

Provider Update Form
Child Care Resource and Referral Agency
East Central University
1100 E. 14th, PMB E-3
Ada, OK 74820

In order for us to update our records and provide accurate referrals to parents, would you please take a few moments to complete the following information and return this form to us as soon as possible. Thank you.

General Info

First Name: _____ Last Name: _____

Business Name: (if applicable) _____

Type of Care: Center _____ Child Care Home _____ Large Child Care Home _____

Address: _____

Mailing Address: (if different) _____

Primary Phone: _____ Secondary Phone: _____

Email Address: _____ Website: _____

Licensing Info

License ID: _____ Star Status: 1 _____ 1+ _____ 2 _____ 3 _____

License Capacity: _____ Desired Capacity: _____ Age Range: From _____ to _____

Funding Received: __Head Start __ State Pre-K Funding School District: _____

Transportation (circle all that apply)

Transportation not provided Walking Distance to School Near Public Transportation

Transport to/from School Transport to/from Home Close to School Bus Stop

Languages Spoken: (circle all that apply)

English German ASL Arabic French Spanish Native American

Vietnamese Laotian

Financial Assistance Accepted: (circle all that apply)

DHS subsidy Sliding Scale Private Pay Tribal subsidy

Shift Information: (please list the hours your facility is open each day)

Monday: _____ Friday: _____

Tuesday: _____ Saturday: _____

Wednesday: _____ Sunday: _____

Thursday: _____

Do you accept:

Drop-In _____ Before School _____ After School _____

Rates: (Please List Weekly Full Time rates)

0-12 mos _____ 13-23 mos _____ 24-35 mos _____
36-47 mos _____ 48-60 mos _____ 61+ mos _____

Environment: (circle all that apply)

Wheel Chair Accessible Smoke Free No Pets USDA Food Program

Do you serve children with special needs? _____

Education: (education level of the director)

Administrators Credential _____ Associates Child Related _____

Associates Non-Child Related _____ Bachelors Child Related _____

Bachelors Non-Child Related _____ CDA/CCP _____

Currently Enrolled CDA/CCP _____ Certificate of Mastery _____

Masters & up Child Related _____ Masters & up Non-Child Related _____

Statistical Questions: (these questions are for statistical purposes only)

Number of Staff who are:

Spanish/Hispanic _____ Latino _____ Mexican _____ Puerto Rican _____

Number of Staff whose race is:

White _____ Black _____ American Indian _____ Native Hawaiian _____

Asian Indian _____ Chinese _____ Filipino _____ Japanese _____

Vietnamese _____ Other Asian _____ Guamanian/Chamorro _____

Samoan _____ Other Race (please list) _____

Languages other than English spoken by staff: _____

How well does this person speak English: _____