



Umatilla Morrow Child Care Resource & Referral  
110 NE 4<sup>th</sup>, 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 1<sup>st</sup> grade  1<sup>st</sup> 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)
<b>Under 1 yr</b>	<input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Month	<input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Month
<b>1 to 2 yr</b>	<input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Month	<input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Month
<b>2yrs to Kindergarten</b>	<input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Month	<input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Month
	<b>Kindergarten</b>	<b>First Grade and Older</b>
<b>Before School</b>	<input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Month	<input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Month
<b>After School</b>	<input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Month	<input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Month
<b>Before AND After School or Fulltime (Summers)</b>	<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)		
<b>(Mark all that apply)</b> <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

<b>EXPERIENCE</b>		
<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	
<b>EDUCATION</b>		
<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		
<b>ACCREDITATION</b>		
<input type="checkbox"/> NAFCC	<input type="checkbox"/> NAEYC/NAECP	<input type="checkbox"/> NSACA <input type="checkbox"/> CDA
<b>AFFILIATION (Contact Lane Family Connections for additional information)</b>		
<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
<b>Oregon Registry</b>		
<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
<b>PROGRAM STRUCTURE</b>		
<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
<b>SPECIAL REQUESTS</b>		
<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	
<b>PROVIDER PREFERENCES</b>		
<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: