

FORM 7 – CHILD DEVELOPMENT CENTER PROFILE

1. Name of Child Development Center: _____ Year Established: _____

2. Address: _____
(No) (Street) (Subdivision/Barangay)

(City/Municipality) (Province) (Region)

Contact Details:

Telephone Nos: _____ Fax No.: _____ Email Add.: _____

3. Status of the Center:

Accredited Not Accredited Accredited but Expired

Date Accredited _____ Accreditation No. _____

Level 1 2 3

4. Number of Child Development Workers in the Center: _____

5. Services Offered:

Supplemental Parental Care Nutritional Care Early Learning
 Guiding Children's Behavior Supplemental Feeding Play & Socialization
 Health Related Activities Inculcating Character & Values Child Safety & Protection

Others, pls. specify: _____

6. Available Facilities:

CDW Table Toilet Play Area Nap Area Classroom Others _____

7. Utilities/Services Offered:

- | | | |
|-----------------------------------------------------------------------|--------------------------------------------------------|------------------------------------------------------------|
| <input type="checkbox"/> Electricity | <input type="checkbox"/> Feeding Facilities & Utensils | <input type="checkbox"/> First Aid Kit |
| <input type="checkbox"/> Running Water | <input type="checkbox"/> Playground w/ Equipment | <input type="checkbox"/> Structure for Accessibility - PWD |
| <input type="checkbox"/> Potable Water | <input type="checkbox"/> Secured Doors & Windows | <input type="checkbox"/> Computer |
| <input type="checkbox"/> Facilities & Eqpt. To Measure Child's Growth | <input type="checkbox"/> Others, pls. specify: _____ | |

8. Available Equipment and Learning Materials:

- | | | |
|------------------------------------------------|--------------------------------------------|--------------------------------------------|
| <input type="checkbox"/> Audio/Video Materials | <input type="checkbox"/> Manipulative Toys | <input type="checkbox"/> Reading Materials |
| <input type="checkbox"/> Musical Instrument | <input type="checkbox"/> Children's Books | <input type="checkbox"/> Coloring Books |

Other CDC Learning Materials, pls. specify: _____

Name in Print

Signature

CDW: _____

Date Conducted: _____