Facility Management List

Facility Name: __________________________________________

Facility Address: _________________________________________

Director Name: ___________________________________________

(The director is ultimately accountable for all aspects of the facility operation)

According to Rule 414-300-0010(11), “A management list shall be submitted with the application.” This list will identify who in the organization will be responsible for each function. Please keep a copy of this list in your records as it will be reviewed at each certification renewal.

Please enter the name of the person who is responsible for each of the following tasks:

Financial Management: ____________________________________

Maintaining Records: ______________________________________

Budgeting: ______________________________________________

Policy Development: _______________________________________

Staff Management: _________________________________________

Staff Orientation: __________________________________________

Staff Training: ____________________________________________

Maintenance of buildings & grounds: __________________________

Transportation of Children: _________________________________

Ensuring the appropriateness of program activities: ____________

__________________________  ______________________
Director’s Signature      Date