

# Provider Information Sheet

## Child, Family and Community Services, Inc. – California Child Care Programs

### SECTION I: Provider Contact Information

Provider's Office/Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Provider's Email Address \_\_\_\_\_

**The following two (2) questions are for child care center and family child care homes.**

1. Do you participate in the Quality Rating and Improvement System (QRIS)? Yes \_\_\_\_\_ No \_\_\_\_\_

2. Is your child care program accredited by an accrediting association?

- No.  Yes. Other Accreditation (Not National or State Level)  
 Yes. National Accreditation  Yes. Level/ Type of Accreditation Unavailable  
 Yes. State Accreditation

**If your answer is "Yes," please provide a copy of the accreditation certificate.**

### SECTION II: Days and Hours of Operation for Center and Licensed Day Care

	From	To		From	To
Monday			Saturday		
Tuesday			Sunday		
Wednesday			24 Hours		
Thursday					
Friday					

### SECTION III - Non-Operational Days (holidays and/or vacation) for Center and Licensed Day Care


### SECTION III: Non-Licensed Provider

**Please list any employment in addition to CFCS childcare:**

Note: Other employment includes care with other similar subsidized agency and care of children of non-subsidized parents.

Employer Name: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Days/Hours of Work: \_\_\_\_\_

I understand that giving wrong or incomplete information can result in legal prosecution with penalties of fine and imprisonment or both. Under penalty of perjury, I certify that the above information is true and correct.

\_\_\_\_\_  
Provider's Signature

\_\_\_\_\_  
Date