



Center Descriptive Information (CDI) Form

PROGRAM ADMINISTRATION SCALE

Assessor Name (please print): _____

Director: _____		
Center: _____		
Street: _____		
City: _____	State: _____	Zip: _____
Phone: _____	Email: _____	_____

Hours center is open _____ to _____

What is the licensed capacity of the center? _____ children

How many children are currently enrolled? _____ part-day _____ full-day

Ages served

Program options

- infants (birth through 11 mos.)
- toddlers (12 mos. through 30 mos.)
- preschoolers (2½ through 5 yrs.)
- school-age (5 through 12 yrs.)

- part-day (2-4 hrs)
- school-day (4-8 hrs)
- full-day (≥ 8 hrs)
- before/after school

Are there children in the program who speak a language other than English? yes no

What other languages are spoken by children? _____

Are there staff in the program who speak a language other than English? yes no

What other languages are spoken by staff? _____

Number of paid employees who work at the center

	full-time (35 hrs/wk or more)	part-time (10-34 hrs/wk)
administrative staff (e.g., director, ed coord)	_____	_____
teaching staff (e.g., lead teacher, aide)	_____	_____
support staff (e.g., cook, administrative assistant)	_____	_____

How many paid staff have left the center in the last 12 months?

administrative staff (e.g., director, ed coord)	_____
teaching staff (e.g., lead teacher, aide)	_____
support staff (e.g., cook, administrative assistant)	_____

Administrator Credential

Holds administrator credential: yes no

Type/level of credential: _____ Issued by: _____

Center type (*check only one*):

- for-profit—private proprietary or partnership
- for-profit—corporation or chain (e.g., KinderCare, Children’s World)
- for-profit—corporate-sponsored (e.g., Bright Horizons Family Solutions)
- private nonprofit—*independent*
- private nonprofit—*affiliated with a social service agency or hospital*
- public nonprofit—*sponsored by federal, state, or local government*
- college or university affiliated
- military-sponsored
- public school

Does the center receive Head Start funding? yes no

Does the center receive state pre-kindergarten funding? yes no

Is the center sponsored by a faith-based organization? yes no

Is the center accredited by NAEYC? yes no

If yes, what is the date the accreditation expires? _____

If no, is the center accredited by another accrediting body? yes no

Name of accrediting body: _____

What is the date the accreditation expires? _____

How many groups (classes of children) does the center have? _____

List the names of groups or classrooms and how many Teachers and Apprentice Teachers/Aides are in each:

Group A _____
1 _____ Lead Teacher
_____ Teachers
_____ Assistant Teachers/Aides

Group F _____
1 _____ Lead Teacher
_____ Teachers
_____ Assistant Teachers/Aides

Group B _____
1 _____ Lead Teacher
_____ Teachers
_____ Assistant Teachers/Aides

Group G _____
1 _____ Lead Teacher
_____ Teachers
_____ Assistant Teachers/Aides

Group C _____
1 _____ Lead Teacher
_____ Teachers
_____ Assistant Teachers/Aides

Group H _____
1 _____ Lead Teacher
_____ Teachers
_____ Assistant Teachers/Aides

Group D _____
1 _____ Lead Teacher
_____ Teachers
_____ Assistant Teachers/Aides

Group I _____
1 _____ Lead Teacher
_____ Teachers
_____ Assistant Teachers/Aides

Group E _____
1 _____ Lead Teacher
_____ Teachers
_____ Assistant Teachers/Aides

Group J _____
1 _____ Lead Teacher
_____ Teachers
_____ Assistant Teachers/Aides