

Florida Child Care Resource & Referral Provider Update Form 2011-2012

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: _____	Early Learning Coalition of Sarasota County Child Care Connection 2886 C Ringling Blvd Sarasota, FL. 34237 941-556-1600 ext. 106 941-556-1606 (fax) www.earlylearningcoalition.com sarasota.org
Family Child Care Home or Business Name: _____ (as it appears on License)			
CCR&R Name: _____			
Address: _____			
City: _____		Zip Code: _____	<input type="checkbox"/> same as above
Mailing Address: _____			
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"/> Sunshine Association of Christian Schools

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

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"/>	Beyond Centers & Circle Time	<input type="checkbox"/>	Wee Learn	<input type="checkbox"/>	Other (list)
<input type="checkbox"/>	Creative Curriculum	<input type="checkbox"/>	Active Learning Series		
<input type="checkbox"/>	DLM Early Childhood Express	<input type="checkbox"/>	School Readiness Express		
<input type="checkbox"/>	Doors to Discovery	<input type="checkbox"/>	DECA		
<input type="checkbox"/>	Galileo	<input type="checkbox"/>	Kindness Curriculum		
<input type="checkbox"/>	High Reach (approved for family child care providers)	<input type="checkbox"/>	I love You Rituals-Becky A. Bailey		
<input type="checkbox"/>	Reggio Emilia approach (must be used by teachers trained in this approach)	<input type="checkbox"/>	Optimistic Classroom		

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 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)	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		

6. 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.

7. 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	

8. 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	

9. 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.

You must submit a public rate sheet as well. If you do not want to fill out the rates below, please write in "See Attached Rate Sheet"

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								

10. 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: _____		Close Time: _____		
		circle AM or PM		circle AM or PM		
What are the ages you serve?		From (minimum age): _____		To (maximum age): _____		Years
		Sample: 2 months to 6 years				

11. 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		

12. 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		

13a. Total number _____ of staff that work directly with children in care.

13b. 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 Director Credential
#_	Provider/staff has Doctorate		

14. 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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15. 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):		

16. 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		

17. For each of the following positions, please enter the average salary or hourly wage and the average number of hours worked per week

Position	Hourly/Salaried position?	Average Salary/Wage	Average number of hours worked per week
Center Director/FCCH Operator	<input type="checkbox"/> Hourly (per hour) <input type="checkbox"/> Salaried (per year)	\$ _____	_____ hours
Head or Lead Teachers	<input type="checkbox"/> Hourly (per hour) <input type="checkbox"/> Salaried (per year)	\$ _____	_____ hours
Teachers	<input type="checkbox"/> Hourly (per hour) <input type="checkbox"/> Salaried (per year)	\$ _____	_____ hours

Teacher Assistants/Aides	<input type="checkbox"/> Hourly (per hour) <input type="checkbox"/> Salaried (per year)	\$ _____	_____ hours
Other (please list)	<input type="checkbox"/> Hourly (per hour) <input type="checkbox"/> Salaried (per year)	\$ _____	_____ hours

18. Are any of the following benefits available to staff?

Benefit	Available to full-time staff?	Available to part-time staff?	Not available to any staff?
Health Insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dental Insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disability Insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Retirement Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Paid vacation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Paid sick time/personal days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reduced rates for children of staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Financial assistance to cover courses (college courses)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Financial assistance for in-service workshops, conferences, etc	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Paid parental leave	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please list)	<input type="checkbox"/>	<input type="checkbox"/>	

19. What are the most common reasons staff stated for leaving? (Check all that apply)

<input type="checkbox"/> Pay	<input type="checkbox"/> Benefits	<input type="checkbox"/> Conflict with co-workers/employer
<input type="checkbox"/> Relocation	<input type="checkbox"/> Family issues	<input type="checkbox"/> Burn-out
<input type="checkbox"/> Better job opportunity	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Lack of career ladder
<input type="checkbox"/> within the child care field		
<input type="checkbox"/> outside of the child care field		

20. What are the most common reasons staff have stayed? (Check all that apply)

<input type="checkbox"/> Pay	<input type="checkbox"/> Benefits	<input type="checkbox"/> Commitment to teaching/joy of teaching
<input type="checkbox"/> Family friendly workplace	<input type="checkbox"/> Managerial support	<input type="checkbox"/> Good working relationship with co-workers/employer
<input type="checkbox"/> Other: _____		

21. How many times a month, on average, is your program short a teacher?

<input type="checkbox"/> Less than 3	<input type="checkbox"/> 14 to 16
<input type="checkbox"/> 4 to 6	<input type="checkbox"/> 17 to 19
<input type="checkbox"/> 7 to 9	<input type="checkbox"/> Over 20
<input type="checkbox"/> 10 to 13	How many classrooms in your program?

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 Karen Massa at 941-556-1600 ext. 106.