



# Update Form for Family Child Care Providers Southwestern Ohio

**PLEASE RETURN THIS FORM IN THE ENCLOSED ENVELOPE OR MAIL TO:**  
1924 Dana Avenue • Cincinnati, Ohio 45207 • (513) 221-0033 • Fax (513) 221-0393

Name: \_\_\_\_\_ Business Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Telephone: ( ) \_\_\_\_\_ County: \_\_\_\_\_

**REGIONS OF HAMILTON COUNTY** (only ✓ one)

- |  |  |  |   |   |   |
|--|--|--|---|---|---|
| <input type="checkbox"/> Anderson Twp    | <input type="checkbox"/> Covedale      | <input type="checkbox"/> Forest Park   | <input type="checkbox"/> Madisonville   | <input type="checkbox"/> Oakley         | <input type="checkbox"/> Spring Grove V |
| <input type="checkbox"/> Avondale        | <input type="checkbox"/> Deer Park     | <input type="checkbox"/> Glendale      | <input type="checkbox"/> Monfort Hgts   | <input type="checkbox"/> Over-the-Rhine | <input type="checkbox"/> Sycamore Twp   |
| <input type="checkbox"/> Blue Ash        | <input type="checkbox"/> Delhi         | <input type="checkbox"/> Golf Manor    | <input type="checkbox"/> Montgomery     | <input type="checkbox"/> Pleasant Ridge | <input type="checkbox"/> Symmes Twp     |
| <input type="checkbox"/> Bond Hill       | <input type="checkbox"/> Downtown      | <input type="checkbox"/> Harrison      | <input type="checkbox"/> Mt. Auburn     | <input type="checkbox"/> Pleasant Run   | <input type="checkbox"/> Walnut Hills   |
| <input type="checkbox"/> Camp Washington | <input type="checkbox"/> Elmwood Place | <input type="checkbox"/> Hartwell      | <input type="checkbox"/> Mt. Healthy    | <input type="checkbox"/> Price Hill     | <input type="checkbox"/> Western Hills  |
| <input type="checkbox"/> Carthage        | <input type="checkbox"/> Evanston      | <input type="checkbox"/> Lincoln Hgts  | <input type="checkbox"/> Mt. Washington | <input type="checkbox"/> Roselawn       | <input type="checkbox"/> Westwood       |
| <input type="checkbox"/> Cheviot         | <input type="checkbox"/> Fairfax       | <input type="checkbox"/> Lockland      | <input type="checkbox"/> Northside      | <input type="checkbox"/> Sharonville    | <input type="checkbox"/> Woodlawn       |
| <input type="checkbox"/> Clifton         | <input type="checkbox"/> Fairmount     | <input type="checkbox"/> Loveland      | <input type="checkbox"/> Northgate      | <input type="checkbox"/> Springdale     | <input type="checkbox"/> Wyoming        |
| <input type="checkbox"/> College Hill    | <input type="checkbox"/> Finneytown    | <input type="checkbox"/> Madison Place | <input type="checkbox"/> Norwood        | <input type="checkbox"/> Other: _____   |   |

**EMAIL ADDRESS** for 4C use only - used to forward training opportunities,  
public policy announcements or child care community/4C news: \_\_\_\_\_

**TYPE OF CARE** (✓one):  Type A, ODJFS licensed  Type B, **not** certified (caring for 6 or fewer children)  
 Type B & certified\* (caring for 6 or fewer children and certified to accept county voucher) \* **send copy of certificate to 4C**

**CARE** begins at age \_\_\_\_\_ & ends at age \_\_\_\_\_

**DAYS OF THE WEEK** you are willing to care for children (check all that apply):  
 Monday  Tuesday  Wednesday  Thursday  Friday  Saturday  Sunday

**HOURS** you are willing to care for children \_\_\_\_\_ am/pm to \_\_\_\_\_ am/pm

**PROVIDERS OWN CHILDREN** or relatives living at same address as provider

Name	Relationship to provider	Year of Birth	Fingerprinted if 18 or older?
<i>Example - Thomas</i>	<i>Son (son, daughter, etc)</i>	<i>1988</i>	<i>Yes</i>

**4C WORKS WITH FAMILIES THAT HAVE MANY NEEDS. WOULD YOU CONSIDER HELPING WITH ANY OF THE NEEDS LISTED BELOW, ASSUMING YOU HAVE OPENINGS?** (please check all that apply)

- |  |  |
|--|--|
| <input type="checkbox"/> Full time only care<br><input type="checkbox"/> Part time care less than 35-hrs wk <i>only</i><br><input type="checkbox"/> <b>BOTH</b> Full &/or Part time care<br><br><input type="checkbox"/> Full year (12 month)<br><input type="checkbox"/> School year (August-May)<br><input type="checkbox"/> Summer only (June, July, August)<br><br><input type="checkbox"/> Kindergarten before school care<br><input type="checkbox"/> 1 <sup>st</sup> grade & older before school care<br><input type="checkbox"/> Kindergarten after school care<br><input type="checkbox"/> 1 <sup>st</sup> grade & older after school care<br><input type="checkbox"/> Rotating schedules<br><input type="checkbox"/> Open holidays<br><input type="checkbox"/> Open 24 hour day (12:00 am to 11:59 pm) | <p><b>CARE FOR CHILD NOT IN YOUR CARE ON REGULAR BASIS</b></p> <input type="checkbox"/> Drop-in care<br><input type="checkbox"/> Sick care for a mildly ill child<br><input type="checkbox"/> Temporary &/or emergency care<br><br><p><b>CARE FOR CHILD WITH SPECIALS NEEDS</b></p> <p>4C is collecting data on providers who currently have the facilities or training or experience working with children with special needs</p> <input type="checkbox"/> Is your home wheelchair accessible<br><input type="checkbox"/> Allergy / Asthma<br><input type="checkbox"/> Emotional / Behavior<br><input type="checkbox"/> Medical Condition<br><input type="checkbox"/> Physical / Mobility<br><input type="checkbox"/> Speech / Hearing<br><input type="checkbox"/> Visual |
|--|--|

By providing information on this form, you have agreed to allow 4C to list your family child care business information in the 4C Child Care Referral Database and website. 4C uses this database to send free child care referrals to parents who are looking for care in your area. 4C does not make recommendations to specific child care providers.

4C Staff: \_\_\_\_\_ Today's Date: \_\_\_\_\_ NacWare ID# \_\_\_\_\_

**PLEASE COMPLETE OTHER SIDE → → →**

**ENVIRONMENT – SMOKING**

- 100% non-smoking environment
- No smoking during child care hours

**ENVIRONMENT – PETS**

- Provider has no pets
- Provider has pet (*please list below*)

- 
- Proof of immunization available for pets
  - Pets can be kept in separate area
  - Pets are kept outside

**ENVIRONMENT – CHILD CARE SETTING**

- Apartment       Mobile home       Duplex
- House             Townhouse
- Yard offers 100% fenced-in play area

**POLICIES**

- Offer negotiable fees
- Offer multi-child discount
- Butler County child care subsidy accepted
- Clinton County child care subsidy accepted
- Clermont County child care subsidy accepted
- Hamilton County child care subsidy accepted
- Warren County child care subsidy accepted

**MEALS**

- Breakfast
- Morning snack
- Lunch
- Afternoon snack
- Dinner
- Child/Adult Care Food Prg monitored by 4C
- Special diets accommodated

**SAFETY**

- First Aid training
- Health related degree (*example: nurse*)
- CPR

**LANGUAGE** (*able to have conversation*)

- Sign Language
- English
- Spanish
- Other \_\_\_\_\_

**EDUCATION**

- Some college, child related
- CDA (*send copy of degree to 4C*)
- Associate Degree, Child Related
- Bachelor's, Child Related

**SCHOOL DISTRICT** - Please  check the one (1) School District your home is located within

- |  |   |  |  |
|--|---|--|--|
| <input type="checkbox"/> Batavia                   | <input type="checkbox"/> Forest Hills   | <input type="checkbox"/> Mason City          | <input type="checkbox"/> Southwest                 |
| <input type="checkbox"/> Bethel-Tate               | <input type="checkbox"/> Franklin City  | <input type="checkbox"/> Middletown City     | <input type="checkbox"/> Springboro Comm. City     |
| <input type="checkbox"/> Blanchester               | <input type="checkbox"/> Goshen         | <input type="checkbox"/> Milford Ex. Village | <input type="checkbox"/> St. Bernard-Elmwood Place |
| <input type="checkbox"/> Carlisle                  | <input type="checkbox"/> Hamilton City  | <input type="checkbox"/> Monroe              | <input type="checkbox"/> Sycamore Comm. City       |
| <input type="checkbox"/> Cincinnati Public Schools | <input type="checkbox"/> Indian Hill    | <input type="checkbox"/> Mt. Healthy City    | <input type="checkbox"/> Talawanda City            |
| <input type="checkbox"/> Clermont Northeastern     | <input type="checkbox"/> Kings          | <input type="checkbox"/> New Miami           | <input type="checkbox"/> Three Rivers              |
| <input type="checkbox"/> Clinton-Massie            | <input type="checkbox"/> Lakota         | <input type="checkbox"/> New Richmond        | <input type="checkbox"/> Wayne                     |
| <input type="checkbox"/> Deer Park Comm. City      | <input type="checkbox"/> Lebanon City   | <input type="checkbox"/> North College Hill  | <input type="checkbox"/> West Clermont             |
| <input type="checkbox"/> East Clinton              | <input type="checkbox"/> Little Miami   | <input type="checkbox"/> Northwest           | <input type="checkbox"/> Williamsburg              |
| <input type="checkbox"/> Edgewood                  | <input type="checkbox"/> Lockland       | <input type="checkbox"/> Norwood City        | <input type="checkbox"/> Wilmington City           |
| <input type="checkbox"/> Batavia                   | <input type="checkbox"/> Loveland City  | <input type="checkbox"/> Oak Hills           | <input type="checkbox"/> Winton Woods City         |
| <input type="checkbox"/> Fairfield City            | <input type="checkbox"/> Madeira City   | <input type="checkbox"/> Princeton City      | <input type="checkbox"/> Wyoming City              |
| <input type="checkbox"/> Felicity-Franklin         | <input type="checkbox"/> Madison        | <input type="checkbox"/> Reading Comm. City  |  |
| <input type="checkbox"/> Finneytown                | <input type="checkbox"/> Mariemont City | <input type="checkbox"/> Ross                |  |

NAME OF ELEMENTARY SCHOOL(s) in area: \_\_\_\_\_

SCHOOL YELLOW BUS transportation available to/from school(s) \_\_\_\_\_

ARE YOU WILLING to provide transportation?     Yes, negotiable     No, not available

Your tuition fees may be shared with individual families seeking childcare but <b>are not</b> listed on the 4C website or otherwise publicly released without permission.				
<b>FULL TIME</b>		<b>FULL TIME VACANCIES</b> Note the number # vacancies, as of today		
WEEKLY RATE	<b>AGE GROUP</b>	DAYTIME 6a - 6:30p	EVENING 6:31p-Midnight	OVERNIGHT Midnight-5:59a
\$	<b>Infant</b> birth to 23 months			
\$	<b>Toddler</b> 2 years to 3 years			
\$	<b>Preschool</b> 3 –5 yrs, <u>not in</u> Kdg			
\$	<b>School age</b> Kindergarten & older			
BEFORE & AFTER SCHOOL				

**PLEASE RETURN THIS FORM IN THE ENCLOSED ENVELOPE OR MAIL TO:**

4C • 1924 Dana Avenue      Phone: (513) 221-0033      Fax: (513) 221-0393  
 Cincinnati, Ohio 45207      Website: www.4CforChildren.org

**THANK YOU!**

Form 6102.CN Rev: 2/10/2007