

# Child Care Resource & Referral Provider Update Form 2018



## GENERAL INFORMATION

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Provider First Name: \_\_\_\_\_ Provider Last Name: \_\_\_\_\_

Legal Business Name: \_\_\_\_\_

### *Type of Care (please Check):*

- Child Care Center (DCC)    Group Family Care (GFDC)    Family Child Care (FDC)  
 School Age Program (SACC)

## REFERRALS

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Would you like Referrals  YES    NO

Internet Referrals  YES    NO

## LOCATION

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Street Address: \_\_\_\_\_ Unit #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Mailing Address (if different from above): \_\_\_\_\_ Unit #: \_\_\_\_\_

## CONTACT

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Primary Phone: \_\_\_\_\_ ext. \_\_\_\_ Secondary Phone: \_\_\_\_\_ ext. \_\_\_\_

Fax: \_\_\_\_\_ Current Email address: \_\_\_\_\_

Website: \_\_\_\_\_

## LICENSE INFORMATION

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License ID: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

- License Type please check:  NYS OCFS Licensed    NYS OCFS Registered  
 NYS Department of Education    Department of Health

## CAPACITY

Total License Capacity: \_\_\_\_\_

Total Desired Capacity: \_\_\_\_\_

Total Vacancies: \_\_\_\_\_ as of: \_\_\_\_\_

## ACCEPTED AGE RANGE

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From: \_\_\_\_\_ years   \_\_\_\_\_ months   \_\_\_\_\_ weeks

To: \_\_\_\_\_ years   \_\_\_\_\_ months   \_\_\_\_\_ weeks

Number of Shifts/ Session: \_\_\_\_\_

**SCHOOL DISTRICT**

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Please Check:  Albion     Alexander     Attica     Batavia     Byron-Bergen     Elba  
 Holley     Kendall     LeRoy     Lyndonville     Medina     Oakfield/Alabama  
 Pavilion     Pembroke

**TRANSPORTATION**

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Walking Distance to School     Near public transportation     Transportation provided by school district  
 Transportation Provided

**LANGUAGES**

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Please Check:  English     Spanish     Chinese (Mandarin)     Chinese (Cantonese)  
 Creole     German     Russian

**MEDICATION**

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Please Check:  NYS approved to give Medications     Not NYS approved to give Medications

**PROGRAM**

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Please check all that apply:  Early Head Start     Head Start     Faith Based  
 Inclusive/Special Education     Kindergarten     Montessori     Nursery School  
 Pre-K/Preschool     SACC(School Age Child Care)     Special Interest     Universal Pre-K  
 Vacation/Holiday     Summer Recreation     Gifted     N/A

**DAYS CARE IS PROVIDED**

DAY	Start Time	End Time
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

**SHIFT GENERAL INFORMATION**

Accepts Children:  Full time     Part time     Both  
  
Duration:  School year     Summer Only     Full Year  
 Before School     After School     Drop In  
 Temp/Emergency     Rotating     24 Hour  
 Open Holidays     Sick Care

**RATES \*\*PT= Part Time \*\*FT = Full Time**

Age Group	Hourly PT	Hourly FT	Daily PT	Daily FT	Weekly PT	Weekly FT	Monthly PT	Monthly FT	Other PT	Other FT
Infant 1 6 wks-11mths										
Infant 2 12wks- 23mths										
Toddler 1 24- 35mths										
Preschool 1 3- 4 yrs.										
Preschool 2 5 yrs.										
School Age 6 – 12 yrs.										

**ADDITIONAL FEES**

Please check all that apply  Application Fee       Registration Fee       Insurance       Membership Fee  
 Extended Hours       Transportation       Late Pick Up fee

**POPULATION INFORMATION**

Age Group	Desired Capacity	License Capacity	Full Time Vacancies	Part Time Vacancies	Vacancies Date
Infant 1 6 wks-11mths					
Infant 2 12wks- 23mths					
Toddler 1 24- 35mths					
Preschool 1 3-4 yrs.					
Preschool 2 5 years					
School Age 1 6 – 12yrs					

## ENVIRONMENT

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Please check all that apply: Smoke free Pool Fenced pool Outdoor play area  
Wood stove Fireplace Gym Eco- Friendly No pets  
Fenced play area Peanut Free Asthma friendly Tree nut free

## MEALS

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Please check all that apply: Breakfast Morning snack Lunch Afternoon snack  
Dinner CACFP Parent provides meal

## PHILOSOPHY

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Please check what applies: Academic Bi-Lingual Instruction Child Development  
Continuity of Care Faith based/Religious curriculum High/Scope  
Mixed Age Montessori Parent Involvement Waldorf Other

## FINANCIAL ASSISTANCE

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Please check all that apply: Subsidy Voucher County Contract Sliding Fee Scale  
Fee Negotiable Scholarship Multi Child Discount Employer Discount  
Parent Cooperative United Way Scholarship/Discount

*Subsidy: Assistance paid to a business or economic sector. The government makes most subsidies*

## POLICIES

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Please check all that apply: Written Contract Written Handbook Provider Sick Allowance  
Liability/Accident Insurance Provider Vacation Allowance Child Absence Allowance  
Medical Form on each child

*Allowance- The act of allowing. An amount that is allowed or granted. Something, such as money, given at regular intervals or for a specific purpose: a travel allowance that covers hotel bills.*

## SPECIAL NEEDS

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Please check all that apply: ADHD Asthma Cerebral Palsy  
Deafness or other hearing impairment Developmental Disability Diabetes  
Down Syndrome Educational Disability Intellectual Disability Medical Care Needs  
Moderately Ill/ Health Service No Special needs Orthopedic Impairment  
Other (see comments) Seizure Disorder Sign Language  
Speech or Language Impairment Traumatic Brain Injury Visiting Specialists  
Visual Impairment Wheelchair Access

## TRAINING

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Please check all that apply: Orientation Business Management Health/Safety Child Abuse  
Child Development Discipline Leadership Management Advanced Trainings

## EXPERIENCE

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Please check: Under 1 year 1-3 years 4-9 years 10-20 years 21+ years

## EDUCATION

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Please check: High School Education/Diploma Associate Degree Bachelor's Degree  
ECE/Child Related Degree Special Education Degree Other Emphasis Degree  
Master's Degree RN/LPN Health Related Degree

## ACCREDITATION

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Please circle: ACA Afterschool Work NY NAA NAEYC NAFCC  
Not Accredited

## EXTRA CARE SERVICE

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Please check all that apply: 24 Hour After School Before School Drop In  
Open Holidays Rotating Temp/Emergency

## CDA

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Please check: Center Infant/Toddler School Age Family Child Care

## ADDITIONAL NYS CERTIFICATION

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Please check all that apply: NYS Children Program Administrator Credential  
Infant/Toddler Certificate Program of NYS NYS Certified N-6 NYS Trainer's Credential

## SPECIAL DIET

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Please check all that apply: Diabetic Food Allergy (see comments) Gluten Free  
Kosher Style Lactose Free Organic Peanut Allergy/ Nut Allergy Vegan  
Vegetarian

## FAMILY CHILD CARE

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Please check for Setting: House   Apartment   Townhouse   Duplex   Mobile Home  
Non-Residential

## CENSUS BUREAU QUESTIONS

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Are you Spanish/ Hispanic/ Latino?  Do not wish to answer    No, not Spanish/ Hispanic/ Latino  
 Yes, Mexican AM, Chicano    Yes, Cuban    Yes, Puerto Rican  
 Yes, Other \_\_\_\_\_

What is your race?  Do not wish to answer    White    Black or African American  
 American Indian or Alaska Native    Asian Indian    Native Hawaiian    Chinese  
 Filipino    Japanese    Vietnamese    Other Asian \_\_\_\_\_  
 Guamanian or Chamorro    Samoan    Other Pacific Islander \_\_\_\_\_  
 Other Race \_\_\_\_\_

## ADDITIONAL COMMENTS

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**Parents from all over the county access our services when looking for childcare. Child Care Resource & Referral is also great way to market your program without paying for advertising cost! The information you provide us with is important not only to your program but also to the community.**



Child Care Resource & Referral  
585-589-5088 Orleans County; 585-343-7727 Genesee County  
[www.caoginc.org](http://www.caoginc.org)