



Provider Update Form

First Name _____
Last Name _____
License Number _____
Business Name _____
Address _____
City, State, Zip _____
Licensed Capacity _____ **Desired Capacity** _____
Vacancies _____
Phone (with area code) _____
Email: _____

Star Level 1 Star 1 Star + 2 Star 3 Star NAEYC NAFCC

Type of Care Program:

Child Care Center Family Child Care Home School-Age Program Preschool
 Camp Drop-in Facility First Start Head Start

Accepted ages range: **FROM** _____ **TO** _____

Type of Schedule:

Full Time Part Time Both Full / Part Time
 Drop In Temp/Emergency Before School
 After School Rotating 24-Hour Holidays

Schedule Duration: Full Year School Year Summer Only

Hours and Days of the Week the Program Is Open:

| | | | | | |
|-----------|------------------------------|-----------------------------|-------|----|-------|
| Monday | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ | TO | _____ |
| Tuesday | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ | TO | _____ |
| Wednesday | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ | TO | _____ |
| Thursday | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ | TO | _____ |
| Friday | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ | TO | _____ |
| Saturday | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ | TO | _____ |
| Sunday | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ | TO | _____ |

Is transportation provided?

Yes No If yes, to which schools?

If yes, please select the following transportation services you provide:

- Walking Distance to School
- Transportation to/from School
- Close to school bus stop
- Near Public Transportation
- Transportation to/from Home
- Close to city bus stop

Are you a part of the USDA Food Program?

Yes No If yes, to which program?

Environment

- Indoor Pets
- Outdoor Pets
- Wheel Chair Accessible
- No Pets
- Smoke Free
- Preschool Curriculum

Will you accept children with these special needs?

Behavioral Medical Developmental Physical

**Please list your full-time fees according to age group on a weekly basis.
(Fees will not be disclosed to parents and is collected only for the state database purpose)**

| | | |
|--------------------|-------------------------|-------|
| Infants | 0 - 12 Months | _____ |
| Toddlers | 13 - 23 Months | _____ |
| Toddler 2 | 24 - 35 Months | _____ |
| Preschool | 36 - 47 Months | _____ |
| Preschool 2 | 48 - 60 Months | _____ |
| School Age | 61 Months and Up | _____ |

Please check all forms of financial assistance that you offer or accept:

DHS Subsidy Sliding Scale Indian Contract SSI / Special Needs

Check all that apply towards staff education and degrees.

- Administrator's Credential
- Associates-Non Child Related
- Bachelors-Non Child Related
- CDA/CCP Currently Enrolled
- Masters & Up -Child Related
- Associates-Child Related
- Bachelors-Child Related
- CDA/CCP Credential
- Certificate of Mastery
- Masters & Up-Non Child Related

Do you want us to refer you to parents needing care? Yes No

Is there anything else about your program that you would like us to know? (Other languages spoken, special skills, etc).