

For office use only
Provider ID #

CHILD CARE RESOURCE AND REFERRAL
Family Child Care Homes – Short Update 2016/2017

| | | | | | |
|------------------|-----|-----------------------|------|-----------------|-----|
| Provider's Name: | | | | | |
| Business Name: | | | | | |
| Street Address: | | Unit # | City | | Zip |
| Mailing Address: | | | City | | Zip |
| Phone Numbers: | () | 2 nd Phone | () | Fax | () |
| E-mail address: | | | | | |
| County: | | License # | | Expiration Date | |

Day-time Capacity _____

Total day capacity as listed on license _____ Extended capacity _____

Total day-time vacancies you currently have _____ as of (date) _____

Night-time Capacity _____

Total night capacity as listed on license _____

Total night-time vacancies you currently have _____ as of (date) _____

Hours of Operation Indicate the time and circle either am or pm

| Days | Hours | | Evening/Overnight | Hours | |
|-----------|-------------|-------------|-------------------|-------------|-------------|
| | Start time | End time | | Start time | End time |
| Monday | _____ am pm | _____ am pm | Monday | _____ am pm | _____ am pm |
| Tuesday | _____ am pm | _____ am pm | Tuesday | _____ am pm | _____ am pm |
| Wednesday | _____ am pm | _____ am pm | Wednesday | _____ am pm | _____ am pm |
| Thursday | _____ am pm | _____ am pm | Thursday | _____ am pm | _____ am pm |
| Friday | _____ am pm | _____ am pm | Friday | _____ am pm | _____ am pm |
| Saturday | _____ am pm | _____ am pm | Saturday | _____ am pm | _____ am pm |
| Sunday | _____ am pm | _____ am pm | Sunday | _____ am pm | _____ am pm |

Vacancies

Please indicate in the table below the number of vacancies you have for each shift in each age group.

| | Days (6:00 am-6:00 pm) | | Evenings (6:00 pm-10:00 pm) | | Overnight (10:00 pm-6:00 am) | |
|--|------------------------|---------------------|-----------------------------|---------------------|------------------------------|---------------------|
| | Full-time vacancies | Part-time vacancies | Full-time vacancies | Part-time vacancies | Full-time vacancies | Part-time vacancies |
| 1 week to 14 months | _____ | _____ | _____ | _____ | _____ | _____ |
| 15 to 23 months | _____ | _____ | _____ | _____ | _____ | _____ |
| 2 years | _____ | _____ | _____ | _____ | _____ | _____ |
| 3 to 4 years | _____ | _____ | _____ | _____ | _____ | _____ |
| 5 years to Kindergarten | _____ | _____ | _____ | _____ | _____ | _____ |
| Before/after school only | _____ | _____ | _____ | _____ | _____ | _____ |
| School-age summer vacation & school holidays | _____ | _____ | _____ | _____ | _____ | _____ |

Thank you for your dedicated work for Illinois children.

Please make a copy of this form for your records then mail the original to:
Child Care Resource and Referral, Attention: Vacancy Updates
4508 41st Street Moline, IL 61265 or email CCRReferral@salfcs.org.



Child Care Resource & Referral
of Midwestern Illinois
A program of SAL Family and Community Services