

**CARELINK**  
**RESOURCE DEVELOPMENT CENTER**  
**A Program of Child Care Services of York County**

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Toll Free: 1-888-917-1100  
www.carelinkrdc.com  
Email: [bonnie@carelinkrdc.com](mailto:bonnie@carelinkrdc.com)

**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_  
(Please note this is the name on your license or certificate and in some cases maybe not be the contact person)

**Business Name:** \_\_\_\_\_

**Type of Care: (check only one)**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Child Care Center | <input type="checkbox"/> School Age Program | <input type="checkbox"/> Recreation Program |
| <input type="checkbox"/> Family Child Care | <input type="checkbox"/> Small Facility     | <input type="checkbox"/> Head Start         |
| <input type="checkbox"/> Preschool Program | <input type="checkbox"/> Legal Exempt       |   |

**What year did you start offering child care?( Month & Year)** \_\_\_\_\_

**Please check what you would like from CareLink:**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Give Referrals             | <input type="checkbox"/> Give Web Referrals | <input type="checkbox"/> Mailing list only |
| <input type="checkbox"/> No referrals (do not call) | <input type="checkbox"/> No Web Referrals   |  |

**Physical Address:**

Street Address: \_\_\_\_\_

County: \_\_\_\_\_ City: \_\_\_\_\_ Zip/Postal Code (plus 4) \_\_\_\_\_

**Contact Person:** \_\_\_\_\_

**Mailing address: (if different than street address)**

Street Address: \_\_\_\_\_

County: \_\_\_\_\_ City: \_\_\_\_\_ Zip/Postal Code (plus4) \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ E-mail Address: \_\_\_\_\_ Web Site: \_\_\_\_\_

**SECTION 2:**

**Licensing Information:**

- Regulated/Licensed, Certified Provider with State of Maine  
 Exempt/Unregulated (LUH)

License ID: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
EIN/SSN: \* \_\_\_\_\_ \* (Employee Identification/Social Security Number (OPTIONAL))

**License Types (For Family ChildCare Homes Only):**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> A: 4 children; 1 adult  | <input type="checkbox"/> B: 5 children; 1 adult  | <input type="checkbox"/> C: 6 children, 1 adult  |
| <input type="checkbox"/> D: 8 children; 1 adult  | <input type="checkbox"/> E: 10 children, 1 adult | <input type="checkbox"/> F: 12 children, 2 adult |
| <input type="checkbox"/> G: 12 children; 1 adult | <input type="checkbox"/> H: 2 children, 1 adult  |  |

**Capacity Information:**

**Ages Served:**

Total Licensed Capacity: \_\_\_\_\_

From Age: \_\_\_\_\_  Weeks

Total Desired Capacity: \_\_\_\_\_

Months

Years

Total Vacancies: \_\_\_\_\_

To Age: \_\_\_\_\_  Months

Years

as of (date) \_\_\_\_\_

**School information** (specifically only if you serve school age children):

What schools are you within walking distance of, do you transport to, or do buses pick up for?  
**(Please list each school's name rather than towns or SAD #):**

Do **you** provide transportation to and from school?  YES  NO

Are the schools within walking distance?  YES  NO

**Funding (Centers Only):**  Head Start  State Pre-K Funding

**Languages Spoken by Provider or Staff:**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> English                | <input type="checkbox"/> French          | <input type="checkbox"/> Spanish        |
| <input type="checkbox"/> American Sign Language | <input type="checkbox"/> Vietnamese      | <input type="checkbox"/> Cambodian      |
| <input type="checkbox"/> German                 | <input type="checkbox"/> Russian         | <input type="checkbox"/> Haitian Creole |
| <input type="checkbox"/> Somali                 | <input type="checkbox"/> Laotian         | <input type="checkbox"/> Chinese        |
| <input type="checkbox"/> Japanese               | <input type="checkbox"/> Native American | <input type="checkbox"/> Italian        |
| <input type="checkbox"/> Mandarin               | <input type="checkbox"/> Farsi           | Other: _____                            |
| <input type="checkbox"/> Polish                 | <input type="checkbox"/> Greek           |   |

**Vacancies:**

- |                                    |   |                                     |
|------------------------------------|---|-------------------------------------|
| <input type="checkbox"/> Infant    | <input type="checkbox"/> Infant & Toddler | <input type="checkbox"/> Toddler    |
| <input type="checkbox"/> Preschool | <input type="checkbox"/> Kindergarten     | <input type="checkbox"/> School-Age |
| <input type="checkbox"/> Part-time | <input type="checkbox"/> Evening          | <input type="checkbox"/> Overnight  |
| <input type="checkbox"/> Full Time |   |                                     |

**Number of Special Need Children You are Currently Serving:**

- 1-2 Currently Being Served  3-5 Currently Being Served  6+ Currently Being Served

Directions to Home or Center: \_\_\_\_\_

**Section 3**

**14. Care Available: Accepts Children:**

a. Days of the week open: SMTWTHFS

b. Hours of Operation: From \_\_\_\_\_ To \_\_\_\_\_

c. Number of shifts care is provided: 1 2 3

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Full-time only    | Duration (check only one):                   | <input type="checkbox"/> Full year        |
| <input type="checkbox"/> Part-time only    |  | <input type="checkbox"/> School year only |
| <input type="checkbox"/> Both              |  | <input type="checkbox"/> Summer only      |
| <input type="checkbox"/> Drop In           | <input type="checkbox"/> Temporary Emergency |   |
| <input type="checkbox"/> Before School     | <input type="checkbox"/> After school        |   |
| <input type="checkbox"/> Rotating Schedule | <input type="checkbox"/> Holidays            |   |

**Comments:** \_\_\_\_\_

**Fees:** (If Kindergarten is a Full Day in your area don't separate the Kindergarten from School Age)

Age Group	Age Range	Full Week	Part Week	Full Day	Half Day	Hourly	Comments
Infant	6 weeks – 1 yr						
Toddler	13mos –2 /12 yrs						
Preschool	2 /12 yrs – 5 yrs						
Kindergarten	Kindergarten						
School Age (Before/After)	1 <sup>st</sup> grade –5 <sup>th</sup> grade						
School Age (Fulltime)	1 <sup>st</sup> grade –5 <sup>th</sup> grade						

**Additional fees**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Field Trip/Special Activities | <input type="checkbox"/> Annual Registration Fee | <input type="checkbox"/> One Time Registration Fee |
| <input type="checkbox"/> Late fee                      | <input type="checkbox"/> Preschool Fee           | <input type="checkbox"/> Drop-in                   |
| <input type="checkbox"/> Lessons                       | <input type="checkbox"/> Other                   |  |

**Enrollment Information:** (If Kindergarten is a Full Day in your area don't separate the Kindergarten from School Age)

Age	Desired Capacity	Licensed Capacity	Subsidized Capacity	Full Time Vacancy	Part Time Vacancy	Vacancy Date	Current Enrollment	Adult/Child Ratio
Infant (6wks – 1yr)								
Toddler (13mos –2 ½ yrs)								
Preschool (2 1/2 yrs – 5 yrs)								
School Age (1 <sup>st</sup> grade-5 <sup>th</sup> grade)								
School Age Kindergarten								

**SECTION 3**

**Total # of Staff** \_\_\_\_\_

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

- |   |                                      |   |
|---|--------------------------------------|---|
| <input type="checkbox"/> Outdoor Play               | <input type="checkbox"/> Pool        | <input type="checkbox"/> No Pets              |
| <input type="checkbox"/> Near Public Transportation | <input type="checkbox"/> Lead Safe   | <input type="checkbox"/> Non Smoking          |
| <input type="checkbox"/> Pets                       | <input type="checkbox"/> Fenced Yard | <input type="checkbox"/> School Bus Route     |
| <input type="checkbox"/> No Indoor Pets             | <input type="checkbox"/> Dog(s)      | <input type="checkbox"/> Cat(s)               |
| <input type="checkbox"/> Faith Based                | <input type="checkbox"/> Wading Pool | <input type="checkbox"/> Eco-Healthy Endorsed |
| <input type="checkbox"/> Caged Animals              | <input type="checkbox"/> No Dog      | <input type="checkbox"/> No Cats              |
| <input type="checkbox"/> Preschool Curriculum       |                                      |   |

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

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Breakfast                                      | <input type="checkbox"/> Morning snack | <input type="checkbox"/> Lunch                          |
| <input type="checkbox"/> Afternoon snack                                | <input type="checkbox"/> Formula       | <input type="checkbox"/> Dinner                         |
| <input type="checkbox"/> USDA Food Program                              | <input type="checkbox"/> Special Diet  | <input type="checkbox"/> Parent Provides Meals & Snacks |
| <input type="checkbox"/> Parent Provides Meals/Provider Provides Snacks |  |   |

**Philosophy (Centers only)**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Child Centered          | <input type="checkbox"/> Montessori                              | <input type="checkbox"/> Waldorf             |
| <input type="checkbox"/> Reggio Emilio           | <input type="checkbox"/> High Scope                              | <input type="checkbox"/> Creative Curriculum |
| <input type="checkbox"/> Developmental Preschool | <input type="checkbox"/> Developmentally<br>Appropriate Practice |  |

**Accepts Subsidies:** (if applicable)

- |  |                                  |   |
|--|----------------------------------|---|
| <input type="checkbox"/> ASPIRE/Transitional     | <input type="checkbox"/> Voucher | <input type="checkbox"/> Contracted Slots |
| <input type="checkbox"/> Home start (Head Start) |                                  |   |

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

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Written contract            | <input type="checkbox"/> Written Handbook                   | <input type="checkbox"/> Multi-Child Discount                          |
| <input type="checkbox"/> Provider's vacation is paid | <input type="checkbox"/> Provider takes unpaid<br>vacations | <input type="checkbox"/> Parents pay when they take<br>their vacations |
| <input type="checkbox"/> Paid Holiday                | <input type="checkbox"/> Family vacations<br>allowance      | <input type="checkbox"/> Child Absence Allowance                       |

**Special Skills:**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Private Kindergarten                | <input type="checkbox"/> Maine Teaching<br>Certificate (Birth to 5yrs) | <input type="checkbox"/> Maine Teaching<br>Certificate (K-3) |
| <input type="checkbox"/> Maine Teaching<br>Certificate (K-8) | <input type="checkbox"/> Maine Teaching<br>Certificate (K-12)          |  |

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

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> CPR/First Aid Training       | <input type="checkbox"/> Health-Related Degree | <input type="checkbox"/> On-site Nurse  |
| <input type="checkbox"/> Liability Insurance          | <input type="checkbox"/> Audio Monitor         | <input type="checkbox"/> Video Camera-view child's<br>classroom over internet |
| <input type="checkbox"/> Password/Passkey Admittance  | <input type="checkbox"/> Sids Monitor          | <input type="checkbox"/> Video Monitor-view child within<br>home/center       |
| <input type="checkbox"/> Basic Water Safety Certified |  |   |

**Special Needs:** (check all that apply to your experience, currently or in the past)

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> ADD/ADHD                    | <input type="checkbox"/> Asthma                         | <input type="checkbox"/> Autism/PDD            |
| <input type="checkbox"/> Cancer                      | <input type="checkbox"/> Cerebral Palsy                 | <input type="checkbox"/> Cleft Lip/Palate      |
| <input type="checkbox"/> Developmental Delays        | <input type="checkbox"/> Diabetes                       | <input type="checkbox"/> Down Syndrome         |
| <input type="checkbox"/> Food Allergies              | <input type="checkbox"/> HIV/Hepatitis B                | <input type="checkbox"/> Hearing               |
| <input type="checkbox"/> Inclusive Child Care Core   | <input type="checkbox"/> Mental Health Disabilities     | <input type="checkbox"/> Mental Retardation    |
| <input type="checkbox"/> Multiple Disabilities       | <input type="checkbox"/> Non Food Allergies             | <input type="checkbox"/> Physical Disabilities |
| <input type="checkbox"/> Seizures Other Than Febrile | <input type="checkbox"/> Sensory                        | <input type="checkbox"/> Social Emotional Core |
| <input type="checkbox"/> Social/Emotional Behavior   | <input type="checkbox"/> Speech & Language              | <input type="checkbox"/> Spina Bifida          |
| <input type="checkbox"/> Tourette's Syndrome         | <input type="checkbox"/> Tube Feedings                  | <input type="checkbox"/> Vision                |
| <input type="checkbox"/> Wheelchair accessible       | <input type="checkbox"/> Willing to Dispense Medication | <input type="checkbox"/> Willing to be trained |

**Training within the past year:** (check all that apply)

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> 6 hours of workshops and training  | <input type="checkbox"/> 7-12 hours or workshops and training | <input type="checkbox"/> More than 12 hours of workshops and training specific to early care and education |
| <input type="checkbox"/> 13-40 hours of workshops and training specific to early care and education | <input type="checkbox"/> More than 40 hours of training       | <input type="checkbox"/> College Courses for Credit  |
| <input type="checkbox"/> Maine Roads to Quality Training (MRTQ)                                     |   | <input type="checkbox"/> Correspondence Course   |

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

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Under 1 year                 | <input type="checkbox"/> 1-3 years        | <input type="checkbox"/> 4-9 years                    |
| <input type="checkbox"/> 10-20 years                  | <input type="checkbox"/> 21 years plus    | <input type="checkbox"/> Family Child Care Experience |
| <input type="checkbox"/> Child Care Center Experience | <input type="checkbox"/> Nanny Experience | <input type="checkbox"/> Elementary School            |

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

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> High School                      | <input type="checkbox"/> Some college, child related | <input type="checkbox"/> Some college, other emphasis |
| <input type="checkbox"/> Associates Degree, child related | <input type="checkbox"/> Associates Degree, other    | <input type="checkbox"/> Bachelor's, child related    |
| <input type="checkbox"/> Bachelor's, other                | <input type="checkbox"/> CDA                         | <input type="checkbox"/> Master's, child related      |
| <input type="checkbox"/> Maine Roads to Quality Registry  |  |   |

**Accreditation:** (this does NOT mean QRS)

- |                                     |                                |                              |
|-------------------------------------|--------------------------------|------------------------------|
| <input type="checkbox"/> NAFCC      | <input type="checkbox"/> NAEYC | <input type="checkbox"/> NAA |
| <input type="checkbox"/> In Process | <input type="checkbox"/> NEPCA | <input type="checkbox"/> NAC |
| <input type="checkbox"/> AMS        |                                |                              |

**Affiliation:**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> NAFCC                 | <input type="checkbox"/> NAEYC                                  | <input type="checkbox"/> Maine FCC Association |
| <input type="checkbox"/> Local FCC Association | <input type="checkbox"/> Maine Child Care Directors Association | <input type="checkbox"/> College               |
| <input type="checkbox"/> Religious             | <input type="checkbox"/> Family Network                         | <input type="checkbox"/> YMCA/YWCA             |
| <input type="checkbox"/> AMS                   |   |  |

**Quality Indicators:**

- |                                     |   |                                     |
|-------------------------------------|---|-------------------------------------|
| <input type="checkbox"/> QRS Step 1 | <input type="checkbox"/> QRS Step 2               | <input type="checkbox"/> QRS Step 3 |
| <input type="checkbox"/> QRS Step 4 | <input type="checkbox"/> Not Participating in QRS | <input type="checkbox"/> ORS Waiver |
| <input type="checkbox"/> In Process |   |                                     |

**Flexible Schedule:**

- Weekend Care
- Afternoons Only
- Occasional Evening`
- Respite Care
- Overnight Care
- All Day
- Occasional Weekend
- Mornings Only
- Evening Care
- Occasional Overnight

**Activities Offered:**

- Religious
- Cooking
- Field Trips
- Cultural Activities
- Music & Movement
- Story Time
- Circle time
- Arts & Crafts
- Preschool Curriculum
- Offers Lesson

**Ethnicity of Staff and Provider**

- Black/African American
- White
- Asian
- Native American
- Hispanic Latino
- Hawaiian/Pacific Islander

**Best Times To Call:**

- Call During Naps
- Weekends
- Anytime
- Call Mornings
- Send e-mail update request
- Call in evening
- Afternoon

**Special Services:**

- Offers Mildly ill child care
- Open School Vacations
- Summer Camp Program
- Teacher’s Schedule
- CDS Contract
- Back-up care
- Co-op
- Open Snow Days
- Other
- In-home Care

**34. Holidays Per Yr:**

- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 11
- 12
- Will discuss

**Other information about yourself or program that you would like parents to know about:**

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**REFERRAL FILE POLICY AGREEMENT**

The **CareLink** staff is not responsible to any provider to fill vacancies in their program or home. Referrals will be made to all licensed, registered, or certified centers or homes in the York County area. However, no provider has the automatic right to be included in the referral file on an ongoing basis. **CareLink** does reserve the right to either temporarily suspend or permanently remove from our referral files the names of providers about whom serious questions or complainants exist regarding the quality of care and/or safety of children in their programs. Providers wishing to withdraw from the **CareLink** files may do so at any time they wish.

I have read and understand the above referral policy.

\_\_\_\_\_  
Child Care Provider Signature

\_\_\_\_\_  
Date

**PLEASE BE SURE CARELINK HAS A COPY OF YOUR  
CURRENT LICENSING CERTIFICATE!**