

**STARTING POINT
Child Care Resource and Referral
Update Form - Preschool Programs**

Program Name: _____

Site Address: _____ **Mailing Address:** _____

Phone: _____ **Phone:** _____

(Parent Inquiries) (Starting Point - Update)

Contact Person: _____

Email Address: _____ **Website:** _____

Ages Served: From Age: _____ years _____ month To Age: _____ years _____ month

Program Operation: Full Year School Calendar

<i>Days</i>	<i>Morning Program</i>		<i>Days</i>	<i>Afternoon Program</i>		<i>Days</i>	<i>Extended Day Program</i>	
<input type="checkbox"/> M	Start _____	End _____	<input type="checkbox"/> M	Start _____	End _____	<input type="checkbox"/> M	Start _____	End _____
<input type="checkbox"/> T	Start _____	End _____	<input type="checkbox"/> T	Start _____	End _____	<input type="checkbox"/> T	Start _____	End _____
<input type="checkbox"/> W	Start _____	End _____	<input type="checkbox"/> W	Start _____	End _____	<input type="checkbox"/> W	Start _____	End _____
<input type="checkbox"/> Th	Start _____	End _____	<input type="checkbox"/> Th	Start _____	End _____	<input type="checkbox"/> Th	Start _____	End _____
<input type="checkbox"/> F	Start _____	End _____	<input type="checkbox"/> F	Start _____	End _____	<input type="checkbox"/> F	Start _____	End _____

Safety: (check ALL that apply)	Staff Education: (check All that apply)
CPR within 2 Years <input type="checkbox"/>	High School Education: <input type="checkbox"/>
1st Aid Training <input type="checkbox"/>	Some College Child-related: <input type="checkbox"/>
On-Site Nurse <input type="checkbox"/>	Some College Emphasis: <input type="checkbox"/>
Liability Insurance <input type="checkbox"/>	Associate Degree Child-related: <input type="checkbox"/>
Health-Related Topics <input type="checkbox"/>	Bachelor Degree, Other: <input type="checkbox"/>

Capacity & Vacancy Information

Licensed Capacity at any one time	Morning Program		Afternoon Program		Extended Day Program	
	Current Enrollment	Current Vacancies	Current Enrollment	Current Vacancies	Current Enrollment	Current Vacancies

Please Check ALL that apply:

Special Needs Willing to serve children with special needs? If yes, how many:

Information: Are you currently serving children with special needs? If yes, how many?

List specific special needs of children:

Meals: USDA Food Program Breakfast Morning Snack
Check ALL that apply: Lunch Afternoon Snack Dinner
 Special Diet Parent Provided

Accept Subsidy: PFCC (Public Funds) Head Start United Way
Check ALL that apply: Sliding-Scale Scholarship Employer
 Multi-child Discount

Affiliation: School College/University Faith-based Institution
 Other: _____

Age Group/Range	Monthly	Annually	Other	Census Bureau Questions		
				No. of persons on Staff that are Spanish/Hispanic/Latino:		
				<input type="text"/>	Mexican, Mexican American, Chicano	
				<input type="text"/>	Puerto Rican	
				<input type="text"/>	Other Spanish/Hispanic/Latino print grp. _____	
				No. of persons on Staff who's race is:		
				<input type="text"/>	White	<input type="text"/>
				<input type="text"/>	Black	<input type="text"/>
				<input type="text"/>	Am.Indian/Alaska Native	<input type="text"/>
				<input type="text"/>	Asian Indian	<input type="text"/>
				<input type="text"/>	Native Hawaiian	<input type="text"/>
				<input type="text"/>	Filipino	<input type="text"/>
				<input type="text"/>	Japanese	<input type="text"/>
				<input type="text"/>	Other Asain	<input type="text"/>
				<input type="text"/>	Guamanian/Chamorro	<input type="text"/>
				<input type="text"/>	Samoan	<input type="text"/>
				<input type="text"/>	Other Pacific Islander	<input type="text"/>
				<input type="text"/>	Other	<input type="text"/>

Accreditation: NAEYC Workshop/Training
Check ALL that apply: College Degreed NSACCA
 NAFCC College Courses
 CDA Other _____

Update completed by: _____ **Phone #:** _____
Date completed: _____ **Best time to reach:** _____

Please return this form to:
 Starting Point
 2000 East Ninth Street #1500
 Cleveland Ohio 44115
 Phone: 216 575-0061
 Fax: 216 575-0102

Please choose ONE update method:
 Phone Please list no.: _____
 Fax Please list no.: _____
 Email: _____
 Postal mail: _____

FOR OFFICE USE ONLY

Staff Name: _____ **Program ID#:** _____
Date Received: _____ **Date Entered:** _____