

# Provider Update Form

Resource & Referral Agency: Central Valley Childrens Services Network

Phone: (559) 456-8195

We recently changed our Child Care Referral software and we are in the process of updating our files for all Active providers with our F.I.N.D Care Department.

Please review this new Information Sheet that we currently have in our new database. Please make any changes that need to be made on the information sheet, include a current copy of CPR, Child Care First Aid, Health and Safety cards and your license copy (s).

## PROVIDER INFORMATION

Provider Name: \_\_\_\_\_  
 Alt. Name: \_\_\_\_\_  
 Contact: \_\_\_\_\_  
 Website: \_\_\_\_\_  
 Facility Address: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_

Facility Phone: \_\_\_\_\_  
 Corporate Phone: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_  
 Fax Number: \_\_\_\_\_  
 Email: \_\_\_\_\_

**Please check any that apply:**     Toddler Option (centers only)     School Age Option  
 Not Accepting Referrals    Reason: \_\_\_\_\_

### Licenses:

Age Group	Capacity	License Number	Desired Capacity	Subs. Slots	Child Age (From)	Child Age (To)	Vacancies
Infant (0-2 yrs):							
Preschool (2-5 yrs):							
School Age (6+ yrs):							
FCC:							

## LOCATION

Cross Streets: \_\_\_\_\_ Area: \_\_\_\_\_

Schools: \_\_\_\_\_

**Transportation (check all that apply):**

- |                                |  |
|--------------------------------|--|
| <input type="checkbox"/> Bus   | <input type="checkbox"/> Provider Drives |
| <input type="checkbox"/> Other | <input type="checkbox"/> Provider Walks  |

Other: \_\_\_\_\_

## SCHEDULE

Start Time: \_\_\_\_\_ Days:     Sun     Mon     Tue     Wed     Thu     Fri     Sat

Stop Time: \_\_\_\_\_     24 Hours     Flexible     Non-Traditional Hours

**Day Schedule:**     Full Time     Before School     Days     Overnight  
 Part Time     After School     Evenings     Drop In  
 Rotate/Variable

**Year Schedule:**     School Year     Summer  
Check all that apply     Full Year     Other

**RATES**

Age Group	Monthly		Weekly		Daily		Hourly	
	Full Time	Part Time	Full Time	Part Time	Full Time	Part Time	Full Time	Part Time
Infant (0-2 yrs):								
Preschool (2-5 yrs):								
School Age (6+ yrs):								

Charge Registration Fee? Registration Fee Amount: \_\_\_\_\_ Charged:  Once  Yearly

**QUALIFICATIONS**

Languages spoken \_\_\_\_\_

Accreditations \_\_\_\_\_

Other: \_\_\_\_\_

Other: \_\_\_\_\_

Do you have any education, training or experience to work with children with special needs?  Yes  No

Please describe: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**CHARACTERISTICS**

Programs \_\_\_\_\_

Subsidies \_\_\_\_\_

Affiliations \_\_\_\_\_

Other: \_\_\_\_\_

Other: \_\_\_\_\_

Other: \_\_\_\_\_

**Additional Information**

- Apartment
- Has Pets
- Has Pool/Spa
- House

- Provides Diapers
- Provides Formula
- Wheelchair Accessible

**Meals Served**

Provider		Parent
<input type="checkbox"/>	Breakfast	<input type="checkbox"/>
<input type="checkbox"/>	AM Snack	<input type="checkbox"/>
<input type="checkbox"/>	Lunch	<input type="checkbox"/>
<input type="checkbox"/>	PM Snack	<input type="checkbox"/>
<input type="checkbox"/>	Dinner	<input type="checkbox"/>
<input type="checkbox"/>	Late Snack	<input type="checkbox"/>

Provide care for sick children?

Yes  No

Child Care Food Program

Yes  No

**REFERRAL NOTES**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Provider Signature \_\_\_\_\_

Date: \_\_\_\_\_