

Provider Updates 2024



Name of the Owner/Director:

Phone Number of with Extension if relevant:

Email:

Have you received:

- □ Certificate Of Mastery
- □ Directors Credential
- \Box Associates Degree-Non Child Related
- \square Bachelors Degree-Non Child Related
- □ Masters Degree-Non Child Related
- □ Associates Degree In Early Childhood
- Bachelors In Early Childhood
- Masters In Early Childhood

Days and hours of Operation:

□Full-time	□Rotating
□Part-time	□Open Holidays
□Day	□Before School
□Evening	□After School
□Overnight	□Drop-in/Hourly
\Box Weekend	Temporary/Emergency

□24 Hours

Full Year or School Year

FT weekly rate by age:

Age	Cost per week	# of FT Openings
0-11 Months	\$	
12-23 Months	\$	
2 YO	\$	
3 YO	\$	
4 Y0	\$	
5 YO	\$	
6 YO	\$	

Ages of Children Cared for:

Funding Sources:

 $\Box \text{DHS}$ Subsidy

□Private Pay

□Sliding Scale

□Military Subsidy

 \Box Cherokee Nation

 $\Box Other Tribal Subsidy$

Which food program do you use?

How many staff members are employed?

New Star Rating

Upon completion, please email or text this form to your local R&R specialist. If you need their contact information, refer to the 'About' page on our website. Thank you!