

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
**PROVIDER NOTIFICATION OF LICENSING OR REGISTRATION
TO FIRE AND POLICE OR SHERIFF DEPARTMENTS**

As a child day care provider you are required to give written notification concerning the location of your day care program to your local fire and police departments. If your local municipality does not have a fire or police department, the sheriff must be notified instead. This must be done within in five (5) days after receiving your license or registration. Keep a copy of the completed notification in your files and document where and when you sent the notice. You may be asked to provide proof of notification during the course of inspection of your day care program. If you have 911 in your community, you may also want to inform them. If there is any change in any of this information the appropriate local fire, police or sheriff's departments must be notified.

**COMPLETE THIS FORM AND SEND IT TO
YOUR FIRE AND POLICE OR SHERIFF DEPARTMENTS**

This form may be copied

NAME OF PROVIDER/PROGRAM:	
ADDRESS:	
CITY/TOWN:	
ZIP CODE:	PHONE NUMBER (AREA CODE): ()

I am (*check one*)

Day Care Center
 School Age Program
 Group Family Day Care Home
 Family Day Care Home

I am licensed or registered to provide day care to a maximum of _____ children who range in age from _____ to _____ years of age.

I provide child day care on the following days and times, (*check appropriate days and write in hours of care*):

<input type="checkbox"/> Monday.....	Hours _____	<input type="checkbox"/> AM		<input type="checkbox"/> AM	
		<input type="checkbox"/> PM	to	<input type="checkbox"/> PM	_____
<input type="checkbox"/> Tuesday.....	Hours _____	<input type="checkbox"/> AM		<input type="checkbox"/> AM	
		<input type="checkbox"/> PM	to	<input type="checkbox"/> PM	_____
<input type="checkbox"/> Wednesday.....	Hours _____	<input type="checkbox"/> AM		<input type="checkbox"/> AM	
		<input type="checkbox"/> PM	to	<input type="checkbox"/> PM	_____
<input type="checkbox"/> Thursday.....	Hours _____	<input type="checkbox"/> AM		<input type="checkbox"/> AM	
		<input type="checkbox"/> PM	to	<input type="checkbox"/> PM	_____
<input type="checkbox"/> Friday.....	Hours _____	<input type="checkbox"/> AM		<input type="checkbox"/> AM	
		<input type="checkbox"/> PM	to	<input type="checkbox"/> PM	_____
<input type="checkbox"/> Saturday.....	Hours _____	<input type="checkbox"/> AM		<input type="checkbox"/> AM	
		<input type="checkbox"/> PM	to	<input type="checkbox"/> PM	_____
<input type="checkbox"/> Sunday.....	Hours _____	<input type="checkbox"/> AM		<input type="checkbox"/> AM	
		<input type="checkbox"/> PM	to	<input type="checkbox"/> PM	_____

ADDRESS OF FIRE DEPARTMENT NOTIFIED:

ADDRESS OF POLICE OR SHERIFF'S DEPARTMENT NOTIFIED:

PROVIDER'S SIGNATURE: X	DATE:
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Remember to retain a copy for your files.