

## **COVID-19 PROVIDER QUESTIONNAIRE**

Return by fax to (845)-486-3142 or email to [Lance.Bixby@dfa.state.ny.us](mailto:Lance.Bixby@dfa.state.ny.us)

Program name: \_\_\_\_\_ Director: \_\_\_\_\_

Phone number: \_\_\_\_\_

- 1) Are you a child care provider who has been impacted by COVID-19?
- 2) Which type of provider?
  - a) Day Care Center
  - b) Group Family Daycare
  - c) Family Daycare
  - d) Legally Exempt Group provider
  - e) School Age Child Care Provider
- 3) How many children do you normally have in attendance (prior to 3/16/2020)?
- 4) How many children have you had in attendance since 3/16/2020?
- 5) Have absent children been reported sick or their parents sick with COVID-19 symptoms?
- 6) Have absent children stopped attending because their parent(s) are out of work?
- 7) Have you had to close due to a mandatory quarantine by the Department of Health?  
Yes/No Date of closure:
- 8) Have you decided to close your daycare because you or family residing in your day care home have symptoms of COVID-19?  
Yes/No Date of closure:

