



P.O. Box 446, Olympia, WA 98507-0446
360-754-0810 1-800-845-0956
Email: r&r@ccacwa.org
www.ccacwa.org

October 2009

Dear Child Care Provider,

It's that time of year again—time to complete a Provider Update Form. This information brings our records up to date and helps us provide the best referrals possible. We rely on your assistance in filling out the surveys and phoning to keep our records current.

Child Care Action Council is a private non-profit organization bringing together parents, child care professionals, employers, and other interested parties to promote high quality, accessible child care. CCAC's FREE child care resource and referral service now covers five counties: Grays Harbor, Lewis, Mason, Pacific and Thurston and is available to parents either over the phone, via email or with a new online search. By keeping your information accurate and up-to-date we can provide a better service to both you and the parents seeking child care.

Please, take a moment, before October 25, to complete our annual Provider Update. You can either use the attached survey and return it to CCAC in the enclosed envelope or online under the provider tab at www.ccacwa.org. Complete a survey whether or not you need referrals, so the statistics on child care availability will reflect the true picture of the county in which you live.

We appreciate your time and cooperation in helping us to expand our child care resource and referral service. If our agency can be of any assistance to you, or if you would like more information about Child Care Action Council, please call 360-754-0810 or 800-845-0956 (toll free), if you are long distance. We look forward to working with you in the future.

Sincerely,

Handwritten signature of Nancy Hobson in black ink.

Nancy Hobson
Resource & Referral Specialist
nancy@ccacwa.org

Handwritten signature of Sokha Bunn in black ink.

Sokha Bunn
Resource & Referral Specialist
sokha@ccacwa.org

Child Care Action Council Presents... "Children Affected by Drugs" Series

Child Care Providers, Foster Parents, Adoptive Parents and School Professionals asked for education and treatment information about children affected by drugs. As a response, TOGETHER!, a community mobilization organization bringing these issues to the forefront, will join with CCAC in presenting a series about these affected children.

Developing Resilience in Children Exposed to Drugs, November 4, 6:30-8:30 pm
Marcy Brown, Chemical Dependency Professional and Treatment
Court Coordinator for the Family Treatment Court in Thurston County.
CCAC Academy, 819 Olympia Ave. (Capital Christian Center)
NO COST, Registration Required

Working With Families Affected by Substance Abuse, Saturday, December 5, 8:30-3:30
Presenters: TOGETHER!
Former Lacey Cinemas, (Capital Christian Center) 4431 Martin Way, Lacey
NO COST, Registration Required

To Register, go online at www.ccactraining.org or call 360.786.8907 x110. STARS Hours Included.



Child Care Action Council

Resource and Referral
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www.ccacwa.org

Provider Survey

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 the blanks, even if your information has NOT changed. Thank you for your help!

Today's date: _____

Licensee/Contact person name _____ Business name _____

Type of care provided (mark ONE):
 Licensed Family Child Care Licensed Center Care
 Preschool ONLY (lic. exempt) School Age ONLY (lic. exempt)
 Summer Camp

Date program started _____

Facility street address _____ City _____ Zip _____

Mailing address (if different) _____ City _____ Zip _____

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

Fax # () _____ E-mail address _____ @ _____

Web Site www. _____ STARS Training ID # _____

If licensed:

License ID# (top left corner of license) _____ Expiration Date _____

Licensed for total of _____ children Accepted age range: from youngest _____ to oldest _____

Desired total capacity: _____ children from youngest _____ to oldest _____

Total # of openings today _____ (More capacity and vacancy questions on next page.)

School District where program is located _____

Elementary School nearest you _____ Walking distance? yes no

Near public transportation? yes no

If you have or want school age children in your care:

Schools kids may attend _____

Do you transport children to school? yes no If yes, which? _____

Does a school bus stop near your facility? If yes, which school? _____

Comments:

Languages spoken by yourself or staff, circle all that apply:

English Spanish American Sign Language Russian Vietnamese Cambodian Japanese Cantonese German
Korean Samoan Other: _____

Check all subsidies you accept/offer: DSHS Homeless Multi-Child Discount
 Sliding Scale (based on family's income) Keystone Crisis Nursery
 Other, please describe _____

Program Model: Preschool Component School-Age Component Montessori Philosophy
 Purchased curriculum Provider/Teacher designed Emergent curriculum
 Private Kindergarten Therapeutic Child Care Other Model

Business Days and Hours:

Monday from _____ AM PM to _____ AM PM

Tuesday from _____ AM PM to _____ AM PM

Wednesday from _____ AM PM to _____ AM PM

Thursday from _____ AM PM to _____ AM PM

Friday from _____ AM PM to _____ AM PM

Saturday from _____ AM PM to _____ AM PM

Sunday from _____ AM PM to _____ AM PM

Do you accept children:

Both full- and part-time

Full-time only (35 hours+)

Part-time only

Do you operate: all year long during 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? _____

Family Child Care capacity and openings (columns do not add up to total capacity):

Age Range	Maximum # Licensed for	Maximum # Accepting	# Openings (circle full or part time)	Date of Openings
Infant 0-12 months			FT PT	
Toddler 1-2 years			FT PT	
Toddler 2-3 years			FT PT	
Preschool 3-5 years			FT PT	
Kindergarten				
Grades 1 and up				

Center Care capacity and openings (columns do not add up to total capacity):

Age Range	Maximum # Licensed for	Maximum # Accepting	# Openings (circle full or part time)	Date of Openings
Infant 0-12 months			FT PT	
Toddler 12-30 months			FT PT	
Preschool 31 months to 5 years			FT PT	
Kindergarten				
Grades 1 and up				

What do you charge per day, week or month?

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)
 Kindergarten \$ _____ per _____ (school days) \$ _____ per _____ (full days)
 1st Grade and up \$ _____ per _____ (school days) \$ _____ per _____ (full days)

Is your standard fee the same as the DSHS rate? yes no

Additional Fees: Application \$ _____ Supplies \$ _____ Late Child Pickup \$ _____
 Field Trip \$ _____ Transportation \$ _____ Enrichment Activities \$ _____
 Req. Advance Payment Provider Paid Vacation Provider Paid Holidays

Tell us about your program:

Would you provide respite (relief) care for children with special needs outside your regular business hours? yes no

Is your program considered not-for-profit by the IRS? yes no

Environment: no pets indoor pets outdoor pets
 covered outdoor play area wheelchair accessibility non-smoking (always)
 wood stove used for heat (during or outside program hours)

Meals served: breakfast lunch dinner snacks
 parents provide meals extra charge for meals additional meals at extra charge
 will accommodate family diet preferences USDA Food program participant

Special Skills: 10-Hour STARS Trainer BB for Family Child Care Trainer
 20-Hour Center Trainer Trained Mentor Consultant

Special Needs (training or experience providing for needs not typical to child's age):

Behavior Supervision/Supports Communication Supports
 Diapering/Toileting Assistance Eating Assistance
 Health Monitoring Mobility Assistance Medication Monitoring
 Nursing Care Physical Therapy Specialized Equipment

Professional Development: Building Blocks 20-hour Center
 20-Hour FCC/Center Combined

College Education (mark all that apply to you and your staff and include documentation of CDA with your survey):

some ECE (Early Childhood Education) classes 1 yr ECE certificate
 CDA (Child Development Associate) AA in ECE or related
 BA in ECE or related MA in ECE or related
 Certified Teacher Other, please describe: _____

Experience: Under 1 year 1-3 years 4-6 years
 7-10 years 11-15 years 16 or more years

Type of Experience (mark all that apply to you and your staff):

Center Child Care Family Child Care Both

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) NAA (After School Care)
 NECPA (Center Care) MSAC (Montessori Center Care) NAC (Center Care)
 Military Certification ACSI (Faith-based Center Care)

Affiliation:

- FCC Association Support Group/Network Career & Wage Ladder
 CCR&R Advisory Montessori Assoc CCAC Member

Would you be willing to advocate on child care issues by:

- Contacting Legislators Making Legislative visits Testifying at Legislative hearings
 Participating in focus groups Receiving mailings about advocacy opportunities

Schedule

- Opening Time Closing Time Occasional Saturday

Flexibility:

- Occasional Sunday Occasional Evening Occasional Overnight
 School Age w/Younger Sib Not Flexible Evening past 6:30 p.m.
 Overnight past 3 a.m. Weekend (Sat. Sun. Both)

Organizational Structure:

Is your program linked with any of the following (check all that apply)?

- church/faith based org. public school private school
 college/voc tech parent cooperative employer-sponsored
 Military Tribe
 program limited to certain clients, please describe _____

Do you take children on field trips? If yes, how do they get there?

- facility vehicle provider private vehicle parents drive
 walking public transportation no field trips

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

Do you offer any of the following?

- swim lessons gymnastics music
 parent newsletter art theatre
 Library Storytime parent education homework assistance
 other; please explain: _____

Who is your DEL Licensor?

- Sharon Bell Jean Orton-Elders Kathy Schroeder
 Deb Harris Charlotte Dedman Linda Robertson
 Cynthia Anstiss

Communication Preferences:

How can CCAC contact you (check all that apply)?

- email mail phone

How would you like to receive CCAC's newsletter and other printed materials?

- email only mail only both

Are you interested in receiving newsletter and other printed materials in Spanish?

- Spanish only English only both

When is the best time to phone you (check all that apply)?

- AM (8a.m. – 11a.m.) PM (Noon – 4:30p.m.)

Referral Status:

CCAC can temporarily or permanently stop referring parents to your child care program. Please indicate below if you would like to be removed from our referral states and for how long:

- Please remove my program from your **telephone / email** referral service until _____ (date)
 Please remove my program from your **online** referral service until _____ (date)

Please note: It is our policy to refer parents to providers by matching location, type of care and ages of children as primary criteria. The Americans with Disabilities Act (ADA) prohibits discrimination against people with disabilities. Therefore, we refer children with disabilities to any provider matching a family's primary child care needs, regardless of training or experience. Under the ADA, all providers must individually assess a child's needs to determine reasonable accommodations for inclusion. If you would like more information or support in caring for children with disabilities, please contact CCAC at 754-0810 or 800-845-0956.

Provider Signature _____