

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? Yes No

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	
Old 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? Yes No

Does program prepare and serve meals? Yes No

Is there a pool on site? Yes No

Do children in program go swimming? Yes No If yes, where: _____

Do children in program go on walks off the premises? Yes No If yes, where: _____

Do children in program go on field trips? Yes No If yes, where: _____

Is transportation provided? Yes No # of Vehicles: ____ Type(s) of Vehicle(s): _____

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

Any significant facility changes since last certificate was issued? Yes No

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:		