



# Child Care Resource and Referral Service

1090 South Rock Boulevard • Reno, Nevada 89502 • 1-800-753-5500 | 775-856-6200 | 775-856-6208-fax • www.childrencabinet.org

**It is important to note that The Children's Cabinet does NOT recommend or endorse child care providers. The list of providers is generated based on the information you provide below.** This service is **free** and **confidential**. The information you provide below will NOT be shared with other agencies or unauthorized employees of The Children's Cabinet.

When this form is returned, the information you provide on the back of this sheet will be entered into a database which will randomly select 10 **licensed** providers that meet your identified needs.

- A licensed provider must go through a background check, finger printing and must comply with state and county regulations. Staff members who are under the age of 18 may not provide direct care to a child at the facility unless the care is provided under the supervision of an employee of the facility who is 18 years of age or older. There are no education requirements for child care teachers. Directors must have a bachelor's or an associate's degree with at least 12 credit hours in child development. Research shows that training and education in child development greatly increases the providers' ability to provide quality early education and care.
- We only have licensed providers in our database.
- Unlicensed care, or Family, Friend, and Neighbor (FFN) care can operate legally in Washoe County as long as they do not care for more than one (1) child that is not their own. In all other Nevada counties, FFN providers can care for up to four children that are not their own before they must become licensed.

Once you receive your provider list:

1. Call each child care provider and make sure there is an opening for your child.
2. Call child care licensing to check on any substantiated complaints (complaints found to be true) on potential child care providers. The number for child care licensing will be in your quality brochure and on your cover letter.
3. Set up a time to visit each potential provider.
4. You will receive a brochure on selecting quality child care. Read this brochure and take it with you on your visits. The brochure includes a quality checklist you can use to help you look for quality indicators as well as questions to ask on your visit.
5. Make your selection based on your observations and information you have gathered about the child care provider.
6. Stay involved. Volunteer when you can. Make occasional unannounced visits. Listen to your "gut" feeling and talk to your provider when you are uncomfortable or have questions. If the provider does not listen to your concerns, it might not be a good fit for you and your child(ren).

In addition to the list of providers and the quality brochure, you will also receive other important information about your child's education. If you have questions about this information, please let us know.

- A State of Nevada Licensing and Ratio Fact Sheet,
- *Partnering with Parents & Providers* (our quarterly newsletter),
- Quality Child Care and School Readiness,
- Parenting Education Classes Schedule,
- Nevada 211 Resource Locator / Child Care Aware Parent Central flyer
- A brochure about our mildly ill in-home child care service.

If you are unable to find child care with the first list, you can call any member of our quality team to request additional referrals. You can continue to call until you have found care that meets your needs. Also, if there are any additional community services you need, we can refer you to the appropriate agency.

We will be sending or e-mailing you a satisfaction card about a month after you receive your referrals. Please take a moment to fill out the card and put it in the mail. In addition to the card, you *might* get a phone call asking if you were satisfied with the service. These quality checks are important to ensure that we are meeting the needs of our community. We thank you in advance for your assistance.

**Please fill out the information on the back side of this page to receive child care referrals based on your needs.**



**Filling out this information is necessary for us to generate appropriate child care referrals as well as gather information so we can better serve our clients.**

|  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|
| Caller's Name  |  | Phone & Fax  |  | Ph: Fax:   |  | Email  |  |
| Physical Address   |  |  |  | City   |  | Zip  |  |
| Mailing Address  |  |  |  | City   |  | Zip  |  |
| Why is care needed?  |  | Who referred you to us?  |  | What is your Household Composition?  |  |  |  |
| <input type="checkbox"/> End of Leave of Absence<br><input type="checkbox"/> Looking for Work <input type="checkbox"/> Current Work<br><input type="checkbox"/> School <input type="checkbox"/> Child's Needs<br><input type="checkbox"/> Parent's Needs<br><input type="checkbox"/> Care Closing <input type="checkbox"/> Asked to Leave<br><input type="checkbox"/> Unhappy w/Quality<br><input type="checkbox"/> Current Care Too Expensive |  | <input type="checkbox"/> Brochure<br><input type="checkbox"/> Internal Cab Referral<br><input type="checkbox"/> CC Provider <input type="checkbox"/> Employer<br><input type="checkbox"/> Friend/Rel <input type="checkbox"/> Newspaper<br><input type="checkbox"/> Other Agency<br><input type="checkbox"/> Pediatrician <input type="checkbox"/> Poster<br><input type="checkbox"/> Radio <input type="checkbox"/> School <input type="checkbox"/> TV  |  | <input type="checkbox"/> 2 Parents, Both Work<br><input type="checkbox"/> 2 Parents, Mom Employed<br><input type="checkbox"/> 2 Parents, Dad Employed<br><input type="checkbox"/> Single Mom <input type="checkbox"/> Single Dad<br><input type="checkbox"/> Teen Parent living with Parents<br><input type="checkbox"/> Grandparent Raising Grandchildren |  |  |  |
| Relationship to Child  |  | Ethnicity & Race   |  | Ethnicity: <input type="checkbox"/> Hispanic / Latino <input type="checkbox"/> Refused   |  |  |  |
| <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Grandparent<br><input type="checkbox"/> Guardian <input type="checkbox"/> Foster Par. <input type="checkbox"/> Sibling<br><input type="checkbox"/> Friend <input type="checkbox"/> Other Relative   |  | <input type="checkbox"/> Asian <input type="checkbox"/> Black/African Amer. <input type="checkbox"/> Hawaiian/Pac. Islander<br><input type="checkbox"/> Native American/Alaskan Native <input type="checkbox"/> White <input type="checkbox"/> Refused   |  |  |  |  |  |
| Financial Assistance Needed?   |  | Language Needs   |  | Language At Home: Include in Search? <input type="checkbox"/> Yes <input type="checkbox"/> No  |  |  |  |
| <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Limit search to Subsidy Providers   |  |  |  | English: <input type="checkbox"/> Very Well <input type="checkbox"/> Well <input type="checkbox"/> Not Well <input type="checkbox"/> Not At All  |  |  |  |
| Age  |  | Income   |  |  |  |  |  |
| <input type="checkbox"/> Under 20 <input type="checkbox"/> 20-29 <input type="checkbox"/> 30-39 <input type="checkbox"/> 40-49 <input type="checkbox"/> 50+ <input type="checkbox"/> Refused   |  | <input type="checkbox"/> Up to 10,000 <input type="checkbox"/> 10,001-15,000 <input type="checkbox"/> 15,001-20,000 <input type="checkbox"/> 20,001-25,000<br><input type="checkbox"/> 25,001-30,000 <input type="checkbox"/> 30,001-35,000 <input type="checkbox"/> 35,001-40,000 <input type="checkbox"/> 40,001-45,000<br><input type="checkbox"/> 45,001-50,000 <input type="checkbox"/> 50,001-55,000 <input type="checkbox"/> 55,001-60,000 <input type="checkbox"/> 60,001-65,000<br><input type="checkbox"/> 65,001-70,000 <input type="checkbox"/> 70,001-75,000 <input type="checkbox"/> 75,001-80,000 <input type="checkbox"/> 80,000+ <input type="checkbox"/> Refused |  |  |  |  |  |
| Employer:  |  |  |  |  |  |  |  |
| Child(ren)'s Names   |  | Child 1  | Child 2  | Child 3  | Child 4  | Child 5  | Child 6  |
| Date of Birth  |  |  |  |  |  |  |  |
| Date Care Needed   |  |  |  |  |  |  |  |
| Sex  |  | <input type="checkbox"/> Male <input type="checkbox"/> Female  | <input type="checkbox"/> Male <input type="checkbox"/> Female  | <input type="checkbox"/> Male <input type="checkbox"/> Female  | <input type="checkbox"/> Male <input type="checkbox"/> Female  | <input type="checkbox"/> Male <input type="checkbox"/> Female  | <input type="checkbox"/> Male <input type="checkbox"/> Female  |
| Special Needs  |  |  |  |  |  |  |  |
| Environment  |  |  |  |  |  |  |  |
| Days of Week   |  |  |  |  |  |  |  |
| Part or Full Time  |  | <input type="checkbox"/> PT <input type="checkbox"/> FT  | <input type="checkbox"/> PT <input type="checkbox"/> FT  | <input type="checkbox"/> PT <input type="checkbox"/> FT  | <input type="checkbox"/> PT <input type="checkbox"/> FT  | <input type="checkbox"/> PT <input type="checkbox"/> FT  | <input type="checkbox"/> PT <input type="checkbox"/> FT  |
| Year Schedule  |  | <input type="checkbox"/> Full Year<br><input type="checkbox"/> School Year<br><input type="checkbox"/> Summer Only   | <input type="checkbox"/> Full Year<br><input type="checkbox"/> School Year<br><input type="checkbox"/> Summer Only | <input type="checkbox"/> Full Year<br><input type="checkbox"/> School Year<br><input type="checkbox"/> Summer Only   | <input type="checkbox"/> Full Year<br><input type="checkbox"/> School Year<br><input type="checkbox"/> Summer Only | <input type="checkbox"/> Full Year<br><input type="checkbox"/> School Year<br><input type="checkbox"/> Summer Only | <input type="checkbox"/> Full Year<br><input type="checkbox"/> School Year<br><input type="checkbox"/> Summer Only |
| Drop Off Time  |  |  |  |  |  |  |  |
| Pick Up Time   |  |  |  |  |  |  |  |
| Transportation Needs   |  |  |  |  |  |  |  |
| Location of Care   |  | <input type="checkbox"/> Near Home <input type="checkbox"/> Near Work <input type="checkbox"/> Near School: _____ <input type="checkbox"/> Other: _____  |  |  |  |  |  |
| If Work, School or Other, What is the Address?   |  |  |  | City   |  | Zip  |  |
| Type of Care Needed  |  | <input type="checkbox"/> Center <input type="checkbox"/> Family Child Care (FCC) <input type="checkbox"/> FCC-Group <input type="checkbox"/> School-Age Program  |  |  |  |  |  |

Notes regarding additional needs and/or referrals to community agencies: