

# Provider Survey/Facility Information Sheet

<b>Facility Name:</b>			
<b>Facility Address:</b>			
<b>Email:</b>		<b>Phone:</b>	

Current Director or Primary Staff Person: \_\_\_\_\_

Designated Person in Charge: \_\_\_\_\_

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

Total # of children currently enrolled: \_\_\_\_\_ Maximum # of children served in facility at any given time \_\_\_\_\_

Ages of children in care throughout the year (check all applicable age groups)

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

Days and Hours of Operation:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
<i>Enter times above or N/A if closed</i>						

Months of Operation: (Choose one)

Does program administer medication:     Y     N     Does program prepare and serve meals:     Y     N

Is there a pool on site?     Y     N     Do children in program go swimming?     Y     N

If yes, where \_\_\_\_\_

Do children in program go on walks off the premises?     Y     N     If yes, where \_\_\_\_\_

Do children in program go on field trips?     Y     N     If yes, where \_\_\_\_\_

Is transportation provided?     Y     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     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: <span style="float: right;">Expiration Date:</span>
Name of Staff Person for verified ID:	
Qualification Level/Position of Staff Verified:	