

# TEXAS RISING STAR SITE DATA FORM

Facility Name: \_\_\_\_\_

Child Care License Number: \_\_\_\_\_

Director: \_\_\_\_\_

CCL Licensed Capacity: \_\_\_\_\_

Total Number of Classrooms: \_\_\_\_\_

Classroom Name	Specified Age Group	Caregiver(s) Name(s)

Screening Form Completed  YES  NO

Pre-Assessment Completed (optional)  YES  NO

Nationally Accredited  YES  NO

If YES, name of nationally accrediting body: \_\_\_\_\_

Caregivers (attach additional pages if necessary)

Caregiver Staff Name	Title*	Full Time/Part Time

*\*Note:* Title refers to age group caregiver works with (Lead or Assistant), floater, sub, administrative, etc.

I certify that the above information is correct and accurate, to the best of my knowledge.

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Provider Signature

Date