

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!

