

**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:**

<b>From:</b>	<input type="text"/>	<b>Years</b>	<input type="text"/>	<b>Month</b>	<input type="text"/>	<b>Weeks</b>
<b>To:</b>	<input type="text"/>	<b>Years</b>	<input type="text"/>	<b>Month</b>	<input type="text"/>	<b>Weeks</b>

**Transportation:**

<input type="checkbox"/> To/From Home	<input type="checkbox"/> To/From School
<input type="checkbox"/> Walking Distance to School	<input type="checkbox"/> Near Public Transportation

**Which Age Groups Do You Transport?**

<input type="checkbox"/> Infants (Newborns-18mos)	<input type="checkbox"/> Toddlers (18mos-36mos)
<input type="checkbox"/> Preschoolers(3yrs-5yrs not in Kindergarten)	<input type="checkbox"/> School-Agers (5yrs in Kindergarten-14yrs)

**Languages:**

<input type="checkbox"/> English	<input type="checkbox"/> Spanish	<input type="checkbox"/> Asian	<input type="checkbox"/> American Sign Language
<input type="checkbox"/> Hebrew	<input type="checkbox"/> Russian	<input type="checkbox"/> Arabic	<input type="checkbox"/> Other: _____

**Programs:**

<input type="checkbox"/> Preschool	<input type="checkbox"/> School Year SACC	<input type="checkbox"/> Special Needs
<input type="checkbox"/> Head Start	<input type="checkbox"/> Summer SACC	<input type="checkbox"/> Sick Child Care
<input type="checkbox"/> Kindergarten	<input type="checkbox"/> 1/2 Day Kindergarten SACC	

**Physical Location of Program:**

<input type="checkbox"/> Non-residential Building	<input type="checkbox"/> School Building	<input type="checkbox"/> Faith-based Building
<input type="checkbox"/> College/University	<input type="checkbox"/> Workplace-based	

**(\*\*Required Field\*\*)Step-Up to Quality Star Ratings:**     1 Star     2 Stars     3 Stars     4 Stars     5 Stars

**Affiliation:**       For Profit       Non Profit       College/University  
 Public School       School       Employer       Religious

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

**\*\*Rates: (\*\*Required Fields, Please Fill Out Completely)**

Age Groups	Weekly Full-Time	Daily Full-Time	Hourly	Monthly	Other
Infant	<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"/>
Preschool	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

  

<b>Special Rates:</b>	<b>Before School</b>	<b>After School</b>	<b>Before and After Full-Time</b>	<b>Summer/Break</b>
School Age	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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

**Comments:** \_\_\_\_\_  
 \_\_\_\_\_

**Financial**       Publicly Funded Child Care       Sliding Fee Scale  
**Assistance:**       Multi-child Discount       Scholarship

**\*\*Capacity By Age Groups: (\*\*Required Fields, Please Fill Out Completely)**

<b>1st Shift</b>	<b>Number Enrolled</b>	<b>Vacancies</b>	<b>Child/ Adult Ratio</b>	<b>Group Size</b>
Infant	<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"/>
Preschool	<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"/>

  

<b>2nd Shift</b>	<b>Number Enrolled</b>	<b>Vacancies</b>	<b>Child/ Adult Ratio</b>	<b>Group Size</b>
Infant	<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"/>
Preschool	<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"/>

  

<b>3rd Shift</b>	<b>Number Enrolled</b>	<b>Vacancies</b>	<b>Child/ Adult Ratio</b>	<b>Group Size</b>
Infant	<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"/>
Preschool	<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"/>

**(\*\*Required Fields, Please Fill Out Completely)**

**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.)*

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Asthma  | <input type="checkbox"/> Autism         | <input type="checkbox"/> Cerebral Palsy       |
| <input type="checkbox"/> Communications                                | <input type="checkbox"/> Downs Syndrome | <input type="checkbox"/> Emotional/Behavioral |
| <input type="checkbox"/> Epilepsy/Seizures                             | <input type="checkbox"/> Hearing/Speech | <input type="checkbox"/> MR/DD                |
| <input type="checkbox"/> Physical Mobility                             | <input type="checkbox"/> Spina Bifida   | <input type="checkbox"/> Vision Impaired      |
| <input type="checkbox"/> Other (List in comments, please be specific): |   |   |

**Comments:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Environment:**

<input type="checkbox"/> Field Trips	<input type="checkbox"/> Fenced Yard	<input type="checkbox"/> Pool/Waterfront	<input type="checkbox"/> Large Muscle Room
<input type="checkbox"/> No Pets	<input type="checkbox"/> Outdoor Pets Only	<input type="checkbox"/> Smoke Free	<input type="checkbox"/> Wheelchair Accessible

**Meals:**

<input type="checkbox"/> Breakfast	<input type="checkbox"/> Morning Snack	<input type="checkbox"/> Lunch	<input type="checkbox"/> Afternoon Snack
<input type="checkbox"/> Dinner	<input type="checkbox"/> USDA Food Program	<input type="checkbox"/> Special Diet	<input type="checkbox"/> Parent Provided

<b>Philosophy:</b>	<input type="checkbox"/> Developmentally Appropriate Practices	<input type="checkbox"/> Montessori
	<input type="checkbox"/> Faith-based Curriculum	<input type="checkbox"/> Mixed Age (children)
	<input type="checkbox"/> Parent Co-op	

<b>Accreditation:</b>	<input type="checkbox"/> NAEYC	<input type="checkbox"/> NACCP	<input type="checkbox"/> ACSI
	<input type="checkbox"/> NECPA	<input type="checkbox"/> COA	<input type="checkbox"/> CDA

<b>Education:</b>	<input type="checkbox"/> High School Education	<input type="checkbox"/> Bachelors Degree (Other)
	<input type="checkbox"/> Workshops/Trainings	<input type="checkbox"/> Master's Degree (Child Related)
	<input type="checkbox"/> Associates Degree (Child Related)	<input type="checkbox"/> Master's Degree (Other)
	<input type="checkbox"/> Associates Degree (Other)	<input type="checkbox"/> Other: _____
	<input type="checkbox"/> Bachelors Degree (Child Related)	_____
		_____

**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

<b>Update Completed by:</b> _____
<b>Date Completed:</b> _____ <b>Best time to reach:</b> _____ <b>am/pm</b>

Please mail or fax the completed form to **Starting Point, 4600 Euclid Avenue, Suite 500, Cleveland, OH 44103 216-575-0102 (Fax)**. This form is also available online at [www.starting-point.org](http://www.starting-point.org). If you prefer to speak with someone directly, contact us at **216-575-0061 or 1-800-880-0971**. Thank you!

<b>For Office Use Only</b>	
<b>Staff Name:</b> _____	<b>Program ID No.</b> _____
<b>Date Received:</b> _____	<b>Date Entered:</b> _____