



Date: \_\_\_\_\_ Arrival Time: \_\_\_\_\_ Departure Time: \_\_\_\_\_ Provider: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Tel: \_\_\_\_\_ License#: \_\_\_\_\_ Exp: \_\_\_\_\_

CDA: Yes  No  / CDA Exp: \_\_\_\_\_ CPR/Exp: \_\_\_\_\_ First Aid/Exp: \_\_\_\_\_ Evac Date: \_\_\_\_\_ Capacity: \_\_\_\_\_

Certified Assistant: \_\_\_\_\_ License#: \_\_\_\_\_ Exp: \_\_\_\_\_ CPR/Exp: \_\_\_\_\_ First Aid/Exp: \_\_\_\_\_

How many children currently enrolled: Under 2: \_\_\_\_\_ School-Age: \_\_\_\_\_ Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_ Total Number of Children: \_\_\_\_\_

CHILDREN ENROLLED	PRESENT	DATE OF BIRTH	PRIVATE OR VOUCHER	HOUR IN	HOUR OUT	UPDATED INTAKE	PHYSICAL EXPIRATION	REGISTRATION EXPIRATION
1. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
2. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
3. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
4. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
5. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
6. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
7. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
8. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
9. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
10. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____

Physical Facility / Conditions: \_\_\_\_\_

Daily Activities Observed / Describe Curriculum and Participation with Provider and Children: \_\_\_\_\_

Additional Support Requested by Provider: \_\_\_\_\_

Attendance Sheets and Parent Sign-In/Out Reviewed?  Yes  No

Comments Regarding Attendance Records: \_\_\_\_\_

Professional Development and Technical Support Comments: \_\_\_\_\_

COORDINATOR'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PROVIDER'S OR ASSISTANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_