

CHILD CARE CONNECTIONS PROVIDER INTAKE

The information you submit below will be added to the Provider Data Base used to refer families needing child care to your service. Please fill out the form completely to insure the most accurate information is available.

Return **WITH A COPY OF YOUR LICENSE OR PERMIT** to:

Child Care Connections 125 N Parkside Dr., Suite 202 Colorado Springs, CO 80909
or fax to: (719) 638-2059

If you need any assistance please call Child Care Connections at (719) 638-2070 or (719) 638-2057.

Name:

Business Name:

Date 1st Provided Care:

Street Address:

City:

Zip:

County:

Mailing address if different from above:

Phone: _____

2nd Phone: _____

Fax: _____

Email: _____

Website: _____

Would you be interested in receiving Child Care Connections newsletter and other information via e-mail?

Yes _____ No _____

License ID Number

Type of License:

- Standard Family Child Care
- 3 under 2 license
- Large Family Child Care
- Infant/Toddler Family Child Care
- Experience Family Child Care
- Legally Exempt
- Child Care Center
- Preschool
- School-age program

Total Capacity (number of children you are licensed for) _____

Desired Capacity for each age group:

Age 0-2 _____

Age 2-5 _____

Age 6-13 _____

Accepted age range:

From: _____ years _____ mnths _____ wks

To: _____ years _____ mnths _____ wks

School District you live in: _____

Elementary Schools you serve:

Transportation provided?

Yes _____ No _____

Walking distance to school?

Yes _____ No _____

Language spoken other than English:

Hours of Operations:

DAY	OPEN	CLOSE
SUN		
MON		
TUE		
WED		
THU		
FRI		
SAT		

Fees: full time weekly rate

(This information is not shared with parents; we use it for statistical information only.)

- Infants (0-12 mo)
\$ _____
- Toddlers (12 – 24 mos)
\$ _____
- Pre-school (2 yr-5 yr)
\$ _____
- Kindergarten (5 yr-6 yr)
\$ _____
- School age full day (6+)
\$ _____
- B/A School (6+)
\$ _____
- Registration fee
\$ _____
- Transportation fee
\$ _____
- Activity fee
\$ _____
- No fee charged

Discounts offered:

- Subsidy (CCCAP)
- Employer discount
- Sliding scale
- Multi-child discount

Current Vacancies by age:

Vacancies age 0 -2: _____

Vacancies age 2-5: _____

Vacancies age 6-13: _____

Total Vacancies: _____

Care Available:

- Full time
- Part-time
- Both
- Full year
- School year only

Schedule variances:

- Drop in
- Temporary/emergency
- Before school
- After school
- Rotating schedule
- 24 hours
- Open holidays

Environment:

- Smoke free environment
- No dog
- No cat
- Wheelchair access

Meals:

- Breakfast
- Morning snack
- Lunch
- Afternoon snack
- Dinner
- USDA food program
- Special meal request

Philosophy:

- Montessori
- Reggio Emilia
- Faith-Based
- Waldorf

Financial Assistance

- CCCAP contracted
- CCCAP willing

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- Not contracted or willing to take CCCAP

Policies

- Written contract
- Written handbook
- Multi-child discount
- Provider sick allowance
- Provider vacation allowance
- Child absence allowance

Currently using child care health consultant?
Yes _____ No _____

If yes, are you satisfied with consultation?
Yes _____ No _____

If no, why?

- Lack of resources
- Lack of qualified nurses
- Other: _____

Special Skills (I am skilled, trained or willing to be trained to help children with these special needs)

- Assist moving
- Assist toileting
- Cognitive Delays/Speech/Communications
- Diabetes
- Physical Delays/Limitations
- Challenging behavior skills
- Food/Dietary
- Medical Special Procedures
- Seizure Disorders
- Social Emotional Behaviors

Safety

- CPR current
- First aid training
- Health-related degree
- On-site nurse
- Liability insurance
- Medication administration certificate
- Universal precautions

Education:

- High School Education
- Some college, child related
- Some college, other emphasis
- Associate degree, child related
- Associate degree, other emphasis
- Bachelor's degree, child related
- Bachelor's degree, other emphasis
- Master's degree, child related
- Master's degree, other emphasis

- CDA

Experience:

- Under 1 year experience
- 1 - 5 years experience
- 6 -10 years experience
- 10+ years experience

Are you accredited by any child related national professional organization?

Yes _____ No _____

If so which one?

Are you a member of a child related professional organization?

Yes _____ No _____

If so which one?

Are you willing to participate in advocacy?

Yes _____ No _____

Family Child Care Setting:

- House
- Mobile Home
- Apartment building

Earnings:

- Under \$10,000
- \$10,000-\$20,000
- \$20,000-\$30,000
- \$30,000-\$40,000
- \$40,000 +

Do you have:

- Business liability
- Personal health insurance
- Auto insurance for transporting children
- Retirement plan

Census Bureau Questions:

- Race: _____
- Ethnic origin: _____
- Language spoken (other than English)? _____
- How well do you speak English? _____

FOR CHILD CARE CENTERS ONLY

Director's

Name: _____

Child Care Center Settings:

- Non-residential
- Faith based
- Work place based
- Hospital
- Public school
- Non-profit
- College
- Military

Miscellaneous:

- National chain
- Director is owner
- Local multiple site
- Housed at religious facility

Staff Information:

This information used for salary survey and is not shared with the general public.

TITLE	HIGH PAY	LOW PAY
Director		
Asst Director		
Lead Teacher		
Infant Rm Supervisor		
Group Leader		
Asst Grp Leader		
Teacher's Aid		

BENEFITS	ALL EMPLOYEES?	
	YES	NO
Health Insurance		
Retirement Plan		
Paid Vacation		
Free / Reduced Child Care		