

**STARTING POINT
Child Care Resource and Referral
Child Care Center Update Form**

Center Name: _____

Site Address: _____

City: _____ **Zip:** _____ **County:** _____

Mailing Address: _____

City: _____ **Zip:** _____ **County:** _____

Contact Person: _____

Primary Phone: () _____ **ext.** _____ **Secondary Phone:** () _____ **ext.** _____

Fax #: () _____ **E-Mail Address:** _____

Website: _____

Update Method: Phone Fax Postal Mail E-Mail

Accepted Age Range: **From:** [] Years [] Months [] Weeks

To: [] Years [] Months [] Weeks

Days	Start Time	End Time	Accepts Children
<input type="checkbox"/> Monday	[]	[]	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Both
<input type="checkbox"/> Tuesday	[]	[]	Year Schedule <input type="checkbox"/> Full Year <input type="checkbox"/> School Year <input type="checkbox"/> Summer Only <input type="checkbox"/> Drop In <input type="checkbox"/> Temp/Emergency Care <input type="checkbox"/> Before School <input type="checkbox"/> After School <input type="checkbox"/> Rotating Schedule <input type="checkbox"/> 24-Hour <input type="checkbox"/> Open Holidays
<input type="checkbox"/> Wednesday	[]	[]	
<input type="checkbox"/> Thursday	[]	[]	
<input type="checkbox"/> Friday	[]	[]	
<input type="checkbox"/> Saturday	[]	[]	
<input type="checkbox"/> Sunday	[]	[]	

Scheduling Comments:

Rates:

	Weekly Full-time	Daily Full-time	Daily Hourly	Monthly	Other
Infant					
Toddler					
Preschool					
School Age					

Additional Fees: Registration/Application Fee Deposit Supply Fee Meal/Snack Fee

Comments:

Capacity By Age Groups:

1st Shift	Desired Capacity	License Capacity	Vacancies	Number Enrolled	Child/Adult Ratio	Group Size
Infant	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Toddler	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Preschool	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
School Age	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

2nd Shift	Desired Capacity	License Capacity	Vacancies	Number Enrolled	Child/Adult Ratio	Group Size
Infant	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Toddler	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Preschool	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
School Age	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

3rd Shift	Desired Capacity	License Capacity	Vacancies	Number Enrolled	Child/Adult Ratio	Group Size
Infant	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Toddler	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Preschool	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
School Age	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Languages: English Spanish Asian American Sign Language
 Hebrew Russian Arabic Other

Programs: Preschool Head Start Special Needs Kindergarten Sick Child Care
 1/2 Day Kindergarten SACC Summer SACC School Year SACC

Program Funding: Receives Head Start Funding Facility is a State Funded Pre-K Program

Transportation: Transportation Provided To/From Home To/From School
 Walking Distance to School Near Public Transportation

Comments: _____

Policies: Child Must Be Toilet Trained Written Contract Interview Required
 Written Polices Has Back-up Provider

Physical Location of Program: Non-residential Building School Building Faith-based Building
 College/University Workplace-based

Enrollment Restrictions: Employees Only (if workplace-based) Income Eligibility Requirement
 Students Only (if school/college/university)

Summer Camp Sports (List in Comments) Theatre/Drama Computer Space Science
Specialty: Music Nature/Outdoors Art Cheerleading Other (List in Comments)
Comments: _____

Special Needs: Number of children with special needs you are willing to serve?
 Number of children with special needs currently being served?
Please list the specific special needs of children. For each of the following, list how many children have a specific need. (I.e. Asthma 3, Autism 4, etc.)

Asthma Autism Cerebral Palsy
 Communications Downs Syndrome Emotional/Behavioral
 Epilepsy/Seizures Hearing/Speech MR/DD
 Physical Mobility Spina Bifida Vision Impaired
 Other (List in comments, please be specific):

Comments: _____

Staff Emotional/Behavioral Hearing/Speech Physical Mobility
Special Needs Medical Conditions MR/DD Visual
Training/Experience: Allergies/Asthma Other (List in comments, please be specific):

Comments: _____

Environment: Field Trips Fenced Yard Pool/Waterfront Large Muscle Room
 No Pets Outdoor Pets Only Smoke Free Wheelchair Accessible
 Non-Smoking During Care Hours

Meals: Breakfast Morning Snack Lunch Afternoon Snack
 Dinner USDA Food Program Special Diet Parent Provided

Philosophy: Developmentally Appropriate Practices Montessori Reggio Emilia
 Intergenerational (children & adults) Mixed Age (children)
 Faith-based Curriculum Parent Co-op

Financial Assistance: Public Funds through County DJFS Sliding Scale Scholarship
 Multi-child Discount United Way Employer

Accreditation: College Degreed College Courses CDA Workshop/Training
 Other

Affiliation:

- For Profit
 Non Profit
 College/University
 County Contract
 Employer
 Public School
 School
 Parks/Rec
 FCC Association/Network
 Religious

Census Bureau Demographics:

Number of persons on staff who are Spanish/Hispanic/Latino:

Mexican, Mexican Am., Chicano
 Puerto Rican
 Cuban
 Other Spanish/Hispanic/Latino (print group)

Number of persons on staff who's race is:

White
 Black
 American Indian or Alaska Native (print tribe)
 Asian Indian
 Native Hawaiian
 Chinese
 Filipino
 Japanese
 Vietnamese
 Other Asian (print race)
 Guamanian or Chamorro
 Samoan
 Other Pacific Islander (print race)
 Other Race (print race)

English Ability: Number of persons on staff who speak a language other than English at home

What languages

How well do the persons speak English:

- Very Well
 Well
 Not Well
 Not At All

Update Completed by: _____

Date Completed: _____ **Best time to reach:** _____ **am/pm**

Please Mail or Fax This Form To:

Starting Point
2000 East 9th Street, Suite 1500
Cleveland, Ohio 44115
Phone (216) 575-0061 Fax (216) 575-0102

For Office Use Only

Staff Name: _____ **Program ID No.** _____

Date Received: _____ **Date Entered:** _____