

Division of Child Care

PROVIDER'S CHILD CARE OPERATIONAL INFORMATION*See the reverse for completion instructions*

1. Facility's Name: _____

2. Facility's Phone Number (Include area code): _____ Facility's Email Address _____

Facility's Fax Number (Include area code): _____

3. Facility's Address: _____

City: _____ State: _____ ZIP Code: _____

4. Mailing Address (If different from Facility Address): _____

City: _____ State: _____ ZIP Code: _____

5. County: _____

6. Owner's Full Name: _____

7. Department of Health Services (DHS) License

DHS CDC or SGH No.: _____ DHS Licence End Date: _____

8. Tax Reporting Classification (Check one): For Profit Non-Profit

9. Type of business:

Military Base Public School Corporation Indian Tribe Minority Business

Sole Proprietorship

If an incorporated site, a school district site or church owned, complete Item 10 through 14

10. Corporation Name/School District Name/Church Name _____

11. Phone Number (Include area code): _____ Fax Number (Include area code): _____

12. Locational Address: _____

City: _____ State: _____ ZIP Code: _____

13. Contact Person & Title for DCC: _____

14. Facility Point of Contact's Full Name: _____ Point of Contact's Email Address: _____

15. Age range of Children to be served by your facility (Check all that apply):

Infant (Birth to 12 months) Toddler (1-2 years) Preschool (3,4, & 5 years)

School-Age (6 through 12 years)

16. Weekly Hours Open (Monday - Friday):

Opening Time: _____ AM PM Closing Time: _____ AM PM

17. Weekend Hours Open (Saturday - Sunday):

Opening Time: _____ AM PM Closing Time: _____ AM PM

Do you provide Child Care 24 hours 7 days a week? Yes No

18. Check the days your facility will be closed during the year

New Year's Day Martin Luther King Day President's Day Memorial Day Independence Day

Labor Day Columbus Day Veterans' Day Thanksgiving Day Christmas Day

19. Check all that apply:

Transportation Provided Registration Fees Applied Charge Parent for Days Child Does Not Attend Facility

Meals Provided I am Participant of the Child and Adult Care Food Program

20. Are you a *Sectarian Organization or Sectarian Child Care Provider: Yes No

* "Sectarian organization or sectarian child care provider means religious organizations or providers generally, not merely those of a specific religious character or that are affiliated with a church or synagogue. The terms embrace any organization or provider that engages in religious conduct or activity or that seeks to maintain a religious identity in some or all of its functions. There is no requirement that a sectarian organization or provider be managed by clergy or have any particular degree of religious management, control, or content." (Child Care and Development Block Grant 45 CFR Part 98.2 ii)

21. Signature of Owner or Person Authorized to Sign : _____

22. Title of Person who Signed Line 21: _____ 23. Date: _____

PROVIDER'S CHILD CARE OPERATIONAL INFORMATION

Completion Instructions for CCA-0100A

A. Purpose: Registration for the provision of child care services is designed to provide demographic information and service delivery capability on the part of the provider and ensure payment for eligible child care services. The information will become a permanent part of the Child Care Provider Registration Agreement (Agreement) and Contract File if a registration agreement is awarded. It will also be used to input information in the computer. Therefore, accuracy in preparing this document is essential.

ALL SECTIONS MUST BE COMPLETED. IF A SECTION DOES NOT APPLY, MARK "N/A," (NOT APPLICABLE).

B. Completion: Items not listed are self-explanatory.

1. FACILITY'S NAME – Enter the full business name of the facility.

6. OWNER'S FULL NAME – Enter the name of the owner(s) if sole proprietorship or partnership. If incorporated, enter the name of the corporation. If governed by a school district enter the school district's name. If owned and operated by a church enter the church's name.

7. DEPARTMENT OF HEALTH SERVICES (DHS) LICENSURE – Enter your DHS assigned CDC number (issued to a Child Care Center) or SGH number (issued to a Group Home), and license end date if presently licensed by DHS.

10. CORPORATION NAME OR SCHOOL DISTRICT NAME OR CHURCH NAME – If incorporated, enter the name of the corporation. If governed by a school district enter the school district's name. If owned and operated by a church, enter the church's name.

11. AREA CODE & PHONE NO. – Enter the phone number and fax number of the corporation, school district or church.

13. CONTACT PERSON'S FULL NAME AND TITLE FOR DIVISION OF CHILD CARE – Enter the name of the person the Contracts Unit can contact regarding contractual issues.

15. AGE RANGE OF CHILDREN TO BE SERVED BY YOUR FACILITY – Mark the age group of children that services will be provided for. Note: only mark the age group boxes DHS has licensed your facility to provide child care services for.

20. ARE YOU A *SECTARIAN ORGANIZATION OR SECTARIAN CHILD CARE PROVIDER – If the facility is owned and operated by a church organization, mark the "Yes" box, otherwise mark the "No" box.

C. Retention. This record shall be retained for a period of five (5) years after termination of the Agreement.