

# Provider Update Form

First Name: [redacted]

Last Name: [redacted]

Business Name: [redacted]

Do we have Permission to put information about your childcare on the internet for online searching?

GIVE WEB Referrals Yes  No 

**\*\*To check out internet searching, visit the Oregon Childcare Resource and referral network at [www.occrn.org](http://www.occrn.org)**

Address: [redacted]  
Mailing Address (if different) [redacted]City [redacted] State [redacted] Zip [redacted]  
City [redacted] State [redacted] Zip [redacted]

Primary Phone: [redacted]

Secondary Phone: [redacted]

Fax Phone: [redacted]

Cell Phone: [redacted]

**Confidential Information** : SS# [redacted]

Date of Birth: [redacted]

Website address: [redacted]

Email: [redacted]

Update by email Yes  No 

**\*\*Emails and Website addresses provided WILL be posted on the State website if give web referrals is marked yes.**

License  Registered or Certified

Registration # [redacted]

Expiration Date: [redacted]

Type  Exempt (not registered with the Child Care Division, or DHS listed only)Has preschool program with separate enrollment Yes  No Preschool Curriculum Yes  No Accepts Children FROM AGE [redacted]  weeks  mo.  yrs TO AGE [redacted]  weeks  mo.  yrs

Desired Capacity: [redacted] For family Child care, exclude YOUR OWN children

Current Openings: [redacted] Specify what ages you can take  up to 1 yr  1-2 yr  2 yr to 1<sup>st</sup> grade  1<sup>st</sup> grade upFor Family Providers: DO YOU have children of your own? Yes  No  What are there ages now? [redacted]Transportation Provided Yes  No  What public school does or would your children attend? [redacted]

If transportation is provided what schools will you transport to/from? [redacted]

 Near School Bus Walking Distance to School Near Public Transportation Transports to/from Designated Area School Transports to/from Preschool Transports to/from Kindergarten Transports to/from Sports/Activities Transports to/from Multiple Schools Transports to/from Child's Home

Extended Hours Offered (mark all that you are willing to consider or accept)

 Early morning (starting between 3 am and 5:59 am) Evening (after 6:30 pm) Overnight (at least between 10 pm and 3 am) Weekend (regular care on Saturday and/or Sunday) Occasional early morning Occasional evening Occasional overnight Occasional weekend Flexible am Flexible pm Please list any scheduling conditions not listed above.

## DAYS

Mon  Tue  Wed  Thur  Fri  Sat  Sun HOURS FROM [redacted]  AM  PMHOURS TO [redacted]  AM  PM

Willing to accept children

 Drop In Temp/Emergency Before School After School Rotating 24-Hour Open Holidays

## RATES

Under 1 yr \$ [redacted] per [redacted] (Hour, Day, Week, Month)

1 to 2 yr \$ [redacted] per [redacted] (Hour, Day, Week, Month)

2yrs to Kindergarten \$ [redacted] per [redacted] (Hour, Day, Week, Month)

Kindergarten \$ [redacted] per [redacted] (Hour, Day, Week, Month)

School age \$ [redacted] per [redacted] (Hour, Day, Week, Month)

Additional Fees Charged

 Registration fee Deposit Materials/book fee Charge for transportation Extra Charge for meals Activity fee Other fees (specify what type and amount)

(Mark all that apply)

Accepts Children

 Full time Part Time Both School Year only Summer only Full Year Only Any

**ENVIRONMENT**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> No smoking on premises | <input type="checkbox"/> No pets at all              | <input type="checkbox"/> No cats                |
| <input type="checkbox"/> No dogs                | <input type="checkbox"/> Pets separate from children | <input type="checkbox"/> Completely Fenced Yard |
| <input type="checkbox"/> No TV                  | <input type="checkbox"/> Monitored TV                | <input type="checkbox"/> Outdoor play area      |
| <input type="checkbox"/> Covered outdoor play   | <input type="checkbox"/> Outdoor play structure      |   |

**MEALS**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> USDA Food Program                  | <input type="checkbox"/> Provides breakfast      | <input type="checkbox"/> Provides lunch          |
| <input type="checkbox"/> Provides dinner                    | <input type="checkbox"/> Snacks provided         | <input type="checkbox"/> Parent must bring meals |
| <input type="checkbox"/> Special meal requests accommodated | <input type="checkbox"/> Breastfeeding supported |  |

**PHILOSOPHY**

- 
- Montessori
- 
- Waldorf
- 
- Religious curriculum

**FINANCIAL ASSISTANCE**

\* Please indicate one of these (not willing will be marked if Willing is not)

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> * Willing to accept DHS         | <input type="checkbox"/> * NOT Willing to accept DHS | <input type="checkbox"/> DHS listed               |
| <input type="checkbox"/> Qualified for DHS enhanced rate | <input type="checkbox"/> Multi-child discount        | <input type="checkbox"/> Offers sliding fee scale |
| <input type="checkbox"/> Rates negotiable                | <input type="checkbox"/> Offers scholarship          | <input type="checkbox"/> Free to income eligible  |
| <input type="checkbox"/> Parent co-op                    | <input type="checkbox"/> No rates - not market care  |   |

**POLICIES**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Written contract                  | <input type="checkbox"/> Written policies      | <input type="checkbox"/> Liability insurance                 |
| <input type="checkbox"/> Have backup provider (substitute) | <input type="checkbox"/> Have references       | <input type="checkbox"/> Pay for slot whether in care or not |
| <input type="checkbox"/> Charges late fees                 | <input type="checkbox"/> Must be potty trained | <input type="checkbox"/> Needs payment in advance            |

**SPECIAL SKILLS**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Inclusion training       | <input type="checkbox"/> Domestic Violence/Abuse training | <input type="checkbox"/> Behavioral issues training |
| <input type="checkbox"/> Medical Support training | <input type="checkbox"/> Diversity training               |   |

**SAFETY**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> First aid                           | <input type="checkbox"/> CPR                        | <input type="checkbox"/> Food Handlers Permit       |
| <input type="checkbox"/> Recognizing/Reporting Abuse/Neglect | <input type="checkbox"/> Health and Safety Module 1 | <input type="checkbox"/> Health and Safety Module 2 |
| <input type="checkbox"/> Health and Safety Module 3          | <input type="checkbox"/> Health and Safety Module 4 | <input type="checkbox"/> Health and Safety Module 5 |
| <input type="checkbox"/> Family Child Care Overview          |   |   |

**SPECIAL NEEDS (Knowledge and or experience working with these types of needs)**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Behavior supervision/supports  | <input type="checkbox"/> Communications supports | <input type="checkbox"/> Socialization supports         |
| <input type="checkbox"/> Diapering/toileting assistance | <input type="checkbox"/> Mobility assistance     | <input type="checkbox"/> Medication monitoring          |
| <input type="checkbox"/> Nursing care                   | <input type="checkbox"/> Physical therapy        | <input type="checkbox"/> Specialized equipment          |
| <input type="checkbox"/> Wheelchair access              | <input type="checkbox"/> Accessible bathroom     | <input type="checkbox"/> No experience/willing to learn |

**TRAINING**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Dollars and Sense             | <input type="checkbox"/> Social and Emotional Module 1 | <input type="checkbox"/> Social and Emotional Module 2 |
| <input type="checkbox"/> Social and Emotional Module 3 | <input type="checkbox"/> Social and Emotional Module 4 | <input type="checkbox"/> First by Five Module 1        |
| <input type="checkbox"/> First by Five Module 2        | <input type="checkbox"/> First by Five Module 3        | <input type="checkbox"/> First by Five Module 4        |
| <input type="checkbox"/> NAFCC                         | <input type="checkbox"/> OFCCN                         | <input type="checkbox"/> Stand for Children            |

**Oregon Registry**Step 1  Step 2  Step 3  Step 4  Step 5  Step 6  Step 5  Step 8 or 8.5  Step 9 or 9.5  Step 10 or above **PROGRAM STRUCTURE**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Homework assistance | <input type="checkbox"/> Scheduled activities | <input type="checkbox"/> Field trips                  |
| <input type="checkbox"/> Additional lessons  | <input type="checkbox"/> Computer             | <input type="checkbox"/> Organized outdoor activities |

**SPECIAL REQUESTS**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Provides transportation to kindergarten | <input type="checkbox"/> Has a designated child care area | <input type="checkbox"/> Culturally sensitive curriculum |
| <input type="checkbox"/> Language immersion program              | <input type="checkbox"/> Regular routines                 | <input type="checkbox"/> Vegetarian                      |
| <input type="checkbox"/> Whole foods (organic)                   | <input type="checkbox"/> No sugar                         |  |

**PROVIDER PREFERENCES**

- 
- Update by email
- 
- Update by fax
- 
- To receive mailings in Spanish

Signature/Provider Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature is required to authorize internet searchable website and only if we do not have authorization already on file.

To submit this form by email, fill in your information, save completed form on your computer, then include as an attachment in an email to Julie at [fosbackj@lanecc.edu](mailto:fosbackj@lanecc.edu)