



Umatilla Morrow Child Care Resource & Referral
110 NE 4th, Hermiston, OR 97838

541-564-6878 800-559-5878 Fax 541-564-6879

For Office Use Only
Provider Record
Date Added
Staff Initials

This form can be filled in right into the document, then printed, or print, fill in and fax or mail in your signed form.

First Name: [] Last Name: []
Business Name: [] Date first began care (approximate is ok): []

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 <http://www.oregonchildcare.org/>

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

Primary Phone: [] Secondary Phone: [] Fax Phone: [] Cell Phone: []

Confidential Information : SS# [] Date of Birth: []

Website address: [] Email: [] Update by email Yes No

****Emails and Website addresses provided WILL be posted on the State website if web referrals is indicated.**

License Type Registered or Certified Registration # [] Expiration Date: []
 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 [] weeks mo. yrs TO AGE [] weeks mo. yrs

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

Current Openings: [] Specify what ages you can take up to 1 yr 1-2 yr 2 yr to 1st grade 1st grade up

For Family Providers: DO YOU have children of your own? Yes No What are there ages now? []

Transportation Provided Yes No What public school does or would your children attend? []

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

- 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

Primary Language: [] Other Languages spoken []

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 [] AM PM **HOURS** TO [] AM PM
 Drop In Temp/Emergency Before School After School Rotating 24-Hour Open Holidays

RATES	FULL TIME (30 or more hours)	PART TIME (less than 30 hours)
Under 1 yr	<input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Month	<input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Month
1 to 2 yr	<input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Month	<input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Month
2yrs to Kindergarten	<input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Month	<input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Month
	Kindergarten	First Grade and Older
Before School	<input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Month	<input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Month
After School	<input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Month	<input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Month
Before AND After School or Fulltime (Summers)	<input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Month	<input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Month
<input type="checkbox"/> Registration fee	<input type="checkbox"/> Deposit	<input type="checkbox"/> Materials/book fee
<input type="checkbox"/> Charge for transportation	<input type="checkbox"/> Extra Charge for meals	<input type="checkbox"/> Activity fee
<input type="checkbox"/> Other fees (specify what type and amount)		
(Mark all that apply) <input type="checkbox"/> Full time <input type="checkbox"/> Part Time <input type="checkbox"/> Both <input type="checkbox"/> School Year only <input type="checkbox"/> Summer only <input type="checkbox"/> Full Year Only <input type="checkbox"/> Any		

ACCEPTS CHILDREN

<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

EXPERIENCE		
<input type="checkbox"/> Trained as child care provider mentor	<input type="checkbox"/> Center care experience	<input type="checkbox"/> Previous family child care experience
<input type="checkbox"/> K-elementary classroom teacher	<input type="checkbox"/> Experience with medical assistance	
EDUCATION		
<input type="checkbox"/> High school diploma/GED	<input type="checkbox"/> Some college, child related	<input type="checkbox"/> Some college, other emphasis
<input type="checkbox"/> Associate degree, child related	<input type="checkbox"/> Associate degree, other emphasis	<input type="checkbox"/> Bachelor's, child related
<input type="checkbox"/> Bachelor's, other emphasis	<input type="checkbox"/> MA/MS or PhD	<input type="checkbox"/> CN/CMA
<input type="checkbox"/> LPN/RN		
ACCREDITATION <input type="checkbox"/> NAFCC <input type="checkbox"/> NAEYC/NAECP <input type="checkbox"/> NSACA <input type="checkbox"/> CDA		
AFFILIATION (Contact Lane Family Connections for additional information)		
<input type="checkbox"/> PRO	<input type="checkbox"/> Other provider support organization	<input type="checkbox"/> Provider network
<input type="checkbox"/> OACCD	<input type="checkbox"/> OAEYC	<input type="checkbox"/> OSAC
<input type="checkbox"/> NAFCC	<input type="checkbox"/> OFCCN	<input type="checkbox"/> Stand for Children
Oregon Registry		
<input type="checkbox"/> Step 1	<input type="checkbox"/> Step 2	<input type="checkbox"/> Step 3
<input type="checkbox"/> Step 4	<input type="checkbox"/> Step 5	<input type="checkbox"/> Step 6
<input type="checkbox"/> Step 5	<input type="checkbox"/> Step 8 or 8.5	<input type="checkbox"/> Step 9 or 9.5 <input type="checkbox"/> 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 <input type="checkbox"/> Update by email <input type="checkbox"/> Update by fax <input type="checkbox"/> To receive mailings in Spanish		

I understand that Umatilla Morrow CCR&R only makes referrals, not recommendations to families. I agree to assist CCR&R in maintaining up to date information on child care availability by reporting changes in my Family Child Care home when they occur. I give CCR&R permission to release the information on this form to parents seeking child care services. In addition, CCR&R occasionally releases the names and addresses of listed providers to carefully screened child care related agencies and organizations. Unless otherwise indicated, I give Umatilla Morrow CCR&R permission to release my name and address to such agencies and organizations.

Signature: _____ **Date:** _____

Please let us know any details you want us or parents to know about your program: