

Attn: Connie Balram

Solano Family & Children's Services
RESOURCE & REFERRAL PROVIDER DATA

_____ Date

Please fill out this form TO BE LISTED IN OUR REFERRAL DATABASE OF CHILD CARE PROVIDERS.

Note: Please base your responses on the care you give on a regular basis.

Provider (or Director) First Name: _____ Last Name: _____

Business Name: _____

Type of Care: Center/Preschool Family Child Care Home Preschool Program School-Age Program
 Exempt, In-home Care (TrustLine) Exempt Center

Physical Street Address: _____ City: _____ Zip: _____

Mailing Address (if different): _____ City: _____ Zip: _____

Business Phone Number (_____) _____ - _____ Other Phone Number (_____) _____ - _____

E-mail Address: _____ Web Address: _____

Family Child Care License Number 48 _____	License Capacity __	Desired Capacity __
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CHILD CARE CENTERS ONLY		
INFANT License Number 48 _____	License Capacity __	Desired Capacity __
PRESCHOOL License Number 48 _____	License Capacity ___	Desired Capacity ___
SCHOOL AGE License Number 48 _____	License Capacity ___	Desired Capacity ___

TOTAL Number of openings you currently have today, based on your **DESIRED** capacity: _____

Accepted Age Range (Youngest) _____ (Oldest): _____

What elementary school is nearest to your business? _____ (list one)

How do the children get between school and your program?

- Transportation Provided
- Walking Distance to School
- Near Public Transportation
- Near School Bus Route
- On School Site
- Provider Transports to children to and from the families home
- Transportation Only Provided

Languages:

Can a person in the environment speak fluently in the languages listed?

- English
- Spanish
- Chinese
- Tagalog
- Vietnamese
- Korean
- Arabic
- French
- German
- Hindu
- Italian
- Japanese
- Mandarin
- Portuguese
- Sign Language
- Thai
- Other: _____

Please return this form to: Solano Family & Children's Services, 421 Executive Court North, Fairfield, CA 94534

If you have questions regarding this form, call the Resource & Referral Program staff at (707) 863-3950.

Education: AA/BA/MA Degree, Child Related
 CDA (Child Development Associate Credential)

Specific Curriculum: Religious Curriculum
 Montessori Curriculum

Accreditation: NAFCC NAEYC NSACA

Days Care Provided	Start Time	End Time
<input type="radio"/> Monday		
<input type="radio"/> Tuesday		
<input type="radio"/> Wednesday		
<input type="radio"/> Thursday		
<input type="radio"/> Friday		
<input type="radio"/> Saturday		
<input type="radio"/> Sunday		

Day Schedule:	Year Schedule:
<input type="radio"/> Full Time (FT) ONLY	<input type="radio"/> Full Year
<input type="radio"/> Part Time (PT) ONLY	<input type="radio"/> School Year ONLY
<input type="radio"/> Both F/T and P/T	<input type="radio"/> Summer ONLY

Other Available Schedules:

- Drop In
- Before School
- Rotating
- Open Holidays
- Temp/Emergency
- After School
- 24 Hour

CHILD CARE RATES:

AGE GROUP	Hourly PT	Daily PT	Weekly PT	Monthly PT
	Hourly FT	Daily FT	Weekly FT	Monthly FT
Infant (0-23 months)	\$	\$	\$	\$
Preschool (2-5 years and 11 months)	\$	\$	\$	\$
School-age (6—13 years)	\$	\$	\$	\$

Environment: Pool Pond Indoor Pets No Pets Wheelchair Accessible
 Hot Tub No pool/Hot Tub/Pond Outside Pets Liability Insurance Smoke Free Environment (including non-business hours)

Meals: Child Care Food Program (CCFP) Breakfast AM Snack I am interested in joining the food program, or need additional information?
 Lunch PM Snack Dinner
 Special Diet

Special Needs: (Please list if you have personal or professional experience or training in these areas)
 Behavioral/Emotional/Psychological Special Health/Medical Need Communication/Language
 Physical Disability Visual/Hearing Developmental Delays
 Developmental Disability Learning Disability Special Equip./Diet/Med's
 Other: _____

Thank you!