

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

Before/After School Care

AM Maximum Enrollment Capacity

AM Vacancies

PM Maximum Enrollment Capacity

PM Vacancies

Child/Adult Ratio

on Waiting List

Vacation/Holiday Care

Full Day Maximum Enrollment Capacity

Full Day Vacancies

Child/Adult Ratio

on Waiting List

Summer Program

Full Day Maximum Enrollment Capacity

Full Day Vacancies

Child/Adult Ratio

on Waiting List

Summer Camp

- Sports (List in Comments)
 Theatre/Drama
 Computer
 Space
 Science
 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:

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

Education/

- High School Education
 Workshops/Trainings
 CDA
 NAEYC
 COA
Accreditations:
 Associates Degree (Child Related)
 Associates Degree (other)
 Bachelors Degree (child Related)
 Bachelors Degree (Other)
 Masters Degree (Child Related)
 Masters Degree (Other)

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 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!