

Child Care Provider Survey/Facility Information Sheet

Facility Name:			
Facility Address:			
Email:		Phone:	

Current Director, Primary Staff Person or Operator: _____

Designated person in charge when director is not present: _____

Does Designee have access to all locked files when in charge? Y or N

Total # children currently enrolled: _____ Maximum # children served in facility at any given time: _____

Ages of children in care throughout the year (mark all applicable age groups with /):

Infant		Preschool	
Young Toddler		Young School Age	
Older Toddler		Older School Age	

Days and Hours of Operation: *(Enter times below or N/A if closed)*

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Months of Operation: _____

Does program administer medication? Y or N

Does program prepare and serve meals? Y or N

Is there a pool on site? Y or N

Do children in program go swimming? Y or N If yes, where: _____

Do children in program go on walks off the premises? Y or N If yes, where: _____

Do children in program go on field trips? Y or N If yes, where: _____

Is transportation provided? Y or N # of Vehicles: ____ Type(s) of Vehicle(s): _____

of staff employed: _____ # of seasonal staff: _____ # of volunteers: _____

Any significant facility changes since last certificate was issued? Y or N

If yes, please describe:

Name of person completing form: _____ Title: _____

Signature: _____ Date: _____

Department Use Only

Renewal Inspection Date:	PCID:
Renewal Inspection Completed By:	
Director or Primary Staff Form of ID:	Type: _____ Expiration Date: _____
Name of Staff Person for verified ID:	
Qualification Level/Position of Staff Verified:	