



2335 Robinson St.
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CHILD CARE PROVIDER INFORMATION & UPDATE FORM

*Thank you for taking the time to fill out this form completely.
Accurate information is critical for quality child care referrals in El Paso County.
Download this form and save to your computer.
Email, fax, or mail this form to the address above.*

First Name: _____

Last Name: _____

Business Name:

I have no updates at this time: _____

License #: _____

Do you want web referrals: Yes No

Physical Address:

Mailing Address: (if different from physical address)

Primary Phone: _____

Other Phone: _____

E-mail Address:

Website:

Setting of care:

Family Child Care Preschool Program
School Age Program Center

Current operating status:

Active Inactive

Age Range of Children Served: _____

Age Groups Served:

Infant Toddler
Preschool School Age

Total Licensed Capacity: _____

Total Desired Capacity: _____

Total Vacancies: _____

Type of Weekly Schedule (Check only one):

Full-Time Care (25 hours or more/week):
Part-Time Care (less than 25 hours/week):
Both:

Days/Hours of operation:

Monday: Start Time: _____ End Time: _____

Tuesday: Start Time: _____ End Time: _____

Wed.: Start Time: _____ End Time: _____

Thursday: Start Time: _____ End Time: _____

Friday: Start Time: _____ End Time: _____

Saturday: Start Time: _____ End Time: _____

Sunday: Start Time: _____ End Time: _____

Environment (Check all that apply):

Public Private Non-profit

Environment (Check all that apply):

Wheelchair Accessible Pets
Outside Pets Inside Pets
Classroom Pets Preschool Curriculum
Smoke Free Peanut Free
Near Public Transportation

Meals Served (Check all that apply):

Breakfast AM Snack PM Snack
Dinner Lunch Special Request
USDA Food Program Formula

Philosophy: (Check appropriate item, if any):

Montessori
Waldorf
Reggio Emilio
Faith-Based

Languages Spoken:

Special Needs (Check all areas of experience that apply):

Social Emotional Behaviors
Respiratory Illness (Includes asthma)
Diabetes
Seizure Disorders
Physical Delays/Limitations
Cognitive Delays
Speech/Communication
Food/Dietary
Medical Special Procedures
Willing to Support

Accept (Check all that apply):

Drop-in Temporary Emergency
Before School After School
Variable 24-hour Evening Care
Open Holidays Overnight Care

Experience – of staff:

Less than 1 Year Experience
1-5 Years’ Experience
5-10 Years’ Experience
10+ Years’ Experience

Education – of staff:

High School graduate
Some college- Child related
Some college- Other
Associates Deg.- Child related
Associates Deg.- Other
Bachelors Deg.- Child related
Bachelors Deg.- Other
Masters Deg.- Child related
Masters Deg.- Other

Affiliation:

CAFCC NAFCC CAEYC NAEYC
NCAA Religious based CCCA
CAQSAP Local FCC Local AEYC

Other: _____

Health Consultant Last Visit: _____

First and Last name of HC:

Setting:

Faith Based
Center
Public School
Home

County: _____

Schools Served:

School Districts Served:

Provides Transportation: Yes No

To which schools:

Walking Distance to school: Yes No
Close to Public Transportation: Yes No
School Bus Transportation: Yes No

What is your Colorado Shines QRIS level: _____

Do you want information about QRIS:
Yes No

Type of Yearly Schedule (Check only one):

Full Year (Open 12 months)
School Year Only (Follows School Calendar)
Summer Only

Financial Assistance Offered (Check all that apply):

CCCAP Accepted
Multi-Child Discount
Offers Scholarships
Sliding Fee Scale
Head Start Program
Colorado Preschool Program
Other: _____

If you questions about this form, please call Teresa Smarsh, Quality Improvement Program Assistant at 719-659-7198 or e-mail tmarsh@allianceforkids.org
Thank you for taking the time to update your information. This will help to ensure that accurate, appropriate referrals are made to families. Please note that once this form is complete, you can mail it to: 2335 Robinson St., Colorado Springs, CO 80904 or email to: tmarsh@allianceforkids.org

****Reverse 911-Emergency Notification System**** *'The Emergency Notification System is a tool used by authorized emergency services personnel that that can make rapid telephone, text and email notifications to a specific geographic areas. It is used to alert you of emergency situations that pose a threat to life or property, or situations deemed dangerous by public officials. This may include, but is certainly not limited to, man-made disasters, hazardous materials incidents, missing persons, crime, or neighborhood/business evacuation notifications.'*

<http://911colorado.org/emergency-notification-service/>

Select your county and then set up your Reverse 911 account.