

**Child Care Facility System** [ \_ ] [ ] [ X ]

File Edit View Insert Tools Administration Reports Window Help

00/00/0000 - 00/00/0000

Period

**Facility Information - Facility ID: 00103204-FDC Name: Cicora, Judy Status: Application Received** [ X ]

**Assigned To** [ Farkas, Dawn ] [ Syracuse Regional Office ] [ (315) 423-1185 ]

Licensor Office Telephone

**Profile**

Facility Maintenance

Renewal Process

**Current Facility Information** | **Facility Contact/Address/Phone**

**Cicora, Judy**

Facility Name

**Application Received** [ 05/21/2001 ] [ 00/00/0000 ] [ 05/21/2001 ]  Renewal

Facility Status Status Effective Date Facility Start Date Last App. Received

**License/Registration Period**

[ 00/00/0000 ] [ 00/00/0000 ]

Start End

Waivers Issued

Limitation

Pool Approval

**Business Information**

**Individual Sole Proprietorship** [ Federal ID ] [ Conversion/Prior ID ]

Type of Legal Entity Federal ID 050018FT

**Capacity**

[ Expand All ] [ Collapse All ] [ FM01 ]

Ready

Sample CCFS Screen A  
 New In-process Provider  
 Application Received over 12 months old