

Name of Center:

Date Completed _____

Contact Name/Telephone:

License #: _____

Staff to Student Ratio: _____

Near Major Intersection/Landmark:

Child Development Permits:

Indicate the number of permits held by staff for each of the following permit levels:

Ages Served (check all that apply):

- Birth to 1.5 years
- 1.5 years to 3 years
- 3 years to 5 years
- School Age
- Must be toilet-trained

- ____ Assistant
- ____ Associate Teacher
- ____ Teacher
- ____ Master Teacher
- ____ Site Supervisor
- ____ Program Director

Languages Spoken:

Education Levels:

Indicate the level of education held by staff:

Pets on Site (please describe):

- ____ High School Diploma/GED
- ____ Some College
- ____ AA Degrees in _____
- ____ BA Degrees in _____
- ____ MA Degrees in _____

Experience with Special Needs Children?

- No
- Yes (call for more information)

Areas of training:

Specialized Trainings Completed by a Staff Member:

Name of Training	Date Completed
<i>Program for Infant Toddler Care (PITC)</i>	_____
_____	_____
_____	_____
_____	_____

Hours:

Environment Rating Scale Performed:

School Age Care:

Grades: _____

- Before
- After
- Transports

- No
- Yes, Date: _____

Options:

Accreditation: (please explain):

- Full Time
- Part Time
- PT/Full Days Only
- Night-time
- Weekend
- Closed Summers

Additional Comments: