



Provider Information Form

Rev. 9/30/2019

Date: _____ Program Name: _____

Director/Provider: _____ Phone 1: _____

Address: _____ Phone 2: _____

City & Zip Code: _____ Fax: _____

E-mail: _____ Website: _____ Social Media: _____

TRANSPORTATION: I offer transportation services I am located near public transportation
 I'm located on school bus route for the following schools: _____

REGISTERED/LICENSED FACILITY TYPE (check one):

- | | | |
|--|--|---|
| <input type="checkbox"/> Child Care Center (<i>Licensed</i>) | <input type="checkbox"/> School Age Child Care (<i>Registered</i>) | <input type="checkbox"/> Nursery School |
| <input type="checkbox"/> Family Child Care (<i>Registered</i>) | <input type="checkbox"/> Universal Pre-Kindergarten | <input type="checkbox"/> Head Start |
| <input type="checkbox"/> Group Family Child Care (<i>Licensed</i>) | <input type="checkbox"/> Pre-Kindergarten | <input type="checkbox"/> Early Head Start |

Total # of Vacancies: _____ AGES of CHILDREN (your facility is ***WILLING*** to serve): _____ TO _____

GROUPS OF CHILDREN	FULL TIME COST	PART TIME COST
Infant (age 6 weeks thru 1 year)		
Toddler (age 1 year thru 2 years)		
Pre-school (age 3 thru 5 years)		
School-age (age 4 if enrolled in UPK thru 12 years, 11 months)		

Do you want the rates charged for child care services made available to parents? Yes No
 Note: If you check no, it will print on the referral "please call for rates".)

Do you have day care insurance? Yes No

Languages spoken by you and/or your staff: English Spanish Other: _____

I am MAT Certified to administer medication Yes No Expiration Date: _____

Number of years child care experience: Under 1 Yr 1-3 Yrs 4-9 Yrs 10-20 Yrs 21 Yrs plus

Experience obtained in which types of child care setting(s): Family/Group Child Care Child Care Center
 Family/Group & Child Care Center

DAYS OF OPERATION:

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

HOURS OF OPERATION: _____ TO _____

ENDORSEMENTS/CERTIFICATIONS: **Certified Breastfeeding Friendly:** Check box if your facility is ***certified*** breastfeeding friendly. If interested in becoming certified contact the CACFP office at 716-285-9681 extension 110.
 Eco-Healthy: Check box if your facility is certified eco-healthy. If interested in becoming certified call our office at 716-285-8572 ext. 115.

ACCREDITATION: Not Accredited After School Works NY NAFCC (National Assoc. of Family Child Care)
 NSACCA National SACC Assoc.) NAA – National Afterschool Assoc. NAEYC Nat'l Assoc. Education of Young Children

STAFF TRAINING: (check all that apply)

Child Development Discipline Health & Safety Nutrition Business Management
 Child Abuse Advance Training Leadership Management

CACFP – Child & Adult Care Food Program: Program helps pay for meals served to children in your care. Income is tax free. This institution is an equal opportunity provider. For information contact Betty McCarthy, at 716-285-9681 ext. 111.

MEALS SERVED: Breakfast Morning Snack Lunch Afternoon Stack Dinner Evening Snack
 My day care participates in CACFP

I provide (or **WILLING to provide**) the following types of special diets for children in my care:

- | | | |
|---|--|--|
| <input type="checkbox"/> Vegetarian (no meat, poultry, fish; dairy/eggs ok) | <input type="checkbox"/> Vegan (no animal products, no dairy & eggs) | <input type="checkbox"/> Gluten Free (no wheat products) |
| <input type="checkbox"/> Kosher Style (Kosher dietary rules) | <input type="checkbox"/> Lactose Free (no milk or dairy products) | <input type="checkbox"/> Peanut/Nut Allergy |
| <input type="checkbox"/> Diabetic (no added sugar/high fructose corn syrup, other restrictions may apply) | | <input type="checkbox"/> Organic |
| <input type="checkbox"/> Food Allergy: _____ | | |

PROGRAMS: Programs you offer or **WILLING** to offer the children in your care

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Universal Pre-K | <input type="checkbox"/> Nursery School | <input type="checkbox"/> Faith Based | <input type="checkbox"/> Kindergarten |
| <input type="checkbox"/> Head Start | <input type="checkbox"/> Special Interest | <input type="checkbox"/> Pre-K/Pre-School | <input type="checkbox"/> Early Head Start |
| <input type="checkbox"/> Summer Recreation | <input type="checkbox"/> SACC (School Age Child Care) | <input type="checkbox"/> Playgroup | <input type="checkbox"/> Montessori |
| <input type="checkbox"/> Inclusive/Special Education | <input type="checkbox"/> Vacation/Holiday | <input type="checkbox"/> Gifted | |

QUALIFICATIONS OF KEY STAFF: Family & Group Child Care Providers, Program or Center Directors, & Lead Teacher(s)

- | | | |
|---|---|--|
| <input type="checkbox"/> Meets State Training Requirements | <input type="checkbox"/> Health Related Degree | <input type="checkbox"/> RN/LPN |
| <input type="checkbox"/> High School Diploma | <input type="checkbox"/> Master's Degree | <input type="checkbox"/> Bachelor's Degree – Early Childhood Ed |
| <input type="checkbox"/> ECE Child Relate Degree | <input type="checkbox"/> Special Education Degree | <input type="checkbox"/> Associate Degree – Early Childhood Ed |
| <input type="checkbox"/> NYS Certified N-6 | <input type="checkbox"/> Infant Toddler Certificate Prog. of NY | <input type="checkbox"/> NYS Children's Program Administrator Credential |
| <input type="checkbox"/> Child Development Associate (CDA) | Received: _____ | Renewal Date: _____ |
| <input type="checkbox"/> Family Child Care Child Development Associate (CDA) | Received: _____ | Renewal Date: _____ |
| <input type="checkbox"/> Other Emphasis Degree – provider/staff member has Associate's or Bachelor's degree in another field of study | | |

CHECK ALL APPLICABLE BOXES: Groups of children you are **WILLING** to serve

- | | | | |
|--|---|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> Full Time (6 hours or more per day; 5 days per week) | <input type="checkbox"/> Part Time (less than 6 hours per day or less than 5 days per week) | | |
| <input type="checkbox"/> Flexible Hours | <input type="checkbox"/> Snow Days | <input type="checkbox"/> Full Year | <input type="checkbox"/> School Year |
| <input type="checkbox"/> Summer Only | <input type="checkbox"/> Before School | <input type="checkbox"/> After School | |
| <input type="checkbox"/> Vacation/Holidays (provide child care during school breaks and/or holidays) | | | |
| <input type="checkbox"/> Drop-in/Hourly care (provide care on occasional basis, short notice and less than a full day) | | | |
| <input type="checkbox"/> Rotating Shifts (provide care for a schedule changing from week to week, this may include 2 nd or 3 rd shift) | | | |
| <input type="checkbox"/> Temporary/Emergency (provide care on short-term basis, short notice during a crisis/emergency to child not enrolled in program) | | | |
| <input type="checkbox"/> Emergency Care (provides care on short notice during family crisis, emergency, etc.) | | | |
| <input type="checkbox"/> Mildly Ill/Health Service (provide care to a child who is mildly/moderately ill but not at the risk of other children) | | | |

CHECK ALL BOXES THAT APPLY: SPECIAL NEEDS – does your daycare serve or WILLING to serve the following:

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> Developmental Disability | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Educational Disability | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Medical Care Needs | <input type="checkbox"/> Seizure Disorder | <input type="checkbox"/> Wheel Chair Accessible | <input type="checkbox"/> ADHD |
| <input type="checkbox"/> Moderately Ill/Health Service | <input type="checkbox"/> Intellectual Disability | <input type="checkbox"/> Visiting Specialist | <input type="checkbox"/> Visual Impairment |
| <input type="checkbox"/> Deafness or Other Hearing Impairment | <input type="checkbox"/> Down Syndrome | <input type="checkbox"/> Speech/Language Impairment | <input type="checkbox"/> Orthopedic Impair |
| <input type="checkbox"/> Traumatic Brain Injury | <input type="checkbox"/> Cerebral Palsy | <input type="checkbox"/> Sign Language | <input type="checkbox"/> Autism Spectrum |
| <input type="checkbox"/> Behavior/Emotional | | | |

ENVIRONMENT:

- | | | | | |
|--------------------------------------|--|------------------------------------|--------------------------------------|---|
| <input type="checkbox"/> No Pets | <input type="checkbox"/> Outdoor Play Area | <input type="checkbox"/> Fireplace | <input type="checkbox"/> Wood Stove | |
| <input type="checkbox"/> Peanut Free | <input type="checkbox"/> Tree Nut Free | <input type="checkbox"/> Pool | <input type="checkbox"/> Fenced Pool | <input type="checkbox"/> Fenced Play Area |
| <input type="checkbox"/> Gym | <input type="checkbox"/> Computer used by children | | | |

CHILD CARE SUBSIDY (are you **WILLING** to serve):

- Accepts Subsidized Families Does NOT Accept Subsidized Families

PARENT DISCOUNTS:

- | | |
|---|--|
| <input type="checkbox"/> Multi-child Discount | <input type="checkbox"/> Fee Negotiable |
| <input type="checkbox"/> Sliding Scale Fee (reduced fee based on predetermined income standard) | <input type="checkbox"/> Scholarship/Organization Assistance |
| <input type="checkbox"/> United Way Scholarship or Discount | <input type="checkbox"/> Other: _____ |

PHILOSOPHY: Please check all applicable boxes.

- | | | | | |
|---|---------------------------------------|-------------------------------------|---|---|
| <input type="checkbox"/> Child Development | <input type="checkbox"/> Waldorf | <input type="checkbox"/> Academic | <input type="checkbox"/> Mixed Age | <input type="checkbox"/> High/Scope |
| <input type="checkbox"/> Faith Based/Religious Curriculum | <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Montessori | <input type="checkbox"/> Parent Involvement | <input type="checkbox"/> Continuity of Care |