



Child and Family Resources, Inc. Provider Data Entry Form

General Information:

First Name: _____

Last name: _____

Business Name: _____

Type of Care:

- | | |
|--|---|
| <input type="checkbox"/> Child Care Center | <input type="checkbox"/> Family Child Care |
| <input type="checkbox"/> Preschool Program | <input type="checkbox"/> School Age Program |
| <input type="checkbox"/> Group Family Child Care | <input type="checkbox"/> Informal |
| <input type="checkbox"/> Camp | <input type="checkbox"/> School |
| <input type="checkbox"/> In-Home | <input type="checkbox"/> Other: _____ |

Status:

- | | | |
|---------------------------------|-----------------------------------|----------------------------------|
| <input type="checkbox"/> Active | <input type="checkbox"/> Inactive | <input type="checkbox"/> Pending |
|---------------------------------|-----------------------------------|----------------------------------|

Referrals:

- | | |
|---|---|
| <input type="checkbox"/> Give Referrals | <input type="checkbox"/> No Referrals |
| <input type="checkbox"/> Give Web Referrals | <input type="checkbox"/> No Web Referrals |

Print Rates:

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

Location:

Street Address: _____ Unit #: _____

City: _____ State: _____ Zip Code: _____ + 4: _____

County: _____

Mailing Address:

Street Address: _____ Unit #: _____

City: _____ State: _____ Zip Code: _____ + 4: _____

Contact:

Primary Phone Number (_____) - _____ - _____ Ext.: _____

Secondary Phone Number (_____) - _____ - _____ Ext.: _____

Fax Number: (_____) - _____ - _____

Email Address: _____

Website: _____

License Information

Regulation:

- Regulated/Licensed
- Registered
- Exempt

License ID: _____

EIN#: _____ - _____ - _____

Expiration Date: _____ / _____ / _____

Licensed Type:

- NYSOCFS Licensed
- NYS OCFS Registered
- NYS Dept. Of Education
- County Dept. of Health
- NYSOCFS Legally Exempt

Capacity:

Total Licensed Capacity: _____ Total Desired Capacity: _____

Total Vacancies: _____

As of MM/DD/YYYY: _____ / _____ / _____

Accepted Age Range:

From Years: _____ Months: _____ Weeks: _____

To Years: _____ Months: _____ Weeks: _____

Number of Shifts/Sessions: _____

School District

School District: _____

Elementary Schools

Local Elementary Schools: _____

School Transportation: _____

Transportation:

- Transportation Provided
- Walking Distance from School
- Near Public Transportation
- Transportation Provided by School District

Languages:

- English
- Chinese (Mandarin)
- Spanish
- Chinese (Cantonese)

Medication-MAT:

- NYS Approved to Give Medications
- Waiver for Emergency Meds Only
- Not NYS Approved to Give Medications
- No Preference

Program:

- Universal Pre-K
- Nursery School
- Kindergarten
- Early Head Start
- Inclusive/Special Education
- Summer Recreation
- SACC (School Aged Child Care)
- Pre-K/Preschool
- Playgroup
- Head Start
- Montessori
- Vacation/Holiday
- Special Interest
- Faith Based

Shift General Information:

Shift Name:

- Day
- Overnight
- Summer/Holiday
- Session 1
- Session 3
- Other: _____
- Evening
- School Year
- Weekend
- Session 2
- Session 4

Provider Shifts

Shift Name: (Example: Day) _____

| Day: | Start Time: | End Time: |
|------------------------------------|-------------|-----------|
| <input type="checkbox"/> Monday | _____ | _____ |
| <input type="checkbox"/> Tuesday | _____ | _____ |
| <input type="checkbox"/> Wednesday | _____ | _____ |
| <input type="checkbox"/> Thursday | _____ | _____ |
| <input type="checkbox"/> Friday | _____ | _____ |
| <input type="checkbox"/> Saturday | _____ | _____ |
| <input type="checkbox"/> Sunday | _____ | _____ |

Shift Name: _____

| Day: | Start Time: | End Time: |
|------------------------------------|-------------|-----------|
| <input type="checkbox"/> Monday | _____ | _____ |
| <input type="checkbox"/> Tuesday | _____ | _____ |
| <input type="checkbox"/> Wednesday | _____ | _____ |
| <input type="checkbox"/> Thursday | _____ | _____ |
| <input type="checkbox"/> Friday | _____ | _____ |
| <input type="checkbox"/> Saturday | _____ | _____ |
| <input type="checkbox"/> Sunday | _____ | _____ |

(more shifts, please add to separate sheet)

Accepts Children:

- Full Time
- Both
- Part Time

Duration:

- Full year
- Summer Only
- School Year

Extra Care Services:

- Drop In
- Before School
- Rotating
- Open Holidays
- Temporary/Emergency
- After School
- 24 Hour

Rates:

| Age Group | Hourly, PT | Hourly, FT | Daily, PT | Daily, FT | Weekly, PT | Weekly, FT | Other Please List |
|---|------------|------------|-----------|-----------|------------|------------|-------------------|
| Infant 1 Age Group (CCC 6 Weeks-18 Months) | | | | | | | |
| Infant 2 Age Group (FCC 6 Weeks-23 Months) | | | | | | | |
| Toddler 1 Age Group (CCC 19-35 Months) | | | | | | | |
| Toddler 2 Age Group (FCC 24-35 Months) | | | | | | | |
| Preschool 1 Age Group (3-4 Years) | | | | | | | |
| Preschool 2 Age Group (4-5 Years) | | | | | | | |
| School Age 1 Group (5-10 Years) | | | | | | | |
| School Age 2 Group (11-12 Years) | | | | | | | |

Additional Fees

- | | |
|---|---|
| <input type="checkbox"/> Application Fee | <input type="checkbox"/> Registration Fee |
| <input type="checkbox"/> Insurance | <input type="checkbox"/> Membership Fee |
| <input type="checkbox"/> Extended Hours | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Late Pick-up Fee | |

Population Information:

| Age Group | Desired Cap | Licensed Cap | Subsidized Cap | FT Vacancy | PT Vacancy | Enrollment | Child Adult Ratio | Group Size |
|---|-------------|--------------|----------------|------------|------------|------------|-------------------|------------|
| Infant 1 Age Group (CCC 6 Weeks-18 Months) | | | | | | | | |
| Infant 2 Age Group (FCC 6 Weeks-23 Months) | | | | | | | | |
| Toddler 1 Age Group (CCC 19-35 Months) | | | | | | | | |
| Toddler 2 Age Group (FCC 24-35 Months) | | | | | | | | |
| Preschool 1 Age Group (3-4 Years) | | | | | | | | |
| Preschool 2 Age Group (4-5 Years) | | | | | | | | |
| School Age 1 Group (5-10 Years) | | | | | | | | |
| School Age 2 Group (11-12 Years) | | | | | | | | |

Environment:

- | | |
|---|--|
| <input type="checkbox"/> Smoke Free | <input type="checkbox"/> Smoking |
| <input type="checkbox"/> No Pets | <input type="checkbox"/> Pets |
| <input type="checkbox"/> Pool | <input type="checkbox"/> Fenced Pool |
| <input type="checkbox"/> Computer | <input type="checkbox"/> Outdoor Play Area |
| <input type="checkbox"/> Fenced Play Area | <input type="checkbox"/> Wood Stove |
| <input type="checkbox"/> Fireplace | <input type="checkbox"/> Gym |

Meals:

- | | |
|------------------------------------|--|
| <input type="checkbox"/> Breakfast | <input type="checkbox"/> Morning Snack |
| <input type="checkbox"/> Lunch | <input type="checkbox"/> Afternoon Snack |

- Dinner
- Parent Provides Meals

- CACFP

Philosophy:

- Academic
- Parent Involvement
- Waldorf
- High/Scope
- Child Development
- Mixed Age
- Montessori
- Other: _____

Financial Assistance:

- Subsidy Voucher
- Employer Discount
- Fee Negotiable
- Scholarship
- United Way Scholarship/Discount
- County Contract
- Sliding Fee Scale
- Parent Cooperative
- Multi Child Discount

Policies:

- Written Contract
- Provider Sick Allowance
- Provider Vacation Allowance
- Medical Form on Each Child
- Written Handbook
- Liability/Accident Insurance
- Child Absence Allowance

Safety:

- Current CPR
- First Aid Training
- Current Infant/Toddler CPR
- On Site Nurse

Special Needs:

- Developmental Disability
- Medical Care Needs
- Educational Disability
- Wheel Chair Accessible
- Sign Language
- Gifted
- No Special Needs
- Transportation
- Moderately Ill/Health Services
- Inclusive Integrated (accommodates children with special needs with the regular course of action)
- Itinerant (accommodates visiting specialists/therapist for children with special needs)
- Other: _____

Training:

- Orientation
- Health/Safety
- Child Development
- Nutrition
- Advance Trainings
- Business Management
- Child Abuse
- Discipline
- Leadership Management

Experience:

- 1-3 Years Experience
- 10-20 Years Experience
- Family Child Care Experience
- Family Child Care & Child Care Center
- 4-9 Years Experience
- 21 Years + Experience
- Child Care Center Experience

Education:

- High School Education/Diploma
- Bachelor's Degree
- Special Education Degree
- Associate's Degree
- ECE/Child Related Degree
- Other Emphasis Degree

- Master's Degree
- Health Related Degree

- RN/LPN

Accreditation:

- NAFCC (National Association Family Child Care)
- NAEYC (National Association for the Education of Young Parents)
- NAA (National Afterschool Association)
- ACA (American Camping Association)
- Not Accredited

Affiliation:

- Non Profit
- Employer Affiliated
- Independent Proprietary
- Proprietary Franchise
- GOER Site
- College Operated
- Employer Managed
- Faith Based/Religious
- Public School

Advocacy:

- Phone Tree Leader
- Write Letters
- On-Mailing List
- Phone Tree Participant
- Visit Legislators

Addition Care Services

- Evening
- Weekend
- Snow Days
- Flexible Hours
- Late Day/Afternoon
- Part Week
- N/A
- Overnight
- Mildly Ill/Sick
- Extended Hours
- Early Day/Morning
- Respite Care
- Breast Feeding Friendly Certified

CDA:

- Center
- School Age
- Infant/Toddler
- Family Child Care

Former License Type

- Formerly Exempt
- Formerly Licensed
- Formerly Registered

Additional NYS Certifications:

- NYS Children's Program Administrator Credential
- Infant/Toddler Certificate Program of NYS
- NYS Certified N-6
- NYS Trainer's Credential

Special Diet:

- Vegetarian
- Kosher Style
- Lactose Free
- Food Allergy
- Vegan
- Diabetic
- Gluten Free

Child Care Center:

Care Setting

- Non-residential Faith Based
- Workplace-Based

High Pay

What is the highest pay scale available for Center Staff? \$ _____

Low Pay

What is the lowest pay scale available for Center Staff? \$ _____

Number of Persons who are:

Mexican, Mexican American, Chicano: _____

Cuban: _____

Puerto Rican: _____

Other Spanish/Hispanic/Latino (print group): _____

Number of Persons Who's Race is:

- | | |
|--|---|
| _____ White | _____ Black. African American, or Negro |
| _____ American Indian or Alaska Native (print tribe) | _____ |
| _____ Asian Indian | _____ Native Hawaiian |
| _____ Chinese | _____ Japanese |
| _____ Vietnamese | _____ Other Asian Race: _____ |

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

What languages: _____

How well do the persons speak English?

- Very Well Not Well
- Not at All

Family Child Care Center

Care Setting

- | | |
|------------------------------------|--|
| <input type="checkbox"/> House | <input type="checkbox"/> Apartment |
| <input type="checkbox"/> Townhouse | <input type="checkbox"/> Mobile Home |
| <input type="checkbox"/> Duplex | <input type="checkbox"/> Non-residential |

Family Child Care Census Questions:

Are you Spanish/Hispanic/Latino?

- Mexican, Mexican American, Chicano
- Cuban
- Puerto Rican
- Other Spanish/Hispanic/Latino (print group) _____

What is your race?

- | | |
|---|--|
| <input type="checkbox"/> White | <input type="checkbox"/> Black. African American, or Negro |
| <input type="checkbox"/> American Indian or Alaska Native (print tribe) _____ | |
| <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Native Hawaiian |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Japanese |
| <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Other Asian Race: _____ |

What is your Person's ancestry or ethnic origin? (example: Italian, Jamaican, African American,

Cambodian, Norwegian, Haitian, Korean) _____

Do you speak a language other than English?

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

What languages do you speak? _____

How well do you speak English?

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