



# Shared Service Alliance Intake Form

Name of Facility: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Person/Owner: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Facility Number: \_\_\_\_\_

1. Please tell us about your current enrollment slots/licensed capacity:

	Infant (birth to under 2)	Preschool (2 to 5)	School Age (5 and older)
Filled (Enrolled)			
Vacant			
Total (Licensed Capacity)			

## 2. What are your current weekly rates for:

	Part Time	Full Time
Infant (birth to under 2)	\$	\$
Preschool (2 to 5)	\$	\$
School Age (5 and older)	\$	\$

## 3. What are your daily hours of operation?

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Weekly Hours
							=

4. Over the course of a typical week at your childcare business about how many hours do you personally spend:

Caring for and educating children \_\_\_\_\_

Preparing curriculum and activities \_\_\_\_\_

Preparing food \_\_\_\_\_

Cleaning/sanitizing \_\_\_\_\_

Completing administrative tasks \_\_\_\_\_

Communicating with families \_\_\_\_\_

Transporting children \_\_\_\_\_

Purchasing- food, supplies, etc. \_\_\_\_\_

Tasks related to staffing/HR \_\_\_\_\_

Compliance/Quality Improvement \_\_\_\_\_

Other: (Please Describe) \_\_\_\_\_

5. Think about all the time that you or other people you pay to help run your business (contractors or employees) spend taking care of financial administrative work. This includes accounting tasks like collecting and tracking enrollment fees and reimbursements for CACFP or subsidy. This also includes tasks like paying your employees or contractors (if applicable). About how many hours are spent on this work in a typical week, and what is the wage(s) of the person(s) taking care of this work? If you are a sole proprietor and don't currently pay yourself a regular wage, then leave the wage field blank.

	#/Hours in a typical week	Hourly Wage	Description of Job Activities
Employee 1		\$	
Employee 2		\$	
Employee 3		\$	

6. (For FCC only) How many staff members do you have working in your Family Child Care? Please include and indicate nonpaid family members.

7. (For FCC only) Do you currently have a large or small license?<sup>1</sup>

Small

Large

<sup>1</sup> Per [CALIFORNIA-DSS-MANUAL-CCL MANUAL LETTER NO. CCL-16-06, 102352\(f\)](#) (p. 5):

(A) "Small Family Child Care Home" means a home that provides family child care for up to six children, or for up to eight children if the criteria in Section 102416.5(b) are met. These capacities include children under age 10 who reside at the licensee's home.

(B) "Large Family Child Care Home" means a home that provides family child care for up to 12 children, or for up to 14 children if the criteria in Section 102416.5(d) are met. These capacities include children under age 10 who reside at the licensee's home and the assistant provider's children under age 10.

8. If you employ staff, what do you pay for an hourly wage?

Assistant: \$\_\_\_\_\_ Not Applicable

Educator, Entry-Level: \$\_\_\_\_\_ Not Applicable

Educator, Experienced: \$\_\_\_\_\_ Not Applicable

9. If you employ staff, are they offered any of the following benefits?

Health insurance

Health reimbursement account (HRA)

Health savings account (HSA)

Employer-sponsored retirement account, no employer match

Employer-sponsored retirement account with employer match

Paid time off

None of the above

10. Are you currently receiving childcare payment for any of your enrolled students from the YMCA, CDA, or Stage 1? Choose all that apply.

CRS (Childcare Resource Service)

CDA

Stage 1

CCTR

Head Start

Neither

11. Are you currently enrolled with the Child and Adult Care Food Program (CACFP)?

Yes

No

Pending

12. Are you currently a member of the Child Care Provider Union?

- Yes  
 No  
 I don't know

13. (For FCC Only) Do you participate in a Family Child Care Home Education Network (FCCHEN)? (Select one)

- Yes: Chicano Federation  
 Yes: Children's Home Society  
 No  
 I don't know

*At this point, the coach can pause to explain the importance of recording providers' financial data for evaluation purposes. The coach can emphasize that the purpose of collecting this financial data is to see trends among providers as a group and will not be connected to the provider's identity in analysis or reporting.*

14. This question asks about financial information recorded on last year's taxes, specifically your (Circle one) 2021 or 2022 Form 1040 Schedule C. What are the values reported on:

- Line 5, Gross profit?                    \$\_\_\_\_\_
- Line 6, Other income?                    \$\_\_\_\_\_
- Line 28, Total expenses?                    \$\_\_\_\_\_
- Line 31, Net profit?                    \$\_\_\_\_\_

15. In which language(s) do/es your program operate? Please select as many as apply.

- English  
 Spanish  
 Arabic  
 Other: (Please specify, e.g., Dari, Tagalog, Somali, etc.): \_\_\_\_\_

16. How long have you been running your child care business? \_\_\_\_\_ years

17. What are some of the biggest challenges or top needs in which business coaching could offer support? Please select no more than 3.

- Budgeting and finances
- Staffing (recruitment/retention/turnover)
- Enrollment (such as reaching desired capacity)
- Marketing
- Access to income or business supports (such as CACFP)
- Business structure (Learning about incorporating as a business if a sole proprietor)
- Debt repayment
- Other (please specify): \_\_\_\_\_

18. What do you hope to get out of your participation in the Shared Service Alliance (SSA)?

**By signing this intake form, I agree to participate in the Shared Services Alliance with YMCA Childcare Resource Service and Child Development Associates. I understand that I am expected to participate in the supports being offered, utilize the resources being provided and respond to requests for data.**

\_\_\_\_\_ /\_\_\_\_\_/\_\_\_\_\_  
Provider Name                      Provider Signature                      Date