

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

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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):

Names of the schools you serve(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

Kindergarten schedule _____

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"/> Cambodian |
| <input type="checkbox"/> American Sign Language | <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Haitian Creole |
| <input type="checkbox"/> German | <input type="checkbox"/> Russian | <input type="checkbox"/> Chinese |
| <input type="checkbox"/> Somali | <input type="checkbox"/> Laotian | <input type="checkbox"/> Other |
| <input type="checkbox"/> Japanese | <input type="checkbox"/> Spanish | |

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: S M T W TH F S

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:

Age Group	Age Range	Full-Time	Daily	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 st grade – 5 th grade				
School Age (Fulltime)	1 st grade – 5 th 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:

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

SECTION 3

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"/> Preschool Curriculum | <input type="checkbox"/> Separate Structured
Preschool Curriculum | <input type="checkbox"/> Toilet Training NOT Required |

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 |

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
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
vacations | <input type="checkbox"/> Parents pay when they take
their vacations |
| <input type="checkbox"/> Paid Holiday | <input type="checkbox"/> Family vacations
allowance | <input type="checkbox"/> Child Absence Allowance |

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
classroom over internet |
| <input type="checkbox"/> Password/Passkey Admittance | <input type="checkbox"/> Sids Monitor | <input type="checkbox"/> Video Monitor-view child within
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 | <input type="checkbox"/> Master's, other | |

Accreditation:

- | | | |
|--------------------------------------|--------------------------------|---------------------------------|
| <input type="checkbox"/> NAFCC | <input type="checkbox"/> NAEYC | <input type="checkbox"/> NSACCA |
| <input type="checkbox"/> In Progress | <input type="checkbox"/> NEASA | <input type="checkbox"/> NIOST |

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 |

Quality Indicators:

Quality Certificate (**Apply to The Department of Human Services for the certificate.** If you check this box you MUST send a copy of your current quality certificate along with your licensing certificate)

Flexible Schedule:

- | | | |
|--|---|---|
| <input type="checkbox"/> Weekend Care | <input type="checkbox"/> Overnight Care | <input type="checkbox"/> Mornings Only |
| <input type="checkbox"/> Afternoons Only | <input type="checkbox"/> All Day | <input type="checkbox"/> Evening Care |
| <input type="checkbox"/> Occasional Evening` | <input type="checkbox"/> Occasional Weekend | <input type="checkbox"/> Occasional Overnight |
| <input type="checkbox"/> Respite Care | | |

Activities Offered:

- | | | |
|--|---|---|
| <input type="checkbox"/> Religious | <input type="checkbox"/> Music & Movement | <input type="checkbox"/> Arts & Crafts |
| <input type="checkbox"/> Cooking | <input type="checkbox"/> Story Time | <input type="checkbox"/> Preschool Curriculum |
| <input type="checkbox"/> Field Trips | <input type="checkbox"/> Circle time | <input type="checkbox"/> Offers Lesson |
| <input type="checkbox"/> Cultural Activities | | |

Ethnicity of Staff and Provider

- | | | |
|---|--|--|
| <input type="checkbox"/> Black/African American | <input type="checkbox"/> Asian | <input type="checkbox"/> Hispanic Latino |
| <input type="checkbox"/> White | <input type="checkbox"/> Native American | <input type="checkbox"/> Hawaiian/Pacific Islander |

Best Times To Call:

- Call During Naps
- Weekends
- Anytime

- Call Mornings
- Send e-mail update request

- Call in evening
- Afternoon

If you have pets what kind do you have:

- Bird
- Farm Animals
- Large Dog

- Cat
- Fish
- Rabbit

- Exotic (ie:iguana,ferret,snake, etc.)
- Hamster/Gerbil/Guinea Pig
- Small Dog

Special Services:

- Offers Mildly ill child care
- Open School Vacations

- CDS Contract
- Back-up care

- Open Snow Days
- Other

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:

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!