

**Florida Department of Education
Office of Early Learning
2014-15 Child Care Resource and Referral Provider Update**

OPT OUT - I do not wish to complete this form and understand that my program will not be referred to families by the ELC.

(School Readiness and VPK providers contracted with the ELC are required to complete this form.)

Program Name (as it appears on
license/registration)

Signature

Date

Name of Person filling out form:	Do you wish to have your program referred to families seeking child care listings from the ELC:	Coalition/Agency Name: Early Learning Coalition of Sarasota County				
Date form was completed:	<input type="checkbox"/> YES <input type="checkbox"/> NO	Address: 2886 C Ringling Blvd. City: Sarasota, Florida Zip: 34237 Phone: 941-556-1600 ext. 106 Karen Massa Fax: 941-556-1606 Coalition Website: www.EarlyLearningCoalitionSarasota.org				
Business Name: (as on License or Exemption)						
Doing-Business-As Name:						
Provider Type (check one):	<input type="checkbox"/> Center	<input type="checkbox"/> FCCH	<input type="checkbox"/> Large FCCH	<input type="checkbox"/> School-age Only	<input type="checkbox"/> Private School	<input type="checkbox"/> Public School
Legal Status (check one):	<input type="checkbox"/> Licensed		<input type="checkbox"/> Registered		<input type="checkbox"/> Exempt	
If License Exempt-Exemption Type (check one):	<input type="checkbox"/> Religious Exempt	<input type="checkbox"/> Camp	<input type="checkbox"/> Non Public School	<input type="checkbox"/> Public School	<input type="checkbox"/> School Age	
Affiliation – Not For Profit	<input type="checkbox"/> Yes	<input type="checkbox"/> No				

DCF/Local Licensing ID:	Expiration Date:	Master School ID (MSID): (Public and Private Schools only)			
Location Address:					
City:	County:			Zip Code:	
Mailing Address: <input type="checkbox"/> Same as above					
City:	County:			Zip Code:	
Telephone:	Alternate Telephone: (for coalition use only)	Fax:	Email:		
Owner Name:			Federal ID No/SSN:		
Director Name:					

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 an accrediting agency? (Check all that apply) A COPY OF YOUR CERTIFICATE IS REQUIRED IN ORDER FOR ACCREDITATION TO BE LISTED.

Accrediting Agency	Effective Date	End Date	Accrediting Agency	Effective Date	End Date
<input type="checkbox"/> CHRISTIAN SCH INTERNATL			<input type="checkbox"/> MIRACLE FAITH CENTER		
<input type="checkbox"/> CHRISTIAN TCHR & SCH			<input type="checkbox"/> MONTESSORI SCHOOL ACCRED		
<input type="checkbox"/> CHRISTIAN TCHR & SCH NATL			<input type="checkbox"/> NATL ACCRED COMMISSION		
<input type="checkbox"/> ASSOC INDEPNDT PRESCHOOLS			<input type="checkbox"/> NATL EARLY CHILD PROGRAMS		
<input type="checkbox"/> APPLE			<input type="checkbox"/> NAEYC		
<input type="checkbox"/> CHURCH AVENUE ACADEMY			<input type="checkbox"/> NEW BEGINNINGS CHRISTIAN		
<input type="checkbox"/> CHURCH OF GOD ASSOCIATION			<input type="checkbox"/> NATL CHRISTIAN EDU		
<input type="checkbox"/> COUNCIL ON ACCREDITATION			<input type="checkbox"/> NICENE SCHOOLS INTERNATL		
<input type="checkbox"/> CHRISTIAN SCHOOLS OF FL			<input type="checkbox"/> COUNCIL PRIVATE SCHOOL		
<input type="checkbox"/> EARLY CHILD CHRISTIAN EDU			<input type="checkbox"/> NARROW DOOR PENTECOSTAL		
<input type="checkbox"/> CHRISTIAN COLLEGES/ SCH			<input type="checkbox"/> NATL EARLY CHILDHOOD PROG		
<input type="checkbox"/> FL CATHOLIC CONFERENCE			<input type="checkbox"/> NATL ASSOC FCCH		
<input type="checkbox"/> CHRISTIAN PRIVATE SCH			<input type="checkbox"/> NATL LUTHERAN SCHOOL		
<input type="checkbox"/> FL KINDERGARTEN COUNCIL			<input type="checkbox"/> SCH AGE CARE ALLIANCE		
<input type="checkbox"/> LEAGUE CHRISTIAN SCH			<input type="checkbox"/> PAPA GOOSE NETWORK		
<input type="checkbox"/> GREEN APPLE CHRISTIAN			<input type="checkbox"/> SONSHINE CHRISTIAN SCHLS		
<input type="checkbox"/> GOLD SEAL ACCREDITATION			<input type="checkbox"/> SOUTHERN COLLEGES/ SCH		
<input type="checkbox"/> LIGHT THE WORLD CHRISTIAN			<input type="checkbox"/> UNITED METHODIST PRESCH		

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

<input type="checkbox"/> ACTIVE LEARNING	<input type="checkbox"/> GALILEO	<input type="checkbox"/> REGGIO EMILIA APPROACH (must be used by teachers trained in this approach)
<input type="checkbox"/> BEYOND CENTERS CIRCLE TIME	<input type="checkbox"/> HIGH REACH (approved for family child care providers)	<input type="checkbox"/> SCHOOL READINESS EXPRESS
<input type="checkbox"/> CREATIVE CURRICULUM	<input type="checkbox"/> I LOVE YOU RITUALS-BECKY A BAILEY	<input type="checkbox"/> WEE LEARN
<input type="checkbox"/> DECA	<input type="checkbox"/> KINDNESS CURRICULUM	<input type="checkbox"/> OTHER (LIST)
<input type="checkbox"/> DLM EARLY CHILDHOOD EXPRESS	<input type="checkbox"/> OPTIMISTIC CLASSROOM	<input type="checkbox"/>
<input type="checkbox"/> DOORS TO DISCOVERY	<input type="checkbox"/> POSITIVE BEHAVIOR SUPPORT	<input type="checkbox"/>

3. CAPACITY/ VACANCY:

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) _____

What is your current total vacancy? _____

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

Enter results by age group:	Infant	1 year old	2 year old	3 year old	4 year old	5 year old	Elementary School Age (Before and After school care Only) *	Middle School Age (Before and After school care Only) *
Number of Vacancies at the present time:								
Actual number of children enrolled:								

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

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

<input type="checkbox"/>	CHINESE	<input type="checkbox"/>	SMOKE FREE	<input type="checkbox"/>	WHEELCHAIR ACCESSIBLE		(LIST OTHERS BELOW)
<input type="checkbox"/>	CREOLE	<input type="checkbox"/>	NO TV	<input type="checkbox"/>	WEB CAM ON SITE	<input type="checkbox"/>	
<input type="checkbox"/>	ENGLISH	<input type="checkbox"/>	PETS	<input type="checkbox"/>	LOOK FOR THE STARS PROVIDER	<input type="checkbox"/>	
<input type="checkbox"/>	FRENCH	<input type="checkbox"/>	POOL ON SITE	<input type="checkbox"/>	ELC CONTRACTED SCHOOL READINESS PROVIDER	<input type="checkbox"/>	
<input type="checkbox"/>	FILIPINO	<input type="checkbox"/>	PORTUGUESE	<input type="checkbox"/>	OFFERS MULTI CHILD DISCOUNT	<input type="checkbox"/>	
<input type="checkbox"/>	FINANCIAL ASSISTANCE	<input type="checkbox"/>	RUSSIAN	<input type="checkbox"/>	OFFERS A NEGOTIATED RATE	<input type="checkbox"/>	
<input type="checkbox"/>	GERMAN	<input type="checkbox"/>	SPANISH	<input type="checkbox"/>	OFFERS A SLIDING SCALE FEE		
<input type="checkbox"/>	GREEK	<input type="checkbox"/>	SEPARATE PLAY AREA (FCCH)	<input type="checkbox"/>	OFFERS A PROVIDER SCHOLARSHIP		
<input type="checkbox"/>	GREEN CERTIFIED	<input type="checkbox"/>	SIGN LANGUAGE	<input type="checkbox"/>	(LIST OTHERS BELOW)		
<input type="checkbox"/>	HEBREW	<input type="checkbox"/>	SPA	<input type="checkbox"/>			
<input type="checkbox"/>	ITALIAN	<input type="checkbox"/>	VIETNAMESE	<input type="checkbox"/>			
<input type="checkbox"/>	LIMITED TV VIEWED	<input type="checkbox"/>	VIDEO MONITORING	<input type="checkbox"/>			

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

<u>Description</u>	<u>Amount</u>	<u>How often is this fee charged? (See Frequency Options below)</u>	<u>Is this fee per child or family? (C/F)</u>
ANNUAL	\$		
APPLICATION	\$		
DIAPERS	\$		
INSURANCE	\$		
LATE PICK-UP	\$		
LATE PAYMENT	\$		
MEMBER ORGANIZATION	\$		
MEALS/SNACKS	\$		
OVERTIME/EARLY DROP OFF	\$		
RETURNED CHECK	\$		
REGISTRATION	\$		
SCHOOL AGE REGISTRATION FEE	\$		
SUPPLIES/MATERIALS	\$		
OTHER (LIST BELOW)			
	\$		
	\$		

Frequency Options: Per Minute; Every 5 minutes; Every 10 minutes; Every 15 minutes; Half Hour; Hourly; Daily; Weekly; Monthly; Yearly; One Time; Per Occurrence

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

<input type="checkbox"/>	MORNING SNACK	<input type="checkbox"/>	PROVIDES FORMULA	<input type="checkbox"/>	PEANUT-FREE ENVIRONMENT
<input type="checkbox"/>	AFTERNOON MEAL PROGRAM	<input type="checkbox"/>	GLUTEN FREE	<input type="checkbox"/>	SPECIAL DIET REQUEST
<input type="checkbox"/>	BREAKFAST	<input type="checkbox"/>	LUNCH	<input type="checkbox"/>	VEGETARIAN
<input type="checkbox"/>	USDA FOOD PROGRAM	<input type="checkbox"/>	PARENT SUPPLIES FORMULA		
<input type="checkbox"/>	DINNER	<input type="checkbox"/>	AFTERNOON SNACK		

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

<input type="checkbox"/>	AFTER SCHOOL PROGRAM FOR SCHOOL AGE CHILDREN	<input type="checkbox"/>	MILITARY(PROGRAM IS LOCATED ON A MILITARY BASE)	<input type="checkbox"/>	SCHOOL READINESS PROVIDER (CONTRACTED WITH THE EARLY LEARNING COALITION)
<input type="checkbox"/>	CHILD CARE CENTER	<input type="checkbox"/>	NANNY/AU-PAIR	<input type="checkbox"/>	SUMMER CAMP
<input type="checkbox"/>	EARLY HEAD START	<input type="checkbox"/>	PRIVATE SCHOOL	<input type="checkbox"/>	TEEN PARENT (OPERATES AS A TEEN PARENT PROGRAM)
<input type="checkbox"/>	FAMILY CHILD CARE HOME	<input type="checkbox"/>	PUBLIC SCHOOL	<input type="checkbox"/>	VPK SCHOOL YEAR
<input type="checkbox"/>	HEAD START	<input type="checkbox"/>	QUALITY RATING SYSTEM (LOOK FOR THE STARS PARTICIPANT)	<input type="checkbox"/>	VPK SUMMER
<input type="checkbox"/>	LARGE FCCH	<input type="checkbox"/>	SCHOOL AGE PROGRAM		
<input type="checkbox"/>	MIGRANT HEAD START	<input type="checkbox"/>	SICK CHILD CARE		

8. RATES: Please attach your most current advertised rate sheet (private pay rates) your program charges. Do not include voucher/subsidy rates, sliding scale rates, employee discounts or any other discounted rates.

9. 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: _____	<input type="checkbox"/> AM <input type="checkbox"/> PM	Close Time: _____	<input type="checkbox"/> AM <input type="checkbox"/> PM
What are the ages you serve?		From (minimum age): _____	To (maximum age): _____		Years	
		Sample: 2 months to 6 years				

10. PROVIDER (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"/>	SCHOOL SYSTEM WEATHER DAYS
<input type="checkbox"/>	AFTER SCHOOL (FOR SCHOOL AGE CHILDREN)	<input type="checkbox"/>	FULL YEAR	<input type="checkbox"/>	SCHOOL YEAR
<input type="checkbox"/>	BEFORE SCHOOL (FOR SCHOOL AGE CHILDREN)	<input type="checkbox"/>	OVERNIGHT	<input type="checkbox"/>	SWING SHIFT
<input type="checkbox"/>	DROP IN CARE	<input type="checkbox"/>	PART TIME	<input type="checkbox"/>	WEEKEND
<input type="checkbox"/>	EMERGENCY/TEMPORARY CARE	<input type="checkbox"/>	RESPIRE CARE		
<input type="checkbox"/>	EVENING CARE	<input type="checkbox"/>	SUMMER ONLY		

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

<input type="checkbox"/>	COMPUTERS	<input type="checkbox"/>	KINDERGARTEN CLASS	<input type="checkbox"/>	TRAINING/EXP DEV DELAY
<input type="checkbox"/>	ART/CRAFTS	<input type="checkbox"/>	MUSIC LESSONS	<input type="checkbox"/>	ENVIRON ACCOMMODATIONS
<input type="checkbox"/>	DANCE	<input type="checkbox"/>	ON-SITE SCREENINGS	<input type="checkbox"/>	THERAPEUTIC SERVICES
<input type="checkbox"/>	FAMILY INVOLVEMENT (FAMILY VOLUNTEER HOURS ARE REQUIRED)	<input type="checkbox"/>	OUTDOOR SPORTS		OTHER (LIST BELOW)
<input type="checkbox"/>	FIELD TRIPS	<input type="checkbox"/>	SWIM LESSONS	<input type="checkbox"/>	
<input type="checkbox"/>	GYMNASTICS	<input type="checkbox"/>	TRAINING/EXP AUTISM	<input type="checkbox"/>	
<input type="checkbox"/>	HOMEWORK/TUTOR	<input type="checkbox"/>	TRAINING/EXP BEHAV CHAL	<input type="checkbox"/>	

12a. Total number of staff that work directly with children in care: _____.

12b. STAFFING - Enter below the number of staff that works directly with children in care that have any of the following:

Number	Training/ Education Type	Number	Training/ Education Type
	FCCH 30 HOUR TRAINING		GED
	40 HR INTRO CHILD CARE		HIGH SCHOOL EDUCATION
	AA/AS NONCHILD RELATED		MA DEGREE EARLY CHILDHOOD
	AA/AS EARLY CHILDHOOD		MA NONCHILD RELATED
	DIRECTOR CREDENTIAL ADV		MEDICAL STAFF ONSITE
	DIRECTOR CREDENTIAL LEVEL 1		NATL EARLY CHILDHOOD CERT
	DIRECTOR CREDENTIAL LEVEL 2		NO HIGH SCHOOL/GED
	BA/BS NONCHILD RELATED		SCHOOL-AGE CREDENTIAL
	BA DEGREE EARLY CHILDHOOD		SPECIAL NEEDS PRACTICES
	BEHAVIOR OBSERVATION		VPK DIRECTOR CREDENTIAL

	DIRECTOR (NON VPK)		OTHER (LIST BELOW)
	DOCTORATE		
	EARLY (EMERGENT) LITERACY		
	FCCPC/ECPC/CCAC/CDAE		

13. SUBSIDIES – List any provider sponsored financial assistance you offer to help families with limited financial means.

<input type="checkbox"/>	EMPLOYER SPONSORED	<input type="checkbox"/>	NEGOTIATED RATE		OTHER (LIST BELOW)
<input type="checkbox"/>	MEDICAID PROVIDER	<input type="checkbox"/>	PROVIDER SCHOLARSHIP	<input type="checkbox"/>	
<input type="checkbox"/>	MILITARY AID	<input type="checkbox"/>	SLIDING SCALE FEE	<input type="checkbox"/>	
<input type="checkbox"/>	MULTI CHILD DISCOUNT			<input type="checkbox"/>	

14. TRANSPORTATION - Do you or does your school provide or are located near transportation? (Check all that apply)

<input type="checkbox"/>	School Bus	<input type="checkbox"/>	Transport to child home
<input type="checkbox"/>	Transport from child home	<input type="checkbox"/>	Transportation
<input type="checkbox"/>	Near public transport	<input type="checkbox"/>	Walking distance to school

Transportation Provided From the Below Schools to the Child Care Site	Transportation Provided from the Child Care Site to the Below Schools	Child Care Site Within Walking Distance from the Below Schools

Comments/Questions:

Thank you for your cooperation in gathering this important information. You should contact the Early Learning Coalition of Sarasota County anytime you make changes to your program so that we may provide families with accurate information. We are available to answer any questions you may have by calling the coalition at 941-556-1600 ext. 106 and speak to Karen Massa.

--- PLEASE ATTACH COPY OF CURRENT LICENSE/REGISTRATION/EXEMPTION AND SUBMIT WITH THIS FORM. ---

Office Use Only:

EFS Updated Date: _____ By: _____