



Great Plains Child Care

Resource and Referral Center
901 S. Broadway
Hobart, OK 73651
1-888-878-4417

Provider Update Form

Facility Name:

Director/Contact:

Type of Care: Center____ Family Child Care____ Large Family____

Would you like to receive referrals from our agency? Yes No

Would you like to receive referrals via the internet? Yes No

Physical Address:

Mailing Address (if different):

Phone:

Email:

DHS License #:

Licensed Capacity:

Vacancies:

Ages of Children you will accept: youngest____ oldest____

Will you transport to schools? Yes No If yes, which ones:

Star Level: 1 1+ 2 3

Please check the subsidies you accept:

DHS____

Military____

Tribal____

SSI____

Please list the days and hours you accept children:

Will you accept children? Please check all that apply.

Full Time____ Part Time____ Summer____

School Year____ 24 Hour____ Drop In____ Temporary____

Before School____ After School____

Please list your rates:

0-11 months: _____ 24-35 months: _____ 61+ months: _____

12-23 months: _____ 36-60 months: _____

Tell us about the environment: Check all that apply.

Smoke Free _____ No Pets _____ Outdoor Pet _____

Indoor Pet _____ Wheelchair Access _____

Preschool Curriculum _____

Are you on the USDA Food Program? Yes No

Do you or any of your staff have: Please check all that apply.

CDA/CCP _____ Cert. of Mastery _____ Assoc. Degree _____

Assoc-Child related _____ Bach. Degree _____ Bach-Child

related _____ Masters Degree _____

Masters-Child related _____ Admin. Credential _____

Family Child Care Homes only: What type of dwelling is your child care in?

House _____ Apartment _____ Townhouse _____ Mobile Home _____

The following questions were added to our update by the Census Bureau, we do not use this information for any purpose other than reporting back to them. You may choose not to answer.

Family Child Care providers:

What is your race? _____

Do you speak any language other than English? Yes No

If yes, what language(s)? _____

Child Care Centers:

Please list the race(s) of your staff members and how many in each group?

How many of your staff members speak a language other than English? _____

What language(s)? _____