

Florida Child Care Resource & Referral Provider Update Form 2008-2009

Name of Person filling out form: <hr/>	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 this form to your local Resource & Referral Office	<i>Put your local CCR&R Return address and Phone, fax, website, Here</i> ECS 100 BELL TEL WAY SUITE 100 JACKSONVILLE, FL. 32216 FAX; 904-726-1516
Signature of person completing form: <hr/>			

Family Child Care Home or Business Name (as it appears on License):	
CCR&R Name:	
Address:	
City:	Zip Code:
Mailing Address: <input type="checkbox"/> same as above	
Telephone Number:	Alternate/Emergency Telephone Number:
E-mail:	Fed. ID No./ SSN:
Fax number:	

Family Child Care Home's Only:
 Do you want your house number and street name to appear on referral lists to families? YES NO

1. Are you accredited by any organization? (Check all that apply) *Please enclose a copy of your accreditation certificate

Gold Seal Accreditation	Religious Exempt Accreditation for Child Care Facilities
<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.

Expiration date on Certificate / /

2. For Profit Not For Profit

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

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

4. Vacancies/Enrollment/Capacity

What is your total licensed capacity? (number of children your 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 number of Children 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)	School Age
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							

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

<input type="checkbox"/>	English	<input type="checkbox"/>	Operation Child Care	<input type="checkbox"/>	Diapers provided	<input type="checkbox"/>	Spa on site
<input type="checkbox"/>	Limited English	<input type="checkbox"/>	Medical Provider	<input type="checkbox"/>	Cat	<input type="checkbox"/>	Sick Child Care
<input type="checkbox"/>	No English	<input type="checkbox"/>	Wheelchair Accessible	<input type="checkbox"/>	Dog	<input type="checkbox"/>	Outdoor Play
<input type="checkbox"/>	Fluent Spanish	<input type="checkbox"/>	Web Cam on site	<input type="checkbox"/>	No Pets	<input type="checkbox"/>	Fenced Yard
<input type="checkbox"/>	Limited Spanish	<input type="checkbox"/>	Teen Parent Program	<input type="checkbox"/>	Smoke Free	<input type="checkbox"/>	Pool on Site
<input type="checkbox"/>	Sign Language	<input type="checkbox"/>	Inclusionary Settings	<input type="checkbox"/>	Accommodates Allergies		
<input type="checkbox"/>	Other Languages-List:						
<input type="checkbox"/>	School Readiness Voucher	<input type="checkbox"/>	Sliding Fee Scale	<input type="checkbox"/>	United Way	<input type="checkbox"/>	Medicaid Provider
<input type="checkbox"/>	School Readiness Contracted	<input type="checkbox"/>	Multi Child Discount	<input type="checkbox"/>	Parent Co-op	<input type="checkbox"/>	Military
<input type="checkbox"/>	Negotiated Rate	<input type="checkbox"/>	Scholarships Available	<input type="checkbox"/>	Employer Contract		

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

7. Please list all additional fees that your program charges.

Description	Amount	How often is this fee charged? (Frequency) (See Codes Below)	Is this fee per child or family? (C/F)
Activity fee	\$		
Annual fee	\$		
Application fee	\$		
Late pick-up fee	\$		
Registration fee	\$		
Transportation fee	\$		
Returned check fee	\$		
Late payment fee	\$		
Other: list type/amt/freq/C-F	\$		

Frequency Codes:

Both Ways (BOTH) Every 10 minutes (MN10) Half Hour (HFHR) Hourly (HOUR) Minutes (MIN) Every 5 minutes (MN5)
 Yearly (YEAR) Every 15 minutes (MN15) Monthly (MTH) One-Time (ONCE) One Way (ONE) Weekly (WEEK) Daily (Day)

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

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

9. Is your program/facility a...? Program Participation/Description: (Check all that apply)

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

10. Do you provide transportation? (Check all that apply)

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

11. 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.

We prefer the rates be given by the week for full and part time (only if you offer both full & part time), however some providers have their rate structured by the month or year, 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 amount 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)	School Age
FULL time - WEEKLY							
FULL time - MONTHLY							
FULL time -ANNUALLY							
FULL time VPK WRAP _____ enter frequency: Weekly/Monthly/Annually							
PART time- WEEKLY							
PART time-MONTHLY							
PART time-ANNUALLY							
PART time-VPK WRAP _____ enter frequency: Weekly/Monthly/Annually							
School Age –BEFORE SCH. _____ enter frequency: Weekly/Monthly/Annually							
School Age –AFTER SCH. _____ enter frequency: Weekly/Monthly/Annually							
School Age –BOTH BEFORE & AFTER SCH. _____ enter frequency: Weekly/Monthly/Annually							
School Age- SUMMER _____ enter frequency: Weekly/Monthly/Entire Summer							

12. 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 programs hours of operation?		Open Time: _____		Close Time: _____		
		circle AM or PM		circle AM or PM		
What are the ages you serve?		From (minimum age): _____		To (maximum age): _____		Years
		Sample: from birth or number of months, or specific age in years				

13a. 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"/>	Evening Care
<input type="checkbox"/>	Full Year	<input type="checkbox"/>	Summer Only	<input type="checkbox"/>	Rotating
<input type="checkbox"/>	After School	<input type="checkbox"/>	Before School	<input type="checkbox"/>	Morning
<input type="checkbox"/>	School Year	<input type="checkbox"/>	Drop In Care	<input type="checkbox"/>	Overnight
<input type="checkbox"/>	Vacation/Holiday	<input type="checkbox"/>	Part Time	<input type="checkbox"/>	Weekend Care
<input type="checkbox"/>	Emergency/Temp. Care	<input type="checkbox"/>	VPK Wrap Care		

13b. If a hurricane is threatening, but does not actually hit your area, check which of the following will apply:

<input type="checkbox"/>	Open if Safe Weather	<input type="checkbox"/>	Follow Local Sch. System Weather	
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14. What services does your program offer? (Enhanced services) (Check all that apply)

<input type="checkbox"/>	Art/Crafts	<input type="checkbox"/>	Health/Social Services	<input type="checkbox"/>	Family Involvement	<input type="checkbox"/>	Other (list here)
<input type="checkbox"/>	Kindergarten Class	<input type="checkbox"/>	Homework/Tutor	<input type="checkbox"/>	On-site Screenings		
<input type="checkbox"/>	Field Trips	<input type="checkbox"/>	Outdoor Sports	<input type="checkbox"/>	Special Needs Enrolled		
<input type="checkbox"/>	Gymnastics/Dance	<input type="checkbox"/>	Music Lessons	<input type="checkbox"/>	Therapeutic Services		
<input type="checkbox"/>	Computers	<input type="checkbox"/>	Swim Lessons				

15a. Total number _____ of staff that work directly with children in care.

15b. Enter below the number of staff that have any of the following qualifications/degrees/courses/credentials:

Enter the Number of Staff with:

#__	AA/AS Degree in Early Childhood	#__	FCCH 2 nd Helping
#__	AA/AS Degree Non-Child related	#__	FCCH Course-30 hour
#__	BA/BS Degree in Early Childhood	#__	First Aid within 2 years
#__	BA/BS Degree Non-Child related	#__	High School Education/GED
#__	CDA	#__	Licensed Practical Nurse-LPN
#__	CDA Equivalency	#__	MA Degree Child Related
#__	Center Course-40 hour	#__	MA Degree Non-Child Related
#__	Certified Nurses Assistant-CNA	#__	Medical Staff Onsite
#__	CPR within two years	#__	NAFCC FCCH Observer Trained
#__	Director's Credential-Foundational	#__	No High School/GED
#__	Director's Credential-Advanced	#__	Positive Behavior Support
#__	Doctorate	#__	Registered Nurse-RN
#__	Early Literacy	#__	Special Needs Training

16. What voucher subsidies does your program offer: (check all that apply)

<input type="checkbox"/>	School Readiness Contracted	<input type="checkbox"/>	School Readiness Voucher Certificate	<input type="checkbox"/>	Voucher-Other Agencies
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17. What is your programs substitution policy? (Check all that apply)

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

Comments/Questions:
