



NeighborImpact

Critical Needs. Diverse Services. Empowering Change.

Overview

The Bend Family Child Care Network Project is a community-based network of child care providers in Bend that works to improve the quality of child care and strengthen home-based child care businesses. Network participants have access to customized resources, and work with each other to provide the highest quality care to the children and families that they work with. The first Bend network will have 13 provider participants.

Provider Benefits

Network participants are eligible for the following benefits:

- Monthly training opportunities and workshops
- Peer support with other local Network members
- Business improvement incentive grants
- Technical assistance and home-based business marketing strategies
- Community volunteering and participation in community events
- Technical assistance in environmental improvements within your program

Eligibility

Family child care providers that are interested in participating in the Bend Network must meet the following criteria:

- Provider must live in Bend.
- Provider must be registered or certified with Child Care Division
- Provider must be enrolled or willing to enroll in the Oregon Registry at a Step 5 (70 hours of ECE training) and work towards a higher step.
- Provider must accept DHS child care subsidies.
- Provider must be willing to participate in home visits.
- Provider must be willing to participate in the Family Child Care Environment Rating Scale (FCCERS) evaluation.
- Provider must be willing to commit to membership in the network for at least one year.
- Providers must be willing to belong to a professional organization.

Program Partners

The Bend Family Child Care Network is a project of NeighborImpact's Child Care Resources, The Child Care Improvement Project (Neighborhood House), and the Oregon Child Care Resource and Referral Network.

Contact

For more information about the Bend Family Child Care Network Project, please contact:

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Neighbor**Impact**

Child Care Network of Bend

2009-2010 Application

Application checklist: Please include all of the following when submitting your application.

Application Form

Supplemental Information

Member Agreement

I agree that the information I am submitting to the Child Care Network of Bend is true, accurate and up to date to the best of my knowledge.

Applicant Signature _____ Date _____

Provider Name _____ Date _____

Business Name _____

Business Address _____

Business Phone _____ Cell Phone _____

Email _____

Circle One: Registered Family Child Care Certified Family Child Care

CCD License # _____ Expiration Date _____

Please provide your days and hours of operation:

M T W TH F Weekends

Hours:

