



2335 Robinson St.

Colorado Springs, CO 80904

Email: FFennell@allianceforkids.org

Phone: 719-291-8112

CHILD CARE PROVIDER INFORMATION & UPDATE FORM

Thank you for taking the time to fill out this form completely. Accurate information is critical for quality childcare referrals in El Paso County. Please email or mail this form to the address above.

Please submit the completed form to Tina Fennell.

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 per week)
- Part Time Care (less than 25 hours per week)
- Both

Days/Hours of operation:

Monday: Start Time: _____ End Time: _____

Tuesday: Start Time: _____ End Time: _____

Wednesday: Start Time: _____ End Time: _____

Thursday: Start Time: _____ End Time: _____

Friday: Start Time: _____ End Time: _____

Saturday: Start Time: _____ End Time: _____

Sunday: Start Time: _____ End Time: _____

Is this facility:

- Public Private Non-profit

Environment (Check all that apply):

- Wheelchair Accessible No Pets
 Outside Pets Inside Pets
 Classroom Pets Preschool Curriculum
 Smoke Free Peanut Free
 Near Public Transportation
 Preschool Curriculum

Meals Served (Check all that apply):

- Breakfast AM Snack Lunch
 PM Snack Dinner Special Requests
 USDA Food Program Formula Provided

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:

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

Affiliation:

- CAFCC NAFCC CAEYC NAEYC
 NCCA 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:

What is your Colorado Shines QRIS level: _____

Do you want information about QRIS:

Yes No

Walking Distance to school: Yes No

Close to Public Transportation: Yes No

School Bus Transportation: 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 Tina Fennell, Quality Initiatives Assistant & Navigator at 719-291-8112 or e-mail FFennell@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: FFennell@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.