

Child Care Resource & Referral Provider Update Form 2018



GENERAL INFORMATION

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

Would you like Referrals YES NO

Internet Referrals YES NO

LOCATION

Street Address: _____ Unit #: _____

City: _____ State: _____ Zip: _____ County: _____

Mailing Address (if different from above): _____ Unit #: _____

CONTACT

Primary Phone: _____ ext. ____ Secondary Phone: _____ ext. ____

Fax: _____ Current Email address: _____

Website: _____

LICENSE INFORMATION

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

From: _____ years _____ months _____ weeks

To: _____ years _____ months _____ weeks

Number of Shifts/ Session: _____

SCHOOL DISTRICT

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

TRANSPORTATION

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

LANGUAGES

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

MEDICATION

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

PROGRAM

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

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

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

PHILOSOPHY

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

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

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

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

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

EXPERIENCE

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

EDUCATION

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

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

EXTRA CARE SERVICE

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

CDA

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

ADDITIONAL NYS CERTIFICATION

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

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

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

CENSUS BUREAU QUESTIONS

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

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