



Child Care Connections

CHILD CARE REFERRAL LIST APPLICATION

Please Print

Applicant's Name: _____ Date of Birth _____

Address: _____

Telephone: _____

Email: _____

This is an application to be listed with Child Care Connections child care referral service as an Informal child care provider. An Informal Child Care Provider is exempt from the state license and registration process because they care for a maximum of two (2) non related children without a license or registration, OR they care for three (3) or more non related children for three (3) hours or less daily. **Completing this form does not make you or your site Licensed, Registered, or Certified to provide child care.**

A. The type of care facility that I have is (please check one):

<input type="checkbox"/> Nursery School – less than 3 hours/day – no child present more than 3 hours/day for ages 3 – 5 only .	<input type="checkbox"/> Informal Child Care Provider caring for no more than 2 children, for more than 3 hours/day.	<input type="checkbox"/> “Babysitter” caring for children of a family on occasion for a specific reason (emergency, date night, run errands, etc.) in my own home .
<input type="checkbox"/> Legally Exempt Enrolled provider receiving payment from DSS and has an available slot	<input type="checkbox"/> Camp (send copy of DOH permit) <input type="checkbox"/> Single Purpose Program <input type="checkbox"/> Drop-In Program	<input type="checkbox"/> “Babysitter” caring for children of a family on occasion for a specific reason (emergency, date night, run errands, etc.) in their home .

B. Health and Safety Checklist: (please circle an answer for each question)

Yes	No	There are at least two separate and remote ways to escape in an emergency
Yes	No	Rooms for children are well light and ventilated
Yes	No	Rooms are kept at a minimum of 68F degrees
Yes	No	There is adequate and safe water supply for drinking, washing hands, cleaning and cooking
Yes	No	There is hot and cold running water available
Yes	No	Paint and/or plaster must be in good repair and not chipping
Yes	No	Stairs, railings, porches, and decks must be in good repair
Yes	No	Barriers/Covers are placed on radiators
Yes	No	Portable space heaters are not accessible to children
Yes	No	All areas accessible to children are clean and orderly

Yes	No	Bathroom has a working toilet
Yes	No	Kitchen stove and refrigerator are in good working order
Yes	No	Refrigerator is at a temperature below 40F degrees
Yes	No	All accessible electrical outlets are covered with safety plugs
Yes	No	All windows are protected with some covering
Yes	No	The house is free from insects and vermin
Yes	No	There is a working smoke detector and carbon monoxide detector on each floor of the site
Yes	No	There is a working flashlight or other emergency lighting
Yes	No	There is a working telephone available
Yes	No	There are emergency phone numbers posted near the telephone
Yes	No	There is an outdoor play space and it is safe and free of clutter and/or hazardous items
Yes	No	There is an emergency plan (see attached to be completed)
Yes	No	Evacuation drills are completed monthly
Yes	No	Shelter in Place drills are completed 2 times a year
Yes	No	To the best of my knowledge, the house meets all local building codes
Yes	No	There is a stocked portable First Aid Kit with no medications
Yes	No	Children will always be supervised by competent caregiver
Yes	No	Electronic monitoring devices will not be used for supervision
Yes	No	Children will be given a nap or rest area on age appropriate surfaces
Yes	No	Children will not be forced to nap/rest
Yes	No	All infants will be put to sleep on their backs
Yes	No	Children will be given quiet activities if unable to sleep
Yes	No	Hazardous materials are not accessible to children
Yes	No	There is no swimming/wading pool OR the swimming/wading pool is locked and inaccessible to children
Yes	No	Firearms and ammunition are stored securely and are inaccessible to children
Yes	No	Children will not be exposed to any person using drugs or alcohol during care
Yes	No	There will be no smoking or vaping in any area accessible to children indoors or outdoors
Yes	No	Children will not be left unattended in a motor vehicle
Yes	No	Children will be secured in age appropriate safety seats during transportation
Yes	No	Corporal punishment, humiliation, fear, restraint, biting, excessive demands will not be used with children
Yes	No	Safety precautions will be used relating to blood, bodily fluids and during toileting/diaper changing
Yes	No	Microwave will not be used to heat infant formula, breast milk or food
Yes	No	Nutritious foods will be offered
Yes	No	Caregiver is of good character and habits

The site has pets. Yes _____ No _____

If yes, please describe type of pets: _____

Pets' immunizations are kept up-to-date Yes _____ No _____ NA _____

C. PROPOSED CHILD CARE PROGRAM

What does a typical day of child care look like from drop off to pick up:

(Describe any programming, activities, materials, etc. that you will use in your child care)

D. EDUCATION AND EXPERIENCE

1. Child Care or Parenting experience: _____

2. Educational Background: _____
3. Other related work experience: _____

4. CPR expiration (list date) _____ (attach copy of certification card)
5. First Aid expiration (list date) _____ (attach copy of certification card)
6. 5 hour Foundations in Health and Safety e-learning [ECETP: Find Trainings \(albany.edu\)](http://www.albany.edu/ECETP/FindTrainings) (attach copy of certificate)
7. Any other certifications/trainings completed within the last year attach copies to application.

E. HOUSEHOLD MEMBERS, VOLUNTEERS, EMPLOYEES

Please list ALL individuals who may help care for children and all household member. Check to indicate of the individual is an employee, volunteer, or household member

Last Name	First Name	Date of Birth**	NYS Driver License #**	Employee	Volunteer	Household Member

** The date of birth or NYS Drivers License number is required for each individual. This information will be used in database searches to verify information provided and check the Sex Offender Registry.

F. MEDICAL REQUIREMENTS

Please submit a health statement (see enclosed form) from a physician attesting that you, and any other adult who will have on-going contact with the children, are in good physical and mental health and able, from the physician's perspective, to care for children. The letter should also include the result of a recent TB test.

G. PROVIDER ATTESTATIONS (please check an answer for each question)

Yes _____ No _____ I understand that no more than two (2) children may be in care at one time if care is for more than 3 hours. If care is for less than 3 hours, I may care for 3 or more children at one time.

Yes _____ No _____ I will permit Family of Woodstock, Inc. Child Care Connections staff into my home to do an inspection of all areas accessible to children during my listed hours of operation

Yes _____ No _____ I understand that no more than two (2) children under the age of two (2) may be in care at one time

Yes _____ No _____ I will obtain from each family a medical release to permit emergency medical care and the names and telephone numbers of two (2) persons who may be contacted in the event of an emergency

Yes _____ No _____ I agree that at no time will children be left unattended or in the care of a minor, and will notify parents of any change in care arrangements or substitute provider

Yes _____ No _____ I agree to provide an environment including materials and toys conducive to the development of all ages of children in care. A daily routine will allow for comfortable napping (if applicable) and outdoor activities near the child care site

Yes _____ No _____ I agree to serve well-balanced nutritious meals in quantities that meet the needs of the children (if applicable)

Yes _____ No _____ I understand that Child Care Connections will check the New York State Sex Offender Registry to determine if I, any volunteer, employee or person living at the child care site over 18 years, who is likely to have regular contact with children in care is listed in the Sex Offender Registry

Yes _____ No _____ I understand my Informal Child Care program will be referred, not recommended to families.

Yes _____ No _____ I understand my Informal Child Care program is not regulated through OCFS, NYS, or any entity approving child care sites, facilities, locations or services.

Yes _____ No _____ I understand that I will need to complete a renewal application on a yearly basis.

Yes _____ No _____ I understand that I will need to notify Child Care Connections referral staff regarding program changes, updates, enrollment, and vacancies.

Yes _____ No _____ **To my knowledge neither I, nor any person living in or frequenting my child care site, has ever been found to be the parent of a child in need of protection**

Yes _____ No _____ **To my knowledge neither I, or any person living in or frequenting my child care site has ever been convicted of child abuse or neglect**

Yes _____ No _____ **To my knowledge neither I, nor any person living in or frequenting my child care site has ever been convicted of a crime**

Yes _____ No _____ **I have never had a license or registration to operate a day care program revoked or suspended**

If you have answered YES to any question above you will receive a call from the office to discuss.

Print Name _____ Date _____

Signature _____

Submit completed application and all attachments to:

Columbia/Greene County:

Child Care Connections
351 Fairview Avenue, Suite 310
Hudson, NY 12534
Or
ccccg@familyofwoodstockinc.org

Ulster County:

Family of Woodstock, Inc.
Child Care Connections
31 Albany Avenue
PO BOX 3516
Kingston, NY 12402
Or
cccouncil@familyofwoodstockinc.org

H. REFERENCES

Please give the names and addresses of three (3) people ***unrelated*** to you who can provide written references for you. Former employers, teachers, or parents of children previously cared for by you would be optimum references.

1. Name: _____
Address: _____

Phone: _____
Email: _____
Professional reference <input type="checkbox"/>
Personal reference <input type="checkbox"/>

2. Name: _____
Address: _____

Phone: _____
Email: _____
Professional reference <input type="checkbox"/>
Personal reference <input type="checkbox"/>

3. Name: _____
Address: _____

Phone: _____
Email: _____
Professional reference <input type="checkbox"/>
Personal reference <input type="checkbox"/>

To the best of my knowledge, all of the above information is true and accurate.

Applicant's Signature: _____ **Date** _____

Office Use Only
Sex Offender Check completed _____
Approved _____
Date: _____
Staff Initials _____