## Child Care Resource and Referral Department Provider Needs Assessment

Name					Date	
Address					Phone Number _	
Email			Registrati	on or License	e Number	
Type of Pro	<b>vider:</b> Chi	ld Care Cente	er Director	Child Care C	enter Staff So	chool Age Director
					Family Child (	-
Group F	amily Child C	areRelat	ive CareUr	regulated Ca	are	
Most conve	nient locatio	n for attendi	ng trainings: (F	Please list to	wn)	
Near Home						
Naan Wale						
ivear work						
Language N	<b>eeds:</b> [	English	Spanish	Other		
Days and Ti	mes you pref	er (Please Ci	rcle)			
Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.
Morning	Morning	Morning	Morning	Morning	Morning	Morning
_	Afternoon	_	_	Afternoon	Afternoon	•
Evening	Evening	Evening	Evening	Evening	Evening	Evening
Month you	prefer (Pleas	e Circle)				
•	•		April May		July August	September

Please rar															
Conference															
Full Da	•														
Half D	-														
	Video Confer	ence													
Online															
	e Work (multip	ole sessions)													
Works	•														
In Hor															
	e or BOCES Co ∕leetings	ourses													
	_	· /													
Other	(Please Specii	у)				_		_					 	 	 
What acti	vities do you	enjoy during t	trainings? Plea	ase circl	le a	al	۱t	ha	at	ap	ply	:			
_ecture	Video Clips	Hands On	Discussion	Other	r(pl	le	as	e	sr	ec	ifv'				
cctarc	viaco ciips	Tidilas Off	Discussion	Other	(Pi	ıc	us	_	٦,	,	у		 		 
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Other areas please specify
Specific Instruction:
Unregulated Providers Only -10 hours of training for Enhanced Rate(if checked, please choose from areas above)
Health & Safety Course – required to become a Registered/Licensed Provider
Reason for Training:
Personal/Professional Development Required for licensing or job retention Obtain CEU's or College Credit Obtain National Accreditation
Additional Comments: