



# Child Care Fact Sheet

Please complete a separate Fact Sheet for each program.

**Please send this form to the office of your choice:**

Boston: Arbor Associates, 15 Court Square, Suite 1050, Boston, MA 02108

Worcester: Arbor Associates, 51 Union Street, Worcester, MA 01608

Providence: Arbor Associates, 1 Richmond Square, Suite 114K, Providence, RI 02906

1. Billing Name \_\_\_\_\_
2. Phone \_\_\_\_\_
3. Billing Address \_\_\_\_\_
4. Billing Phone \_\_\_\_\_
5. Child Care Center \_\_\_\_\_
6. Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
7. Phone \_\_\_\_\_
- 7a. Web-Site \_\_\_\_\_
- 7b. E-mail \_\_\_\_\_
8. Type of Center:  Pre-School  Infant  Toddler  
 Other (please describe) \_\_\_\_\_
9. Is your organization (please check one):  Non-Profit or  For Profit
10. Description of Center \_\_\_\_\_  
\_\_\_\_\_
11. Age Range of children/Students \_\_\_\_\_
12. Number of Classrooms in Facility \_\_\_\_\_
13. Total Number of Students in Center \_\_\_\_\_
14. Average Number of Children per Classroom \_\_\_\_\_
15. Student/Teacher Ratio \_\_\_\_\_
16. Any Children with Special Needs?  Yes  No If "yes" please explain \_\_\_\_\_  
\_\_\_\_\_
17. Teaching Philosophy \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

18. Brief Job Description \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

17. Special Attributes or Skills Required \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

19. Essential Skills Required  CPR  First Aide  OCCS Teacher Qualified  OCCS Teacher Certified

20. a. Length of ARBOR employee break \_\_\_\_\_ minutes  
b. Is break  paid or  unpaid by center?

21. List your authorized contact staff who will be requesting ARBOR's services:  
1. Name \_\_\_\_\_ Title \_\_\_\_\_  
2. Name \_\_\_\_\_ Title \_\_\_\_\_  
3. Name \_\_\_\_\_ Title \_\_\_\_\_

22. Complete the transportation directions in as much detail as possible by car and public transportation, if applicable. The directions you give are the directions we will give our staff to get to your program. Please give an approximation of miles, landmarks, colors of the building or house, major highways and bus numbers. Please use additional paper if necessary.

Directions by **Car (ALSO, please note surrounding landmarks, building description and entrance procedures Ex: "Center is located in a brick building next to a Starbucks Coffee—ARBOR Staff must sign-in at front desk.")**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is parking available?  Yes  No Where? \_\_\_\_\_

Directions by MBTA (bus and/or subway) \_\_\_\_\_  
\_\_\_\_\_

23. Is an orientation manual on the site for our staff?  Yes  No Where? \_\_\_\_\_  
\_\_\_\_\_

24. What are procedures in an emergency situation? \_\_\_\_\_  
\_\_\_\_\_

25. Who do we call? \_\_\_\_\_

Phone \_\_\_\_\_ Pager \_\_\_\_\_

26. Where are the emergency procedures located on site? \_\_\_\_\_

\_\_\_\_\_

27. **Fact Sheet completed by**

Name \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_