

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

26 Amherst St. ● PO Box 1389 ● Sanford, ME 04073
Phone: (207) 324-0735 * 104 ● Fax: (207) 490-0595
Toll Free: 1-888-917-1100
www.carelinkrdc.com
Email: 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"/> 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** _____

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; 1adult | <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 # - Remember that school age referrals are based on the schools you serve)

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 _____

Shift Information

Day	Open Time	Close Time
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

Number Shifts Care Provided

1 2 3

Full Time Only

Part Time Only

Both Full & Part Time

Drop In

Before School

Rotating Schedule

Full Year

School Year Only

Summer Only

Temporary Emergency

After School

Holidays

Fees (Fill in Kindergarten section only if Kindergarten is Half Day in your area)

Age Group	Age Range	Hourly	Half Day	Full Day	Part Week	Full Week	Comments
Infant	6 weeks – 1 yr	\$	\$	\$	\$	\$	
Toddler	13mos – 2 /12 yrs	\$	\$	\$	\$	\$	
Preschool	2 /12 yrs – 5 yrs	\$	\$	\$	\$	\$	
Kindergarten	Kindergarten	\$	\$	\$	\$	\$	
School Age	1 st grade +	\$	\$	\$	Before /After	Vacation/Summer	

Additional fees

Field Trip/Special Activities

Late fee

Lessons

Annual Registration Fee

Preschool Fee

Other

One Time Registration Fee

Drop-in

Enrollment Information (Fill in Kindergarten section only if Kindergarten is Half Day in your area)

Age	Desired Capacity (Sum of column can NOT exceed licensed capacity)	Licensed Capacity (Sum of column can NOT exceed 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 st grade-5 th grade)								
School Age Kindergarten								

Comments _____

Total # of Staff _____ (including yourself)

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 | <input type="checkbox"/> No TV | |

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 | | <input type="checkbox"/> Organic |

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 |
| <input type="checkbox"/> Child Must be Toilet Trained | | |

Special Skills

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

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 (NOT Maine Roads to Quality - This section MUST be completed – please check one)

- | | | |
|-------------------------------------|---|-------------------------------------|
| <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 | <input type="checkbox"/> Unsure – Need More Information | |

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

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!**