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Caswell County Partnership for Children

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www.caswellchildren.org www.facebook.com/CaswellPartnershipForChildren

Potential Child Care Provider Questionnaire

Name: _____
First Last

Address: _____
Street Apt. # City State Zip Code

Telephone number(s): _____

Email Address: _____

Type of program you wish to open: Child care center Family child care home

Potential facility address: _____
Street City State Zip Code

How many children do you hope to serve? _____ What ages? _____

Out of five, how many stars do you hope to obtain on your child care license? _____

Education Level (*check all that apply*):

- GED OR High school diploma
- Early Childhood Credentials (EDU 111 & 112 OR EDU 119)
- Administrative Credentials (Check Level) I II III
- Associate degree, Major: _____
- Bachelors degree, Major: _____
- Enrolled in Early Childhood Education Degree Program
- NC Early Educator Certification Level: _____

Work experience:

Number of years by Position: _____ Teacher _____ Director _____ Other: _____

What steps have you completed (*check all that apply*):

- Attended child care center pre-licensing workshop: (*enter date*) _____
- Attended family child care home pre-licensing workshop: (*enter date*) _____
- Contacted local building inspector
- Developed operating/business plan
- Enrolled in Early Childhood Education College Course(s): _____
- Other (please describe): _____

What specific information or questions would you like addressed: _____

Date Received _____ Staff _____