"/> Theatre/Drama | <input type="checkbox"/> Parent Newsletter |
| <input type="checkbox"/> Parent Education | <input type="checkbox"/> Library Storytime | <input type="checkbox"/> Help with homework |
| <input type="checkbox"/> Teaches Second Language | | |

Advocacy

- I am willing to participate in a Focus Group.
- I am willing to contact a legislator.
- I am willing to be contacted by the media to share my experiences about quality child care.
- I can help in other ways. _____

REFERRAL STATUS

- Please list me as active on the phone referral service and Internet service www.childcare.org
- Please list me as active on the phone referral service, but not on the Internet service
- I do not wish to be on your referral list at this time, but would like to receive the free newsletter and other free child care information. I will let you know when I wish to be on the active list referral again.
- I do not wish to be on your referral list or receive any further information from your agency.

Please mail or fax completed questionnaire and copy of license and/or other documentation to:

**Child Care Resources
1225 S. Weller St.
Suite 300
Seattle, WA 98144**

Fax #: 206-461-3726

Provider Information Line: (206) 329-5333 Seattle/North King Co.
(253) 852-2566 South King Co.,
(425) 865-9033 East King Co.

For Family Child Care Providers only

Demographic Information: Our funders require us to collect statistical information on all people we serve, including child care providers. We report this information as a grouping and do NOT report any individual information about any specific person. Completing this information is optional.

Gender: Male Female

Household Income Level:

Find your family size in the left had column, then use the corresponding row to locate you gross household income.

Family Size Gross household yearly income

1	<input type="checkbox"/> 0-\$13,150	<input type="checkbox"/> \$13,151-\$21,900	<input type="checkbox"/> \$21,901-\$33,450	<input type="checkbox"/> \$33,451-\$41,609	<input type="checkbox"/> \$41,610+
2	<input type="checkbox"/> 0-\$15,000	<input type="checkbox"/> \$15,001-\$25,056	<input type="checkbox"/> \$25,057-\$38,250	<input type="checkbox"/> \$38,251-\$47,594	<input type="checkbox"/> \$47,595+
3	<input type="checkbox"/> 0-\$16,900	<input type="checkbox"/> \$16,901-\$28,163	<input type="checkbox"/> \$28,164-\$43,000	<input type="checkbox"/> \$43,001-\$53,484	<input type="checkbox"/> \$53,485+
4	<input type="checkbox"/> 0-\$18,800	<input type="checkbox"/> \$18,801-\$31,307	<input type="checkbox"/> \$31,308-\$47,800	<input type="checkbox"/> \$47,801-\$59,469	<input type="checkbox"/> \$59,470+
5	<input type="checkbox"/> 0-\$20,300	<input type="checkbox"/> \$20,301-\$33,800	<input type="checkbox"/> \$33,801-\$51,600	<input type="checkbox"/> \$51,601-\$64,219	<input type="checkbox"/> \$64,220+
6	<input type="checkbox"/> 0-\$21,800	<input type="checkbox"/> \$21,801-\$36,300	<input type="checkbox"/> \$36,301-\$55,450	<input type="checkbox"/> \$55,451-\$68,969	<input type="checkbox"/> \$68,970+
7	<input type="checkbox"/> 0-\$23,300	<input type="checkbox"/> \$23,301-\$38,800	<input type="checkbox"/> \$38,801-\$59,250	<input type="checkbox"/> \$59,251-\$73,719	<input type="checkbox"/> \$73,720+
8	<input type="checkbox"/> 0-\$24,800	<input type="checkbox"/> \$24,801-\$41,300	<input type="checkbox"/> \$41,301-\$63,100	<input type="checkbox"/> \$63,101-\$78,769	<input type="checkbox"/> \$78,470+

Ethnic Background:

- African American
- American Indian / Alaskan Native
- Asian
- European American / Caucasian
- Latino / Hispanic
- Pacific Islander
- Other

Residing in: Incorporated King County Unincorporated King County