

License Information

___ Regulated/licensed **Licensed ID:** _____ Expiration date? _____

___ Public School Exempt from License ___ Federal Exempt

What age range do you serve?

FROM _____ years _____ months _____ Weeks **TO** _____ years _____ months

CAPACITY

Total Licensed Capacity _____

Please Specify the Total Licensed Capacity and Available Vacancies by Age Range

Age Group (Age Range)	License Capacity	Subsidized Capacity	Full Time Vacancy	Part Time Vacancy	Vacancy Date
Infant (0 ó 12 months)	___	___	___	___	___
Toddler (13 months ó 24 months)	___	___	___	___	___
Preschool 1 (2 ó 3 Years)	___	___	___	___	___
Preschool 2 (4 ó 5 Years)	___	___	___	___	___
School Age (5 - 14 Years)	___	___	___	___	___

Days that care is provided

Day	Start Time	End Time
___ Monday-Friday	_____	_____
___ Saturday	_____	_____
___ Sunday	_____	_____

Special Schedule

___ Drop in ___ Weekend ___ Overnight ___ Before School
 ___ Temp/Emergency ___ Rotating ___ Open Holidays
 ___ 23-Hour ___ Summer only ___ After School

This grant is funded by the District of Columbia Department of Human Services, Early Care and Education Administration (ECEA) with funds from the US Department of Health and Human Services (DHHS) Child Care and Development Fund (CCDF) to provide Child Care Resource and Referral Services (CCR&R).

What schools do you serve for the Before/After Program?

Do you provide transportation?

_____ Yes _____ for B/A Only _____ Infant-Toddlers-PS-B/A _____ No Transportation

Do you accept voucher from the Department of Human Services (ECEA child care division) _____

_____ DHS Voucher Level I _____ DHS Voucher Level II

Do you have any other type of subsidy or scholarship? _____

_____ Employer _____ Multi-Child Discount _____ Head Start

_____ Flexible Fees _____ United Way _____ Pre-K for All

Center Quality Indicators

_____ Bronze Tier _____ Intent to Apply for the Silver Tier

_____ Silver Tier _____ Intent to apply for the Gold Tier

_____ Gold Tier

How much do you charge for non-subsidized slots? Please specify per week, per month or per year.

RATES/FEES

Age Group	Weekly, PT	Weekly, FT	Monthly, PT	Monthly, FT
Infant (0 - 12 mos.)	_____	_____	_____	_____
Toddler (13 mos. ó 24 mos.)	_____	_____	_____	_____
Preschool (2-3 Yrs)	_____	_____	_____	_____
Preschool (4-5 Yrs)	_____	_____	_____	_____
School Age (5-14 yrs)	_____	_____	_____	_____

Are those fees flexible? _____

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____ Associate Degree, Child Related
____ Associate Degree, Other
Specify _____

____ Bachelor's, Child Related
____ Bachelor's, other
Specify _____

What languages are spoken in your program?

____ English ____ Chinese ____ Arabic ____ Other _____
____ Spanish ____ French ____ Amharic

Additional information about your program:

Thank you for your cooperation.
Please fax or mail the update form to Trish Hilliard, Database Coordinator.

Washington Child Development Council (WCDC)