



# Schedule Options

## SCHEDULE 1

Days Care Provided	Start Time	End Time	Schedule Description				
<input type="checkbox"/> Monday			<b>Check All Applicable for Schedule</b>				
<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	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				
<input type="checkbox"/> Monday			<b>Check All Applicable for Schedule</b>				
<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	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			<b>Check All Applicable for Schedule</b>					
<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	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			<b>Check All Applicable for Schedule</b>					
<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	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                         | <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 <sup>st</sup> 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"/> SRS                        |
| <input type="checkbox"/> Scholarships         | <input type="checkbox"/> Sliding Scale/Non-SRS | <input type="checkbox"/> Youthville                 |

### Type of CDA

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"/> NACCRRR 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\$                               |                                           |                                                  |

### 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		
<b>Administrator</b>  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
<b>Director</b>  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
<b>Assistant Director</b>  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
<b>Program Director</b>  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
<b>Lead Teacher</b>  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
<b>Assistant Teacher</b>  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		
<b>Co-Teacher</b>  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
	<b>Non-Teaching Staff Title</b> _____ 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:**

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