**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.

Provider Signature Date

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