

**Child Care Resource and Referral Department
Provider Needs Assessment**

Name _____ Date _____

Address _____ Phone Number _____

Email _____ Registration or License Number _____

Type of Provider: ___ Child Care Center Director ___ Child Care Center Staff ___ School Age Director
___ School Age Staff ___ Pre-School Director ___ Pre-School Staff ___ Family Child Care
___ Group Family Child Care ___ Relative Care ___ Unregulated Care

Most convenient location for attending trainings: (Please list town)

Near Home _____

Near Work _____

Language Needs: ___ English ___ Spanish ___ Other

Days and Times you prefer (Please Circle)

Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.
Morning	Morning	Morning	Morning	Morning	Morning	Morning
Afternoon	Afternoon	Afternoon	Afternoon	Afternoon	Afternoon	Afternoon
Evening	Evening	Evening	Evening	Evening	Evening	Evening

Month you prefer (Please Circle)

January February March April May June July August September
October November December

Please rank your preferred delivery method: (favorite = 1 least favorite = 10)

Conferences

Full Day

Half Day

SUNY Video Conference

Online

Course Work (multiple sessions)

Workshops

In Home

College or BOCES Courses

Staff Meetings

Other (Please Specify) _____

What activities do you enjoy during trainings? Please circle all that apply:

Lecture Video Clips Hands On Discussion Other (please specify) _____

Training Areas of Need or Interest

1. Child Development ____
2. Physical Development ____
3. Language Development ____
4. Cognitive Development ____
5. Social/Emotional Development ____
6. Building Self Confidence in Children ____
7. Program Development ____
8. Child Guidance ____
9. Child Abuse & Maltreatment ____
10. Statutes & Regulations ____
11. Shaken Baby ____
12. Business Practices & Record Keeping ____
13. Program Management/Professionalism ____
14. CPR/First Aid ____
15. Health & Safety Practices ____
16. Nutrition ____
17. Learning Environments ____
18. Developing Creativity ____
19. Family /Parent Involvement ____
20. Developmental Challenges & Special Needs ____
21. Understanding Quality Rating System ____

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: _____
