



Home Bases Provider Information Form

Date: _____

Rev. 11/4/2025

TYPE OF CARE (check one): Group Family Child Care (*Licensed*) Family Child Care (*Registered*)

Provider's/Director's Name: _____

Business Name: _____

Phone #:(_____) _____ E-Mail: _____

Address: _____

City: _____ Zip Code: _____

CARES PROVIDER CARES 3 PROVIDER

STAFF and FACILITY INFORMATION:

Number of Assistants/Substitutes _____

Other than English, do you or your staff speak any other language(s): Yes No

If yes, which languages are spoken: _____

Your day care is served by the following schools: _____

LICENSING INFORMATION:

License Number: _____ Expiration Date: _____

(Group)

Registration Number: _____ Expiration Date: _____

(Family Providers)

LICENSING/REGISTRATION CAPACITY:

Youngest Age Child: _____ Oldest Age Child: _____

TOTAL # OF Openings: _____

NOTE: If you indicate zero openings, be sure to let us know when it changes.

Number of openings in:

School Age (5+): _____ Preschool (3-5): _____ Toddlers (18m-35m): _____ Infants (6w-18m): _____

ACCEPTS CHILDREN: Full Time Part Time Both

DURATION: Full Year School Year Only Summer Only

AGES SERVED: Infant: 6 weeks-18 months Toddler: 18 months-35 months

Preschool: 3 years-4 years School Age: 5 years +

Special Needs Experience:

Yes No

- Developmental Disability
- Medical Care Needs
- Moderate Ill Health
- Speech or Language Impairment
- On-Site Nurse
- Other (please specify): _____
- Autism Spectrum Disorder
- Educational Disability
- ADHD
- Asthma

NYS Approved to Give Medications:

Yes No

Accreditation:

- NAEYC Nat'l Assoc. Education of Young Children
- After School Works NY
- NAFCC (National Assoc. of Family Child Care)
- Quality Stars

Endorsements/Certifications:

- Asthma Friendly
- Eco-Healthy: Check box if your facility is **certified** eco-healthy. (To become certified, call 716-285-8572 option 4.)
- Certified Breastfeeding Friendly: Check box if your facility is **certified** breastfeeding friendly.
- Caring Spaces

AFFILIATION:

- NAEYC
- Non-profit
- Other
- For profit
- State Family Child care Association

CARE SETTING:

- House
- Faith-based
- Apartment
- Townhouse
- Mobile Home
- Duplex

Environment:

- No Pets
- Peanut Free
- Tree Nut Free
- Smoke Free Property
- Wheelchair Accessible
- No woodstove/Fireplace
- Air Conditioning
- No Pool
- Fenced Play Area

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

- Academic
- Homework/Study Time
- Montessori
- Summer Recreation
- Bi-Lingual
- Inclusive/Special Ed.
- Parent Involvement
- Vacation/Holiday
- Continuity of Care
- Infant/Toddler
- Playgroup
- Faith Based
- Mixed Age
- Preschool

MEALS AVAILABLE:

- Breakfast
- Lunch
- Dinner
- AM Snack
- PM Snack
- Parent Provides Meal

CACFP – Child & Adult Care Food Program My day care participates in CACFP: Yes No

thank you