

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

Revised on 8/19/2014

Program Name: _____

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

Phone: _____ **Phone:** _____
(Parent Inquiries) (Starting Point - Update)

Contact Person: _____

Fax #: _____

Email Address: _____ **Website:** _____

Update Method: Phone Fax Postal Mail E-Mail

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

Program Operation: Full Year School Calendar (**Required Fields, Please Fill Out Completely)

Days		Morning Program		Days		Afternoon Program		Days		Extended Day Program	
<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)		Accreditation: (Check ALL that apply)		Quality Rating:	
CPR within 2 Years	<input type="checkbox"/>	NAEYC	<input type="checkbox"/>	1 Star	<input type="checkbox"/>
1st Aid Training	<input type="checkbox"/>	NECPA	<input type="checkbox"/>	2 Star	<input type="checkbox"/>
On-Site Nurse	<input type="checkbox"/>	NACCP	<input type="checkbox"/>	3 Star	<input type="checkbox"/>
Liability Insurance	<input type="checkbox"/>	COA	<input type="checkbox"/>	4 Star	<input type="checkbox"/>
Health-Related Topics	<input type="checkbox"/>	ACSI	<input type="checkbox"/>	5 Star	<input type="checkbox"/>

Capacity & Vacancy Information (Required Fields, Please Fill Out Completely)**

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

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
 Special Diet Parent Provided

Financial Assistance: Publically Funded Childcare Head Start
Check ALL that apply: Sliding Fee Scale Scholarship
 Multi-child Discount

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

Program Rates (Required Fields, Please Fill Out Completely) Census Bureau Questions**

Age Group/Range	Monthly	Annually	Other	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	Black <input type="text"/>
				<input type="text"/>	Am.Indian/Alaska Native	Asian Indian <input type="text"/>
				<input type="text"/>	Native Hawaiian	Filipino <input type="text"/>
				<input type="text"/>	Japanese	Other Asain <input type="text"/>
				<input type="text"/>	Guamanian/Chamorro	Samoan <input type="text"/>
				<input type="text"/>	Other Pacific Islander	Other <input type="text"/>

Staff Education: High School Education Bachelors Degree (Child Related)
Check ALL that apply: Workshops/Training Bachelors Degree (Other)
 Associates Degree (Child Related) Masters Degree (Child Related)
 Associates Degree (Other) Masters Degree (Other)

Update completed by: _____ Phone #: _____

Date completed: _____ Best time to reach: _____

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. If you prefer to speak with someone directly, contact us at **216-575-0061 or 1-800-880-0971**. Thank you!

FOR OFFICE USE ONLY

Staff Name: _____ Program ID#: _____

Date Received: _____ Date Entered: _____