



PROFILE FOR CHILD CARE CENTERS, PRESCHOOLS & SCHOOL-AGE PROGRAMS

Contact & Vacancy Information

Name		Referral Preferences	Yes	No
Business Name		Give Referrals	<input type="checkbox"/>	<input type="checkbox"/>
License Number		Web Referrals	<input type="checkbox"/>	<input type="checkbox"/>
Street Address		Print Rates on Referral Reports	<input type="checkbox"/>	<input type="checkbox"/>
City, State, Zip				
Mailing Address				
Mailing City, State, Zip				
Primary Phone (____) _____	Secondary Phone (____) _____	Fax (____) _____		
Email _____	(Optional)			
Website _____	(Optional)			

Total Desired Capacity _____	Ages Served
Total Vacancies _____	Minimum Age: ____ Years ____ Months ____ Weeks
Date of Vacancies _____	Maximum Age : ____ Years ____ Months ____ Weeks

Schools & Transportation

School District # _____	Elementary School(s) You Serve _____	
Transportation to/Available for _____	Which Schools: _____	
Check All Options Applicable		
<input type="checkbox"/> None	<input type="checkbox"/> Within Walking Distance	<input type="checkbox"/> Near Public Bus Line
<input type="checkbox"/> Transportation Provided	<input type="checkbox"/> To/From Full Day School	<input type="checkbox"/> To/From Part Day School
<input type="checkbox"/> On/Near School Bus Line	<input type="checkbox"/> To/From Client's Home	<input type="checkbox"/> Field Trips
<input type="checkbox"/> To/From Preschool		

Staffing & Languages

Number of Staff Employed _____	
Languages Spoken _____	

Schedule Options

SCHEDULE 1

Days Care Provided	Start Time	End Time	Schedule Description				
			Check All Applicable for Schedule				
<input type="checkbox"/> Monday			<input type="checkbox"/> Day	<input type="checkbox"/> Preschool – 2 Day	<input type="checkbox"/> FT	<input type="checkbox"/> PT	<input type="checkbox"/> Both
<input type="checkbox"/> Tuesday			<input type="checkbox"/> Evening	<input type="checkbox"/> Preschool – 3 Day	<input type="checkbox"/> Drop-In		<input type="checkbox"/> Temp/Emergency
<input type="checkbox"/> Wednesday			<input type="checkbox"/> Overnight	<input type="checkbox"/> Preschool – 4 Day	<input type="checkbox"/> Before School		<input type="checkbox"/> After School
<input type="checkbox"/> Thursday			<input type="checkbox"/> School Year Only	<input type="checkbox"/> Preschool – 5 Day	<input type="checkbox"/> Rotating		<input type="checkbox"/> 24-Hour
<input type="checkbox"/> Friday			<input type="checkbox"/> Summer/Holiday		<input type="checkbox"/> Open Holidays		
<input type="checkbox"/> Saturday			<input type="checkbox"/> Weekend Only				
<input type="checkbox"/> Sunday							
			Waiting List <input type="checkbox"/> Yes <input type="checkbox"/> No				
			Date Openings Avail. _____				

Age Group	Desired Capacity	DCF (previously SRS) Capacity	FT Vacancies	PT Vacancies	Vacancy Date	Child/Adult Ratio	Number Enrolled	Rates		
								Age Group	FT	PT
Under 1								Under 1		
1 to 1.5								1 to 1.5		
1.5 to 2								1.5 to 2		
2								2		
3								3		
4								4		
5								5		
6+								6+		

Rates Are Hourly Daily Weekly Monthly

Additional Fees

- | | | |
|--|------------------------------------|--|
| <input type="checkbox"/> Activities Fees | <input type="checkbox"/> Deposit | <input type="checkbox"/> Enrollment Fees |
| <input type="checkbox"/> Field Trip Fees | <input type="checkbox"/> Late Fees | <input type="checkbox"/> Material Fees |

SCHEDULE 2

Days Care Provided	Start Time	End Time	Schedule Description				
			Check All Applicable for Schedule				
<input type="checkbox"/> Monday			<input type="checkbox"/> Day	<input type="checkbox"/> Preschool – 2 Day	<input type="checkbox"/> FT	<input type="checkbox"/> PT	<input type="checkbox"/> Both
<input type="checkbox"/> Tuesday			<input type="checkbox"/> Evening	<input type="checkbox"/> Preschool – 3 Day	<input type="checkbox"/> Drop-In		<input type="checkbox"/> Temp/Emergency
<input type="checkbox"/> Wednesday			<input type="checkbox"/> Overnight	<input type="checkbox"/> Preschool – 4 Day	<input type="checkbox"/> Before School		<input type="checkbox"/> After School
<input type="checkbox"/> Thursday			<input type="checkbox"/> School Year Only	<input type="checkbox"/> Preschool – 5 Day	<input type="checkbox"/> Rotating		<input type="checkbox"/> 24-Hour
<input type="checkbox"/> Friday			<input type="checkbox"/> Summer/Holiday		<input type="checkbox"/> Open Holidays		
<input type="checkbox"/> Saturday			<input type="checkbox"/> Weekend Only				
<input type="checkbox"/> Sunday							
			Waiting List <input type="checkbox"/> Yes <input type="checkbox"/> No				
			Date Openings Avail. _____				

Age Group	Desired Capacity	DCF (previously SRS) Capacity	FT Vacancies	PT Vacancies	Vacancy Date	Child/Adult Ratio	Number Enrolled	Rates		
								Age Group	FT	PT
Under 1								Under 1		
1 to 1.5								1 to 1.5		
1.5 to 2								1.5 to 2		
2								2		
3								3		
4								4		
5								5		
6+								6+		

Rates Are Hourly Daily Weekly Monthly

Additional Fees

- | | | |
|--|------------------------------------|--|
| <input type="checkbox"/> Activities Fees | <input type="checkbox"/> Deposit | <input type="checkbox"/> Enrollment Fees |
| <input type="checkbox"/> Field Trip Fees | <input type="checkbox"/> Late Fees | <input type="checkbox"/> Material Fees |

SCHEDULE 3

Days Care Provided	Start Time	End Time	Schedule Description					
<input type="checkbox"/> Monday			Check All Applicable for Schedule					
<input type="checkbox"/> Tuesday			<input type="checkbox"/> Day	<input type="checkbox"/> Preschool – 2 Day	<input type="checkbox"/> FT	<input type="checkbox"/> PT	<input type="checkbox"/> Both	
<input type="checkbox"/> Wednesday			<input type="checkbox"/> Evening	<input type="checkbox"/> Preschool – 3 Day	<input type="checkbox"/> Drop-In		<input type="checkbox"/> Temp/Emergency	
<input type="checkbox"/> Thursday			<input type="checkbox"/> Overnight	<input type="checkbox"/> Preschool – 4 Day	<input type="checkbox"/> Before School		<input type="checkbox"/> After School	
<input type="checkbox"/> Friday			<input type="checkbox"/> School Year Only	<input type="checkbox"/> Preschool – 5 Day	<input type="checkbox"/> Rotating		<input type="checkbox"/> 24-Hour	
<input type="checkbox"/> Saturday			<input type="checkbox"/> Summer/Holiday		<input type="checkbox"/> Open Holidays			
<input type="checkbox"/> Sunday			<input type="checkbox"/> Weekend Only		Waiting List	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
			Date Openings Avail. _____					

Age Group	Desired Capacity	DCF (previously SRS) Capacity	FT Vacancies	PT Vacancies	Vacancy Date	Child/Adult Ratio	Number Enrolled	Rates		
								Age Group	FT	PT
Under 1								Under 1		
1 to 1.5								1 to 1.5		
1.5 to 2								1.5 to 2		
2								2		
3								3		
4								4		
5								5		
6+								6+		

Rates Are Hourly Daily Weekly Monthly

Additional Fees

- | | | |
|--|------------------------------------|--|
| <input type="checkbox"/> Activities Fees | <input type="checkbox"/> Deposit | <input type="checkbox"/> Enrollment Fees |
| <input type="checkbox"/> Field Trip Fees | <input type="checkbox"/> Late Fees | <input type="checkbox"/> Material Fees |

SCHEDULE 4

Days Care Provided	Start Time	End Time	Schedule Description					
<input type="checkbox"/> Monday			Check All Applicable for Schedule					
<input type="checkbox"/> Tuesday			<input type="checkbox"/> Day	<input type="checkbox"/> Preschool – 2 Day	<input type="checkbox"/> FT	<input type="checkbox"/> PT	<input type="checkbox"/> Both	
<input type="checkbox"/> Wednesday			<input type="checkbox"/> Evening	<input type="checkbox"/> Preschool – 3 Day	<input type="checkbox"/> Drop-In		<input type="checkbox"/> Temp/Emergency	
<input type="checkbox"/> Thursday			<input type="checkbox"/> Overnight	<input type="checkbox"/> Preschool – 4 Day	<input type="checkbox"/> Before School		<input type="checkbox"/> After School	
<input type="checkbox"/> Friday			<input type="checkbox"/> School Year Only	<input type="checkbox"/> Preschool – 5 Day	<input type="checkbox"/> Rotating		<input type="checkbox"/> 24-Hour	
<input type="checkbox"/> Saturday			<input type="checkbox"/> Summer/Holiday		<input type="checkbox"/> Open Holidays			
<input type="checkbox"/> Sunday			<input type="checkbox"/> Weekend Only		Waiting List	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
			Date Openings Avail. _____					

Age Group	Desired Capacity	DCF (previously SRS) Capacity	FT Vacancies	PT Vacancies	Vacancy Date	Child/Adult Ratio	Number Enrolled	Rates		
								Age Group	FT	PT
Under 1								Under 1		
1 to 1.5								1 to 1.5		
1.5 to 2								1.5 to 2		
2								2		
3								3		
4								4		
5								5		
6+								6+		

Rates Are Hourly Daily Weekly Monthly

Additional Fees

- | | | |
|--|------------------------------------|--|
| <input type="checkbox"/> Activities Fees | <input type="checkbox"/> Deposit | <input type="checkbox"/> Enrollment Fees |
| <input type="checkbox"/> Field Trip Fees | <input type="checkbox"/> Late Fees | <input type="checkbox"/> Material Fees |

Attributes

Environment

- | | | |
|---|---|--|
| <input type="checkbox"/> ADA Accessible Indoor | <input type="checkbox"/> ADA Accessible Outdoor | <input type="checkbox"/> Above or In-Ground Pool |
| <input type="checkbox"/> Air Conditioning | <input type="checkbox"/> Air Purifier | <input type="checkbox"/> Basement Used as Storm Shelter |
| <input type="checkbox"/> Basement Used for Child Care | <input type="checkbox"/> Dehumidifier | <input type="checkbox"/> Designated Indoor Play Area (FCC) |
| <input type="checkbox"/> Fenced Yard | <input type="checkbox"/> No Pets | <input type="checkbox"/> Non-Carpeted Environment |
| <input type="checkbox"/> Outdoor Pets Only | <input type="checkbox"/> Small Group of 6 or Fewer Children | <input type="checkbox"/> Smoke Free |
| <input type="checkbox"/> Smoking During Non-Business Hours Only | <input type="checkbox"/> Wading Pool | |

Meals

- | | | |
|---|---|--|
| <input type="checkbox"/> CACFP Food Program | <input type="checkbox"/> Serves Breakfast | <input type="checkbox"/> Serves Morning Snack |
| <input type="checkbox"/> Serves Lunch | <input type="checkbox"/> Serves Afternoon Snack | <input type="checkbox"/> Serves Evening Meal |
| <input type="checkbox"/> Serves Evening Snack | <input type="checkbox"/> Supports Breast Milk | <input type="checkbox"/> Provides Infant Formula/Infant Food |
| <input type="checkbox"/> Special Diet | | |

Philosophy

- | | | |
|--|--|---|
| <input type="checkbox"/> Creative Curriculum | <input type="checkbox"/> Developmentally Appropriate Practices | <input type="checkbox"/> High Scope |
| <input type="checkbox"/> Montessori | <input type="checkbox"/> No Curriculum Used | <input type="checkbox"/> No Television |
| <input type="checkbox"/> Own Curriculum Used | <input type="checkbox"/> Reggio Emilia Inspired | <input type="checkbox"/> Religious Curriculum |
| <input type="checkbox"/> Waldorf | | |

Policies

- | | | |
|--|---|---|
| <input type="checkbox"/> Written Agreement/Contract | <input type="checkbox"/> Written Handbook | <input type="checkbox"/> Billing Weekly |
| <input type="checkbox"/> Billing Monthly | <input type="checkbox"/> Billing on 1 st of Month for Entire Month | <input type="checkbox"/> Billing Bi-Monthly |
| <input type="checkbox"/> No Notice Required When Family Resigns | <input type="checkbox"/> Less Than 1 Week Notice Required if Family Resigns | <input type="checkbox"/> One Week Notice Required by Family |
| <input type="checkbox"/> Two Weeks Notice Required When Family Resigns | | |

Special Skills

- | | |
|--|--|
| <input type="checkbox"/> Teaches Spanish | <input type="checkbox"/> Teaches Sign Language |
|--|--|

Safety

- | | | |
|---|---|---|
| <input type="checkbox"/> CPR Current Within 2 Years | <input type="checkbox"/> Child Care Health Consultant Agreement | <input type="checkbox"/> First Aid Training Within Past 12 Months |
| <input type="checkbox"/> Liability Insurance Covering Child Care Business | <input type="checkbox"/> On-Site Nurse | |

Special Needs

- | | | |
|--|--|---|
| <input type="checkbox"/> ADHD/ADD/PDD | <input type="checkbox"/> Abuse & Neglect (Witness or Victim) | <input type="checkbox"/> Allergies |
| <input type="checkbox"/> Apnea Monitor | <input type="checkbox"/> Asthma | <input type="checkbox"/> Autism/Asperger |
| <input type="checkbox"/> Cerebral Palsy | <input type="checkbox"/> Cystic Fibrosis | <input type="checkbox"/> Developmental Delays |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Downs Syndrome | <input type="checkbox"/> Emotional Delays |
| <input type="checkbox"/> Epilepsy/Febrile Seizures | <input type="checkbox"/> Gastrostomy/Tube Feeding | <input type="checkbox"/> HIV/AIDS |
| <input type="checkbox"/> Hearing Impaired | <input type="checkbox"/> Maternal Substance Abuse | <input type="checkbox"/> Medically Fragile |
| <input type="checkbox"/> Mental Illness | <input type="checkbox"/> Nutritional Deficiencies | <input type="checkbox"/> Visual Impairment |
| <input type="checkbox"/> Other _____ | | |

Training

- | | | |
|--|--|--|
| <input type="checkbox"/> No Professional Development | <input type="checkbox"/> 1-5 In-Service Hours | <input type="checkbox"/> 6-10 In-Service Hours |
| <input type="checkbox"/> 11-20 In-Service Hours | <input type="checkbox"/> More Than 20 In-Service Hours | <input type="checkbox"/> .4-2 CEUs |
| <input type="checkbox"/> 3-6 CEUs | <input type="checkbox"/> 7-10 CEUs | <input type="checkbox"/> More Than 10 CEUs |
| <input type="checkbox"/> Early Childhood College Credits | | |

Experience

- | | | |
|--|---|--|
| <input type="checkbox"/> Under 1 Year | <input type="checkbox"/> 1-3 Years | <input type="checkbox"/> 4-9 Years |
| <input type="checkbox"/> 10-20 Years | <input type="checkbox"/> More Than 20 Years | <input type="checkbox"/> Family Child Care |
| <input type="checkbox"/> Child Care Center | <input type="checkbox"/> Preschool | <input type="checkbox"/> Elementary School |
| <input type="checkbox"/> Para | | |

Education - Check Highest Level Completed for All Staff

- | | | |
|--|---|---|
| <input type="checkbox"/> Some High School | <input type="checkbox"/> High School Diploma or GED | <input type="checkbox"/> Associate Degree in Early Childhood |
| <input type="checkbox"/> Associate Degree in Non-Early Childhood | <input type="checkbox"/> Bachelor's Degree in Early Childhood | <input type="checkbox"/> Bachelor's Degree in Non-Early Childhood |
| <input type="checkbox"/> Master's Degree in Early Childhood | <input type="checkbox"/> Master's Degree in Non-Early Childhood | <input type="checkbox"/> Doctorate in Early Childhood |
| <input type="checkbox"/> Doctorate in Non-Early Childhood | | |

Accreditation

- | | | | |
|--------------------------------|--------------------------------|-------------------------------|--------------------------------|
| <input type="checkbox"/> NAFCC | <input type="checkbox"/> NAEYC | <input type="checkbox"/> NECP | <input type="checkbox"/> NACCP |
|--------------------------------|--------------------------------|-------------------------------|--------------------------------|

Affiliation

- | | | |
|--------------------------------|--|--|
| <input type="checkbox"/> NAFCC | <input type="checkbox"/> State FCC Association | <input type="checkbox"/> Local FCC Association |
| <input type="checkbox"/> NAEYC | <input type="checkbox"/> State AEYC | <input type="checkbox"/> Local AEYC |

Advocacy

- | | | |
|---|--|---|
| <input type="checkbox"/> Member of Child Care Aware® - KS | <input type="checkbox"/> Member of NAEYC/KAEYC or Local AEYC Affiliate | <input type="checkbox"/> Member of Provider's Group |
| <input type="checkbox"/> Member of CCPC | <input type="checkbox"/> Participant in Advocacy Conferences | <input type="checkbox"/> Participant in Local Advocacy Events |
| <input type="checkbox"/> Visit with Legislators | <input type="checkbox"/> Write Legislators | <input type="checkbox"/> On Mailing List for Legislative Issues |

Financial Options

- | | | |
|---|--|---|
| <input type="checkbox"/> Foster Care/Adoption | <input type="checkbox"/> KCSL | <input type="checkbox"/> Local Financial Assistance |
| <input type="checkbox"/> Military | <input type="checkbox"/> Multi-Child Discount | <input type="checkbox"/> Department for Children & Families (DCF), Previously SRS |
| <input type="checkbox"/> Scholarships | <input type="checkbox"/> Sliding Scale/Non-DCF | <input type="checkbox"/> Youthville |

Type of CDA (Child Development Associate) List Names of Staff Currently Holding CDAs

- | | |
|---|------------------------------------|
| <input type="checkbox"/> Center Based Infant /Toddler | <input type="checkbox"/> Preschool |
| 1 _____ | 1 _____ |
| 2 _____ | 2 _____ |
| 3 _____ | 3 _____ |

Intentionality - Why You Work in Early or School-Age Educational Programs

- | | | |
|---|---|---|
| <input type="checkbox"/> Career or Profession | <input type="checkbox"/> Stepping Stone to a Related Career | <input type="checkbox"/> Personal Calling |
| <input type="checkbox"/> Job with Paycheck | <input type="checkbox"/> Work to Do While My Children are at Home | <input type="checkbox"/> Way of Helping a Family Member, Neighbor or Friend |

Early Education College Credits

- | | | |
|--------------------------------|---------------------------------|--|
| <input type="checkbox"/> 0 | <input type="checkbox"/> 1-6 | <input type="checkbox"/> 7-12 |
| <input type="checkbox"/> 13-24 | <input type="checkbox"/> 25-48 | <input type="checkbox"/> 49-72 |
| <input type="checkbox"/> 73-96 | <input type="checkbox"/> 97-120 | <input type="checkbox"/> More Than 120 |

Professional Development

- | | | |
|---|--|---|
| <input type="checkbox"/> EBT (Electronic Benefit Transfer) | <input type="checkbox"/> DYFCCB (Developing Your Family Child Care Business) | <input type="checkbox"/> Q-Tip Oh! Filling the Gap |
| <input type="checkbox"/> Infant/Toddler Professional Development | <input type="checkbox"/> Child Care Aware® of America (Previously NACCRRRA) Conference | <input type="checkbox"/> Child Care Aware® - KS State-Wide Professional Development |
| <input type="checkbox"/> CCR&R Sponsored Professional Development | <input type="checkbox"/> KCCTO | |

Core Competency Area (Listed on Class Certificates)

- | | | |
|--|--|--|
| <input type="checkbox"/> I. Child Growth & Development | <input type="checkbox"/> II. Learning Environment & Curriculum | <input type="checkbox"/> III. Child Observation & Assessment |
| <input type="checkbox"/> IV. Families & Communities | <input type="checkbox"/> V. Health, Safety & Nutrition | <input type="checkbox"/> VI. Interactions with Children |
| <input type="checkbox"/> VII. Program Planning & Development | <input type="checkbox"/> VIII. Professional Development & Leadership | |

Program Participation

- | | | |
|---|---|--|
| <input type="checkbox"/> ACCYN (Army CC in Your Neighborhood) | <input type="checkbox"/> Apprenticeship | <input type="checkbox"/> ELOA |
| <input type="checkbox"/> EXCEL | <input type="checkbox"/> Early Head Start | <input type="checkbox"/> KQRIS |
| <input type="checkbox"/> Smart Start | <input type="checkbox"/> T.E.A.C.H. | <input type="checkbox"/> CCO (Child Care Online) |
| <input type="checkbox"/> WAGE\$ | | |

Department for Children & Families (DCF) Subsidy, Previously SRS Subsidy

- Yes No

Confidential Information

The following information is collected for **statistical purposes only**.

Name of Person Completing Profile

Date

Business Setting

- Non-Residential
 Faith Based
 Workplace Based
 Residential
 School Based
 Outdoor Summer Camp
 Military Based
 Tribal Based
 Campus Based

Number of Classrooms _____

Staffing Information

Staff Title	Pay Rate & Benefits		
Administrator Benefits for this Position	Low Pay _____	High Pay _____	Pay Rate is: <input type="checkbox"/> Hourly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually
	<input type="checkbox"/> Health <input type="checkbox"/> Sick Leave <input type="checkbox"/> Retirement	<input type="checkbox"/> Dental <input type="checkbox"/> Vacation <input type="checkbox"/> L/T or S/T Disability	<input type="checkbox"/> Life <input type="checkbox"/> Professional Dev. Leave <input type="checkbox"/> Company Vehicle/Vehicle Insurance
Director Benefits for this Position	Low Pay _____	High Pay _____	Pay Rate is: <input type="checkbox"/> Hourly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually
	<input type="checkbox"/> Health <input type="checkbox"/> Sick Leave <input type="checkbox"/> Retirement	<input type="checkbox"/> Dental <input type="checkbox"/> Vacation <input type="checkbox"/> L/T or S/T Disability	<input type="checkbox"/> Life <input type="checkbox"/> Professional Dev. Leave <input type="checkbox"/> Company Vehicle/Vehicle Insurance
Assistant Director Benefits for this Position	Low Pay _____	High Pay _____	Pay Rate is: <input type="checkbox"/> Hourly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually
	<input type="checkbox"/> Health <input type="checkbox"/> Sick Leave <input type="checkbox"/> Retirement	<input type="checkbox"/> Dental <input type="checkbox"/> Vacation <input type="checkbox"/> L/T or S/T Disability	<input type="checkbox"/> Life <input type="checkbox"/> Professional Dev. Leave <input type="checkbox"/> Company Vehicle/Vehicle Insurance
Program Director Benefits for this Position	Low Pay _____	High Pay _____	Pay Rate is: <input type="checkbox"/> Hourly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually
	<input type="checkbox"/> Health <input type="checkbox"/> Sick Leave <input type="checkbox"/> Retirement	<input type="checkbox"/> Dental <input type="checkbox"/> Vacation <input type="checkbox"/> L/T or S/T Disability	<input type="checkbox"/> Life <input type="checkbox"/> Professional Dev. Leave <input type="checkbox"/> Company Vehicle/Vehicle Insurance
Lead Teacher Benefits for this Position	Low Pay _____	High Pay _____	Pay Rate is: <input type="checkbox"/> Hourly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually
	<input type="checkbox"/> Health <input type="checkbox"/> Sick Leave <input type="checkbox"/> Retirement	<input type="checkbox"/> Dental <input type="checkbox"/> Vacation <input type="checkbox"/> L/T or S/T Disability	<input type="checkbox"/> Life <input type="checkbox"/> Professional Dev. Leave <input type="checkbox"/> Company Vehicle/Vehicle Insurance
Assistant Teacher Benefits for this Position	Low Pay _____	High Pay _____	Pay Rate is: <input type="checkbox"/> Hourly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually
	<input type="checkbox"/> Health <input type="checkbox"/> Sick Leave <input type="checkbox"/> Retirement	<input type="checkbox"/> Dental <input type="checkbox"/> Vacation <input type="checkbox"/> L/T or S/T Disability	<input type="checkbox"/> Life <input type="checkbox"/> Professional Dev. Leave <input type="checkbox"/> Company Vehicle/Vehicle Insurance

Staffing Information (Continued)

Staff Title	Pay Rate & Benefits		
Co-Teacher Benefits for this Position	Low Pay _____ <input type="checkbox"/> Health <input type="checkbox"/> Sick Leave <input type="checkbox"/> Retirement	High Pay _____ <input type="checkbox"/> Dental <input type="checkbox"/> Vacation <input type="checkbox"/> L/T or S/T Disability	Pay Rate is: <input type="checkbox"/> Hourly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually <input type="checkbox"/> Life <input type="checkbox"/> Professional Dev. Leave <input type="checkbox"/> Company Vehicle/Vehicle Insurance
	Non-Teaching Staff Title _____ Benefits for this Position	Low Pay _____ <input type="checkbox"/> Health <input type="checkbox"/> Sick Leave <input type="checkbox"/> Retirement	High Pay _____ <input type="checkbox"/> Dental <input type="checkbox"/> Vacation <input type="checkbox"/> L/T or S/T Disability

Census Questions

No. of Persons on Staff Who Are

_____ Mexican, Mexican Am., Chicano _____ Puerto Rican _____ Cuban

_____ Other Spanish/Hispanic/Latino: Specify _____

No. of Persons on Staff Whose Race is

_____ White _____ Black/African American

_____ American Indian or Alaskan Native: Specify Tribe _____

_____ Asian Indian _____ Native Hawaiian _____ Chinese

_____ Filipino _____ Japanese _____ Vietnamese

_____ Other Asian: Specify _____

_____ Guamanian or Chamorro _____ Samoan

_____ Other Pacific Islander: Specify _____

_____ Other Race: Specify _____

English Ability

Number of Staff who Speak a Language Other than English at Home: _____

What Language? _____

How Well do the Persons Speak English?

Very Well Well Not Well

Comments:
