

Provider Update Form

Rev. 7/8/2015

Date: _____ Program Name: _____

Director/Provider: _____ Phone 1: _____

Address: _____ Phone 2: _____

City & Zip Code: _____ Fax: _____

E-mail: _____ Website: _____

TRANSPORTATION:

- I offer transportation services
- I am located near public transportation
- I am located on the school bus route for the following schools:



REGISTERED/LICENSED FACILITY TYPE (check one):

- Child Care Center (*Licensed*)
- School Age Child Care (*Registered*)
- Nursery School
- Family Child Care (*Registered*)
- Universal Pre-Kindergarten
- Head Start
- Group Family Child Care (*Licensed*)
- Pre-Kindergarten
- Early Head Start

Facility ID #: _____

Total # of Vacancies: _____

Growing Up



AGES of CHILDREN (your facility is **willing** to serve): _____ TO _____

GROUPS OF CHILDREN	FULL TIME COST	PART TIME COST	# OF CHILDREN ENROLLED	# OF VACANCIES
Infant				
Toddler				
Pre-school				
School-age				

Do you want the rates charged for child care services made available to parents? Yes No

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 AND Child Care Center

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



Please complete this section carefully

- | | |
|---|--|
| <input type="checkbox"/> Meets State Training Requirements | <input type="checkbox"/> Health Related Degree |
| <input type="checkbox"/> High School Diploma | <input type="checkbox"/> RN/LPN |
| <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 Program 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

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

CHECK ALL BOXES THAT APPLY:



SPECIAL NEEDS – does your daycare serve or willing to serve the following:



ENVIRONMENT

- Developmental Disability
- Educational Disability
- Medical Care Needs
- Wheel Chair Accessible
- Moderately Ill/Health Service
- Visiting Specialist
- Visual Impairment
- Deafness or Other Hearing Impairment
- Speech or Language Impairment
- Down Syndrome
- ADHD
- Traumatic Brain Injury
- Cerebral Palsy
- Sign Language
- Autism Spectrum Disorder
- Other: _____

- No Pets
- Smoke free during non-business hours
- Smoking permitted in home during non-business hours
- Computer. Used by children in your care
- Outdoor Play Area
- Fenced Play Area
- Gym
- Pool
- Fenced Pool
- Fireplace
- Wood Stove
- Peanut Free
- Tree Nut Free



CHILD CARE SUBSIDY & PARENT DISCOUNTS

CHILD CARE SUBSIDY (are you willing to serve):

- Accepts Subsidized Families
- Does NOT Accept Subsidized Families

- Multi-child Discount
- Sliding Scale Fee (reduced fee based on predetermined income standard)
- Fee Negotiable (willing to negotiate fees on an individual basis)
- Employer Discount
- Scholarship/Organization Assistance
- United Way Scholarship or Discount
- Other: _____



CENSUS BUREAU QUESTIONS:

The following information is NOT required. If this section is left blank, the information entered into the database is – “Did not answer”.

If you choose to complete the following, please complete as it applies to child care provider and any staff personnel:

Number of persons on staff who are Spanish/Hispanic/Latino:

- None
- Mexican, Mexican American, Chicano
- Puerto Rican
- Cuban
- Other Spanish/Hispanic/Latino – please specify: _____

Number of persons on staff whose race is:

- White
- African American or Black
- American Indian or Alaska Native – name of tribe: _____
- Native Hawaiian
- Chinese
- Filipino
- Japanese
- Vietnamese
- Guamanian or Chamorro
- Samoan
- Other Pacific Islander: Race: _____
- Other Race: _____

What is your ancestry or ethnic origin? _____
(i.e. Italian, Jamaican, African American, Cambodian, Norwegian, Haitian, Korean)



Language(s)

NOTE: Again, this information is not required but is helpful to know if you or anyone on your staff speaks another language. From time to time we have parents/children which speak limited English in need of child care.

Number of persons on staff who speak a language other than English: _____

What other languages are spoken: _____

How well does this person(s) speak English?

- | | |
|------------------------------------|-------------------------------------|
| <input type="checkbox"/> Very Well | <input type="checkbox"/> Well |
| <input type="checkbox"/> Not Well | <input type="checkbox"/> Not at all |

COMMENTS/ADDITIONAL INFORMATION:

