

# Child Care Resource & Referral Provider Update Form

Questions? Please call 585-589-5088 in Orleans County or 585-344-7727 in Genesee County, ask for a Child Care Specialist

## GENERAL INFORMATION

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

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

Type of Care (please circle): Child Care Center (GFCC) Group Family Care  
(FCC) Family Child Care Preschool Program  
(SACC) School Age Program

Would you like Referrals?: YES NO Internet Referrals?: YES NO

## LOCATION

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

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

Mailing Address: \_\_\_\_\_ Unit #: \_\_\_\_\_

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

## CONTACT

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

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

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

## LICENSE INFORMATION

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

License Type (please circle): NYS Licensed NYS OCFS Registered  
NYS Department of Education County Department of  
Health Regulatory Agency Other

## CAPACITY

Total Licensed Capacity: \_\_\_\_\_

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

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

## ACCEPTED AGE RANGE

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

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

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

## SCHOOL DISTRICT

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

## TRANSPORTATION

Transportation Provided: YES NO

Walking Distance to School Near Public Transportation Provided by School District

## LANGUAGES

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

## MEDICATION- MAT

Please Circle: NYS Approved to Give Medications Not NYS Approved to Give Medications  
Waiver for Emergency Meds Only

## PROGRAM

Please Circle: Early Head Start Faith Based Head Start Inclusive/Special  
Education Kindergarten Montessori Nursery School  
Playgroup Pre-K/Preschool SACC (School Age Child Care)  
Special Interest Universal Pre-K Vacation/Holiday

## DAYS CARE PROVIDED

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

## SHIFT GENERAL INFORMATION

Accepts Children:	Full- Time	Part- Time	Both
Duration:	Drop-In	Temp/Emergency	
Before School	Rotating	24 Hour	Open
Holidays			



## MEALS

Please circle all that apply: Smoke Free   Smoking   Pool   Fenced Pool   Outdoor Play  
Area Fenced Play   Wood Stove   Fireplace   Gym   No Pets  
Pets   Computer

## ENVIRONMENT

Please circle all that apply: Breakfast   Morning Snack   Lunch   Afternoon Snack  
Dinner   CACFP   Parent Provides Meal

## PHILOSOPHY

Please circle: Academic Bi-Lingual Instruction   Child Development   Montessori   High/Scope  
Mixed Age   Faith Based/ Religious Curriculum   Parent Involvement  
Waldorf   Other

## FINANCIAL ASSISTANCE

Please circle 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. Most subsidies are made by the government
- County Contract:

## POLICIES

Please circle all that apply: Written Contract   Written Handbook   Provider Sick Allowance  
Liability/Accident Insurance   Provider Vacation Allowance  
Child Absence Allowance   Medical Form on Each Child  
Will Supply Social Security Number to parents

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

Please Circle all that apply: American Sign Language   Developmental Disability   Educational  
Disability   Gifted   Inclusive/Integrated   Itinerant  
Medical Care Needs   Sign Language   Special Diet  
Transportation   Wheelchair Access   No Special Needs

## TRAINING

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

## EXPERIENCE

Please circle: Under 1 Year 1-3 Years 4-9 Years 10-20 Years 21 Years +

## EDUCATION

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

## ACCREDITATION

Please circle: NAFCC NAEYC NSACCA ACA NAA Not Accredited

## ADDITIONAL CARE SERVICE

Please circle: Evening Overnight Weekend Mildly Ill/Sick Snow Days  
Respite Care Breast Feeding Friendly Certificated Part Week

## CDA

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

## ADDITIONAL NYS CERTIFICATION

Please Circle: NYS Children's Program Administer Credential NYS Trainer's Credential  
Infant/ Toddler Certificate Program of NYS NYS Teacher Certificate N-6 NYS  
Certificate N-12

## SPECIAL DIET

Please Circle all that apply: Vegetarian Vegan Kosher Style Diabetic Lactose Free  
Gluten Free Food Allergy

*Making a difference one child at a time*

Parents from all over the county access our services when looking for child care. 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.

Don't forget to  
Return this form!

