

Resource: Competitor Analysis

		My Business	Competitor #1	Competitor #2	Competitor #3
Program Name					
Street Address					
Website Address					
Days and Hours of Operation					
Tuition	Infants:	\$	\$	\$	\$
	Toddlers:	\$	\$	\$	\$
	Preschool:	\$	\$	\$	\$
	Pre-k:	\$	\$	\$	\$
	School aged:	\$	\$	\$	\$
Appearance: <i>(Are the space and materials/toys clean and well maintained? Do you see any health or safety hazards?)</i>					
Equipment and Toys: <i>(Are there age appropriate outdoor and indoor toys?)</i>					
Child Interactions: <i>(Do the providers interact well with the children?)</i>					
Adult Interactions: <i>(Is staff helpful and friendly to other parents?)</i>					
Environment: <i>(Does the program have an age-appropriate schedule with time for structured learning activities, playtime, and quiet time?)</i>					
Parent Involvement: <i>(What does the program do to involve parents?)</i>					
Notes: <i>(What aspects of this program that you observed make it unique?)</i>					