

Florida Child Care Resource & Referral Provider Update Form 2009-2010

Name of Person filling out form: _____ Date form was completed: _____	Do you wish to have your program referred to families seeking child care listings from the Child Care Resource & Referral Office: <input type="checkbox"/> YES <input type="checkbox"/> NO	Please return form to us by: Date: Pre-paid self addressed envelope enclosed	ELC-FG 1104 SW Main St Lake City FL 32055 Fax- 386-752-9786
Family Child Care Home or Business Name: CCR&R Name:		(as it appears on License)	
Address:			
City:		Zip Code:	
Mailing Address: <input type="checkbox"/> same as above			
Telephone Number:		Alternate/Emergency Telephone Number:	
E-mail:		Fed. ID No./ SSN:	
Registration/License#:		Director Name:	
Fax#:			

Family Child Care Home Only:

Do you want your house number and street name to appear on referral lists to families? YES NO

1. ACCREDITATION - Are you accredited by any organization? (Check all that apply)

Gold Seal Accreditation	Religious Exempt Accreditation
<input type="checkbox"/> Accred. Professional Preschool Learning Envir. (APPLE)	<input type="checkbox"/> Assoc. Christian Schools International (ACSI)
<input type="checkbox"/> Assoc. Christian Schools International (ACSI)	<input type="checkbox"/> Assoc. Christian Teachers & Schools (National)
<input type="checkbox"/> Assoc. Christian Teachers & Schools (ACTS)	<input type="checkbox"/> Assoc. Christian Teachers & Schools
<input type="checkbox"/> Council on Accreditation (COA)	<input type="checkbox"/> Christian Schools of Florida
<input type="checkbox"/> Montessori School Accred. Commission (MSAC)	<input type="checkbox"/> Church Avenue Academy
<input type="checkbox"/> National Accreditation Commission (NAC)	<input type="checkbox"/> Church of God Association of Christian Schools
<input type="checkbox"/> Natl. Assoc. for the Education of Young Children (NAEYC)	<input type="checkbox"/> Early Childhood Christian Education Association
<input type="checkbox"/> National Association for Family Child Care (NAFCC)	<input type="checkbox"/> Florida Assoc. of Christian Schools & Colleges, Inc.
<input type="checkbox"/> National Council for Private School Accreditation (NCPSA)	<input type="checkbox"/> Florida Catholic Conference
<input type="checkbox"/> National Early Childhood Program Accreditation (NECPA)	<input type="checkbox"/> Florida Kindergarten Council
<input type="checkbox"/> National School-age Care Alliance (NSACA)	<input type="checkbox"/> Florida Coalition of Christian Private Schools Association
<input type="checkbox"/> Southern Association of Colleges & Schools (SACS)	<input type="checkbox"/> FI League of Christian Schools
<input type="checkbox"/> United Methodist Assoc. of Preschools (UMAP)	<input type="checkbox"/> Green Apple Association of Christian Schools
<input type="checkbox"/> National Accred. Council for Early Childhood Prof. Prog	<input type="checkbox"/> Light of the World Christian School
	<input type="checkbox"/> Miracle Faith Center
	<input type="checkbox"/> Narrow Door Pentecostal
	<input type="checkbox"/> National Association for Christian Education
	<input type="checkbox"/> Natl. Assoc. for the Education of Young Children
	<input type="checkbox"/> National Lutheran School Accreditation (FL-GA district)
	<input type="checkbox"/> New Beginnings Christian Center Accreditation (NBCCA)
	<input type="checkbox"/> Nicene Schools International
	<input type="checkbox"/> Papa Goose Network of Christian Nursery's
	<input type="checkbox"/> Sonshine Association of Christian Schools

A COPY OF YOUR CERTIFICATE IS REQUIRED IN ORDER FOR ACCREDITATION TO BE LISTED.

Mail or fax certificate to:

Effective date on Certificate / /

Expiration date on Certificate / /

2. AFFILIATION - Not For Profit Yes No

3. CURRICULUM - Which of the following curriculum does your program use? (Check all that apply)

<input type="checkbox"/>	A-BEKA	<input type="checkbox"/>	High Scope	<input type="checkbox"/>	Other (list)
<input type="checkbox"/>	Beyond Centers & Circle Time	<input type="checkbox"/>	Montessori		
<input type="checkbox"/>	Beyond Cribs & Rattles	<input type="checkbox"/>	Coalition Approved		
<input type="checkbox"/>	Character Based	<input type="checkbox"/>	Religious		
<input type="checkbox"/>	Creative Curriculum	<input type="checkbox"/>	Research Based		
<input type="checkbox"/>	Developmentally Appropriate	<input type="checkbox"/>	Waldorf		
<input type="checkbox"/>	High Reach	<input type="checkbox"/>	Wee Learn		

4. VACANCY/ENROLLMENT/CAPACITY:

What is your total licensed capacity? (number of children you are licensed to care for) _____

What is your actual capacity? (most number of children you choose to care for) _____

In the chart below please indicate:

The number of vacancies available at the present time in each age group

The actual number of children enrolled (combining both full & part time children enrolled) in each age group

The maximum number of children you offer services to by age group

The number of children enrolled in VPK by age group (either 4 or 5 years old)

Enter results by age group:	Infant	1 year old	2 year old	3 year old	4 year old (not in VPK)	5 year old (not in VPK)	Elementary School Age (B/A Only) *	Middle School Age (B/A Only) *
Number of Vacancies at the present time:								
Actual number of children enrolled:								
Maximum number of children you will accept								
Number of children enrolled in VPK (not included in above total)								

* If a Private School do not include the private school students in the counts

5. ENVIRONMENT - Describe your program's setting. (Check all that apply)

<input type="checkbox"/>	Accommodates Allergies	<input type="checkbox"/>	German	<input type="checkbox"/>	Negotiated Rate	<input type="checkbox"/>	Sliding Fee Scale
<input type="checkbox"/>	Bilingual	<input type="checkbox"/>	Greek	<input type="checkbox"/>	Smoke Free Facility	<input type="checkbox"/>	Spa on site
<input type="checkbox"/>	Chinese	<input type="checkbox"/>	Green Certified Building	<input type="checkbox"/>	No TV	<input type="checkbox"/>	School Readiness Agreement
<input type="checkbox"/>	Cat	<input type="checkbox"/>	Habla Espanol	<input type="checkbox"/>	Provider participates in Operation Military Child Care	<input type="checkbox"/>	Teen Parent Program
<input type="checkbox"/>	Corporate	<input type="checkbox"/>	Hebrew	<input type="checkbox"/>	Outdoor Play	<input type="checkbox"/>	United Way
<input type="checkbox"/>	Creole	<input type="checkbox"/>	Italian	<input type="checkbox"/>	Parent Co-op	<input type="checkbox"/>	Vietnamese
<input type="checkbox"/>	Diapers provided	<input type="checkbox"/>	Limited English	<input type="checkbox"/>	Pets	<input type="checkbox"/>	Video Monitoring
<input type="checkbox"/>	Dog	<input type="checkbox"/>	Large FCCH	<input type="checkbox"/>	Pool on Site	<input type="checkbox"/>	Wheelchair Accessible
<input type="checkbox"/>	English	<input type="checkbox"/>	Limited Spanish	<input type="checkbox"/>	Portuguese	<input type="checkbox"/>	Web Cam on site
<input type="checkbox"/>	Employer Contract	<input type="checkbox"/>	Licensed School Age SR Agreement	<input type="checkbox"/>	Private School	<input type="checkbox"/>	Other (list below)
<input type="checkbox"/>	Exempt School Age SR Agreement	<input type="checkbox"/>	Provides Meals	<input type="checkbox"/>	Russian		
<input type="checkbox"/>	French	<input type="checkbox"/>	Medicaid Provider	<input type="checkbox"/>	Fluent Spanish		
<input type="checkbox"/>	Fenced Yard	<input type="checkbox"/>	Military	<input type="checkbox"/>	Scholarships Available		
<input type="checkbox"/>	Filipino	<input type="checkbox"/>	Multi Child Discount	<input type="checkbox"/>	Sign Language		
<input type="checkbox"/>	Faith-based	<input type="checkbox"/>	No English	<input type="checkbox"/>	Sick Child Care		

7. ADDITIONAL FEES - Please list all additional fees that your program charges.

Description	Amount	How often is this fee charged? (See Codes Below)	Is this fee per child or family? (C/F)
Activity	\$		
Annual	\$		
Application	\$		
Dance lessons	\$		
Xtra Curricular Activities	\$		
Field Trips	\$		
Gymnastics lessons	\$		
Holiday	\$		
Insurance	\$		
Late pick-up	\$		
Late payment	\$		
Meals/Snacks	\$		
Music lessons	\$		
Overtime/Early Drop-off	\$		
Returned check	\$		
Registration	\$		
Summer Camp	\$		
Supplies/Materials	\$		
Swimming lessons	\$		
Transportation	\$		
Other:	\$		

Frequency Codes: Both Ways; Every 10 minutes; Half Hour; Hourly; Minutes; Every 5 minutes; Yearly; Every 15 minutes; Monthly; One Time; One Way; Weekly; Daily.

8. MEALS - What meals does your program provide? (Check all that apply)

<input type="checkbox"/>	Afternoon Snack	<input type="checkbox"/>	Lunch	<input type="checkbox"/>	Special Diet Requests
<input type="checkbox"/>	Breakfast	<input type="checkbox"/>	Morning Snack	<input type="checkbox"/>	USDA Food Program
<input type="checkbox"/>	Bring Own Lunch/snacks	<input type="checkbox"/>	Parent Supplies Formula		
<input type="checkbox"/>	Dinner	<input type="checkbox"/>	Provides Formula		

9. PROGRAM PARTICIPATION - Is your program/facility a...? (Check all that apply)

<input type="checkbox"/>	Child Care Center	<input type="checkbox"/>	Military (on base program)	<input type="checkbox"/>	Summer Camp
<input type="checkbox"/>	Family Child Care Home (FCCH)	<input type="checkbox"/>	Nanny/Au-pair	<input type="checkbox"/>	VPK School Year program
<input type="checkbox"/>	Head Start	<input type="checkbox"/>	Playgroup	<input type="checkbox"/>	VPK Summer program
<input type="checkbox"/>	Large FCCH	<input type="checkbox"/>	School Age Program		

10. RATES: In the table below enter the advertised rates (private pay rates) your program charges.
 Do not include voucher/subsidy rates, sliding scale rates, employee discounts or any other discounted rates.
 Only complete the rate type for each age group that you offer. (Please attach rate sheet, if applicable)

RATES –ENTER BY AGE GROUP (see note above)								
Enter Rate by Age of Children	Infant	1 year old	2 year old	3 year old	4 year old (not in VPK)	5 year old (not in VPK)	Elem School Age	Mid School Age
FULL- TIME Circle frequency: Weekly/Monthly/Annually								
FULL time VPK WRAP Circle frequency: Weekly/Monthly/Annually								
PART-TIME Circle frequency: Weekly/Monthly/Annually								
PART –TIME VPK WRAP Circle frequency: Weekly/Monthly/Annually								
School Age –BEFORE SCH. Circle frequency: Weekly/Monthly/Annually								
School Age –AFTER SCH. Circle frequency: Weekly/Monthly/Annually								
School Age – BOTH BEFORE & AFTER SCH. Circle frequency: Weekly/Monthly/Annually								
SUMMER								

11. SCHEDULE - What days of the week does your program operate? (Check all that apply)

Sunday <input type="checkbox"/>	Monday <input type="checkbox"/>	Tuesday <input type="checkbox"/>	Wednesday <input type="checkbox"/>	Thursday <input type="checkbox"/>	Friday <input type="checkbox"/>	Saturday <input type="checkbox"/>
What are your hours of operation?			Open Time: _____ <u>circle</u> AM or PM	Close Time: _____ <u>circle</u> AM or PM		
What are the ages you serve?		From (minimum age): _____ Sample: 2 months to 6 years	To (maximum age): _____ Years			

12. ENHANCED SCHEDULE - Does your program provide the following schedule? (Check all that apply)

<input type="checkbox"/>	24-Hour Care	<input type="checkbox"/>	Full Time	<input type="checkbox"/>	Rotating
<input type="checkbox"/>	After School	<input type="checkbox"/>	Full Year	<input type="checkbox"/>	Summer Only
<input type="checkbox"/>	Both Full & Part-Time	<input type="checkbox"/>	VPK Wrap Care	<input type="checkbox"/>	Follow local School System Weather Days
<input type="checkbox"/>	Before School	<input type="checkbox"/>	Morning	<input type="checkbox"/>	School Year
<input type="checkbox"/>	Drop In Care	<input type="checkbox"/>	Open if Safe Weather	<input type="checkbox"/>	Vacation/Holiday
<input type="checkbox"/>	Emergency/Temp. Care	<input type="checkbox"/>	Overnight	<input type="checkbox"/>	Weekend Care
<input type="checkbox"/>	Evening Care	<input type="checkbox"/>	Part Time		
		<input type="checkbox"/>	Respite Care		

13. ENHANCED SERVICES - What other services does your program offer? (Check all that apply)

<input type="checkbox"/>	Computers	<input type="checkbox"/>	Health/Social Services	<input type="checkbox"/>	Outdoor Sports	<input type="checkbox"/>	Training/experience with children with developmental delays
<input type="checkbox"/>	Art/Crafts	<input type="checkbox"/>	Homework/Tutor	<input type="checkbox"/>	Small Group Size	<input type="checkbox"/>	Training/experience with making environmental accommodations for children with special needs
<input type="checkbox"/>	Family Involvement	<input type="checkbox"/>	Kindergarten Class	<input type="checkbox"/>	Swim Lessons	<input type="checkbox"/>	Therapeutic Services
<input type="checkbox"/>	Field Trips	<input type="checkbox"/>	Music Lessons	<input type="checkbox"/>	Training/experience with children with autism spectrum disorder	<input type="checkbox"/>	Other (list here)
<input type="checkbox"/>	Gymnastics/Dance Lessons	<input type="checkbox"/>	On-site Screenings	<input type="checkbox"/>	Training/experience with children with behavioral challenges		

14a. Total number _____ of staff that work directly with children in care.

14b. STAFFING - Enter below the number of staff that work directly with children in care that have any of the following qualifications/degrees/courses/credentials/training:

#__	FCCH completed 2 nd Helping course	#__	Provider/staff has Early Literacy training
#__	Provider/staff has AA/AS Degree non-child related	#__	Provider/staff had first aid training within past 2 years
#__	Provider/staff has AA/AS Degree in early childhood	#__	Provider/staff has High School Education/GED
#__	Director Credential Advanced	#__	Provider/staff has MA Degree non-child related
#__	Director Credential Foundational	#__	Provider/staff has MA Degree in early childhood
#__	Provider/staff has BA/BS Degree non-child related	#__	Facility has medical staff onsite
#__	Provider/staff has BA/BS Degree in early childhood	#__	NAFCC FCCH Observer Trained
#__	Provider/staff has CDA credential	#__	Provider/staff does not have High School/GED
#__	Provider/staff has CDA equivalency	#__	Special Needs Training (describe)
#__	Provider/staff had CPR training within past 2 years	#__	Provider/staff has VPK Credential
#__	Provider/staff has Doctorate		

15. SUBSIDIES - Does your program currently serve children who receive child care subsidies (School Readiness) or financial assistance to pay for their care? Yes No

<input type="checkbox"/>	School Readiness Agreement	<input type="checkbox"/>	Voucher-Other Agencies (list)
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16. SUBSTITUTION POLICY - What is your programs substitution policy? (Check all that apply and list schools below)

<input type="checkbox"/>	Friend	<input type="checkbox"/>	Substitute Pool
<input type="checkbox"/>	Spouse	<input type="checkbox"/>	Relative
<input type="checkbox"/>	Other Substitute (list here):		

17. TRANSPORTATION - Do you or the school provide transportation? (Check all that apply)

<input type="checkbox"/>	From school to site (list school names)	<input type="checkbox"/>	From site to home
<input type="checkbox"/>	To school from site (list school names)	<input type="checkbox"/>	To site from home
<input type="checkbox"/>	Near public transportation	<input type="checkbox"/>	In walking distance to school (list school names below):
<input type="checkbox"/>	By school bus or van		

Comments/Questions:

Thank you for your cooperation in gathering this important information. You may contact this office at any time to update your information. We are available to answer any questions you might have by calling ([insert local contact information](#)).