

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

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: ELCOG/Community Coordinated Care for Children, Inc. (4C)			
Date form was completed:	<input type="checkbox"/> YES <input type="checkbox"/> NO	Address: 3500 W Colonial Drive			
Business Name: (as on License or Exemption)		City: Orlando Florida Zip: 32808			
Doing-Business-As Name:		Phone: 407-522-2252 x 4252			
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
Legal Status (check one):	<input type="checkbox"/> Licensed		<input type="checkbox"/> Registered		<input type="checkbox"/> 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:	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 INTERNATIONAL			<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 INDEPENDENT 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 INTERNATIONAL		
<input type="checkbox"/> CHRISTIAN SCHOOLS OF FL			<input type="checkbox"/>	COUNCIL PRIVATE SCHOOL		
<input type="checkbox"/> EARLY CHILD CHRISTIAN EDUCATION			<input type="checkbox"/>	NARROW DOOR PENTECOSTAL		
<input type="checkbox"/> CHRISTIAN COLLEGES AND SCHOOLS			<input type="checkbox"/>	NATIONAL EARLY CHILDHOOD PROGRAMS		
<input type="checkbox"/> FL CATHOLIC CONFERENCE			<input type="checkbox"/>	NATIONAL ASSOC OF FCCH		
<input type="checkbox"/> CHRISTIAN PRIVATE SCHOOLS			<input type="checkbox"/>	NATIONAL LUTHERAN SCHOOL		
<input type="checkbox"/> FL KINDERGARTEN COUNCIL			<input type="checkbox"/>	SCHOOL AGE CARE ALLIANCE		
<input type="checkbox"/> LEAGUE CHRISTIAN SCHOOLS			<input type="checkbox"/>	PAPA GOOSE NETWORK		
<input type="checkbox"/> GREEN APPLE CHRISTIAN			<input type="checkbox"/>	SONSHINE CHRISTIAN SCHOOLS		
<input type="checkbox"/> GOLD SEAL ACCREDITATION			<input type="checkbox"/>	SOUTHERN COLLEGES AND SCHOOLS		
<input type="checkbox"/> LIGHT THE WORLD CHRISTIAN			<input type="checkbox"/>	UNITED METHODIST PRESCHOOL		

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

<input type="checkbox"/> A-BEKA	<input type="checkbox"/>	FUNSHINE EXPRESS	<input type="checkbox"/>	OPENING WORLD OF LEARNING
<input type="checkbox"/> ACTIVE LEARNING	<input type="checkbox"/>	GALILEO	<input type="checkbox"/>	PINNACLE
<input type="checkbox"/> BANK STREET	<input type="checkbox"/>	HIGH REACH	<input type="checkbox"/>	READY SET LEAP
<input type="checkbox"/> BEYOND CENTERS CIRCLE TIME	<input type="checkbox"/>	HIGH SCOPE	<input type="checkbox"/>	REGGIO EMILIA APPROACH
<input type="checkbox"/> BEYOND CRIBS & RATTLES	<input type="checkbox"/>	HOUGHTON MIFFLIN PREK	<input type="checkbox"/>	SAXON EARLY LEARNING
<input type="checkbox"/> BREAKTHROUGH TO LITERACY	<input type="checkbox"/>	INVESTIGATOR CLUB	<input type="checkbox"/>	SCHOLASTIC EARLY CHILDHOOD
<input type="checkbox"/> CREATIVE CURRICULUM	<input type="checkbox"/>	LETS BEGIN WITH LETTER PEOPLE	<input type="checkbox"/>	SELF PUBLISHED
<input type="checkbox"/> CURIOSITY CORNER	<input type="checkbox"/>	LINKS TO LITERACY	<input type="checkbox"/>	SRA NUMBER WORLDS/ BUILDING BLOCKS
<input type="checkbox"/> DAILY	<input type="checkbox"/>	LITERACY EXPRESS	<input type="checkbox"/>	WEE LEARN
<input type="checkbox"/> DLM EARLY CHILDHOOD EXPRESS	<input type="checkbox"/>	LITTLE TREASURES	<input type="checkbox"/>	WALDORF
<input type="checkbox"/> DOORS TO DISCOVERY	<input type="checkbox"/>	MONTESSORI		
<input type="checkbox"/> EARLY LITERACY LEARNING MODEL	<input type="checkbox"/>	MOTHER GOOSE TIME		

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? _____

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

<input type="checkbox"/>	ACCOMMODATES ALLERGIES	<input type="checkbox"/>	GREEK SPOKEN	<input type="checkbox"/>	SPANISH SPOKEN		(LIST OTHERS BELOW)
<input type="checkbox"/>	CAT	<input type="checkbox"/>	GREEN CERTIFIED BUILDING	<input type="checkbox"/>	SPA ON SITE	<input type="checkbox"/>	
<input type="checkbox"/>	CHINESE SPOKEN	<input type="checkbox"/>	HEBREW SPOKEN	<input type="checkbox"/>	VIDEO MONITORING	<input type="checkbox"/>	
<input type="checkbox"/>	CREOLE/ HAITIAN SPOKEN	<input type="checkbox"/>	ITALIAN SPOKEN	<input type="checkbox"/>	VIETNAMESE SPOKEN	<input type="checkbox"/>	
<input type="checkbox"/>	DOG	<input type="checkbox"/>	NO TV	<input type="checkbox"/>	WEB CAM ON SITE	<input type="checkbox"/>	
<input type="checkbox"/>	ENGLISH SPOKEN	<input type="checkbox"/>	PETS	<input type="checkbox"/>	WHEELCHAIR ACCESSIBLE	<input type="checkbox"/>	
<input type="checkbox"/>	FENCED YARD	<input type="checkbox"/>	POOL ON SITE		(LIST OTHERS BELOW)	<input type="checkbox"/>	
<input type="checkbox"/>	FILIPINO SPOKEN	<input type="checkbox"/>	PORTUGUESE SPOKEN	<input type="checkbox"/>			
<input type="checkbox"/>	FINANCIAL ASSISTANCE	<input type="checkbox"/>	RUSSIAN SPOKEN	<input type="checkbox"/>			
<input type="checkbox"/>	FRENCH SPOKEN	<input type="checkbox"/>	SIGN LANGUAGE	<input type="checkbox"/>			
<input type="checkbox"/>	GERMAN SPOKEN	<input type="checkbox"/>	SMOKE FREE FACILITY	<input type="checkbox"/>			

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

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

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

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

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

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

<input type="checkbox"/>	CHILD CARE CENTER	<input type="checkbox"/>	NANNY/AU-PAIR	<input type="checkbox"/>	SICK CHILD CARE AGENCY
<input type="checkbox"/>	EARLY HEAD START	<input type="checkbox"/>	PLAYGROUP	<input type="checkbox"/>	SUMMER CAMP
<input type="checkbox"/>	FAMILY CHILD CARE HOME (FCCH)	<input type="checkbox"/>	PRIVATE SCHOOL	<input type="checkbox"/>	TEEN PARENT PROGRAM
<input type="checkbox"/>	HEAD START	<input type="checkbox"/>	PUBLIC SCHOOL	<input type="checkbox"/>	VPK SCHOOL YEAR PROGRAM
<input type="checkbox"/>	LARGE FCCH	<input type="checkbox"/>	QUALITY RATING SYSTEM	<input type="checkbox"/>	VPK SUMMER PROGRAM
<input type="checkbox"/>	MIGRANT HEAD START	<input type="checkbox"/>	SCHOOL AGE PROGRAM		
<input type="checkbox"/>	MILITARY (ON BASE PROGRAM)	<input type="checkbox"/>	SCHOOL READINESS PROGRAM		

8. 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)

Enter Rate by Age Group	Infant	1 year old	2 year old	3 year old	4 year old	5 year old	Elem School Age	Mid School Age
Check frequency for each option below								
FULL TIME Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually <input type="checkbox"/>								
FULL TIME VPK WRAP Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually <input type="checkbox"/>								
PART TIME Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually <input type="checkbox"/>								
PART TIME VPK WRAP Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually <input type="checkbox"/>								
SCHOOL AGE BEFORE SCHOOL Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> School-year <input type="checkbox"/>								
SCHOOL AGE AFTER SCHOOL Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> School-year <input type="checkbox"/>								
SCHOOL AGE – BOTH BEFORE & AFTER SCHOOL Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> School-year <input type="checkbox"/>								
SUMMER CAMP Weekly <input type="checkbox"/> Monthly <input type="checkbox"/>								

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): _____ <i>Sample: 2 months to 6 years</i>	To (maximum age): _____ Years			

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

<input type="checkbox"/>	24-HOUR CARE	<input type="checkbox"/>	EVENING CARE	<input type="checkbox"/>	PART TIME
<input type="checkbox"/>	AFTER SCHOOL	<input type="checkbox"/>	FOLLOW LOCAL SCHOOL SYSTEM WEATHER DAYS	<input type="checkbox"/>	RESPIRE CARE
<input type="checkbox"/>	BEFORE SCHOOL	<input type="checkbox"/>	FULL TIME	<input type="checkbox"/>	SCHOOL YEAR
<input type="checkbox"/>	DROP IN CARE	<input type="checkbox"/>	FULL YEAR	<input type="checkbox"/>	SUMMER ONLY
<input type="checkbox"/>	EMERGENCY/TEMP. CARE	<input type="checkbox"/>	OVERNIGHT	<input type="checkbox"/>	WEEKEND CARE

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

<input type="checkbox"/>	ART/CRAFTS	<input type="checkbox"/>	KINDERGARTEN CLASS	<input type="checkbox"/>	TRAINING/EXPERIENCE WITH CHILDREN WITH BEHAVIORAL CHALLENGES
<input type="checkbox"/>	COMPUTERS	<input type="checkbox"/>	MUSIC LESSONS	<input type="checkbox"/>	TRAINING/EXPERIENCE WITH CHILDREN WITH DEVELOPMENTAL DELAYS
<input type="checkbox"/>	DANCE LESSONS	<input type="checkbox"/>	ON-SITE SCREENINGS	<input type="checkbox"/>	TRAINING/EXPERIENCE WITH MAKING ENVIRONMENTAL ACCOMMODATIONS FOR CHILDREN WITH SPECIAL NEEDS
<input type="checkbox"/>	FAMILY VOLUNTEER HOURS 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"/>	THERAPEUTIC SERVICES	<input type="checkbox"/>	
<input type="checkbox"/>	HOMEWORK/TUTOR	<input type="checkbox"/>	TRAINING/EXPERIENCE WITH CHILDREN WITH AUTISM SPECTRUM DISORDER	<input type="checkbox"/>	

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

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

<i>Number</i>	<i>Training/ Education Type</i>	<i>Number</i>	<i>Training/ Education Type</i>
	40 HOUR INTRODUCTION TO CHILD CARE		FCCPC/ECPC/CCAC/CDAE
	AA/AS DEGREE IN EARLY CHILDHOOD		NATIONAL EARLY CHILDHOOD CERTIFICATE
	AA/AS DEGREE NON-CHILD RELATED		FIRST AID TRAINING WITHIN PAST 2 YEARS
	BA/BS DEGREE IN EARLY CHILDHOOD		HIGH SCHOOL EDUCATION/GED
	BA/BS DEGREE NON-CHILD RELATED		NO HIGH SCHOOL/GED
	CPR TRAINING WITHIN PAST 2 YEARS		MA DEGREE IN EARLY CHILDHOOD
	DIRECTOR CREDENTIAL FOUNDATIONAL		MA DEGREE NON-CHILD RELATED
	DIRECTOR CREDENTIAL ADVANCED		MEDICAL STAFF ONSITE
	VPK DIRECTOR CREDENTIAL		NAFCC FCCH OBSERVER TRAINED
	DOCTORATE		SPECIAL NEEDS TRAINING (DESCRIBE BELOW)
	EARLY LITERACY TRAINING		
	FCCH 30 HOUR TRAINING		

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

<input type="checkbox"/>	MEDICAID PROVIDER	<input type="checkbox"/>	NEGOTIATED RATE	<input type="checkbox"/>	SLIDING SCALE FEE
<input type="checkbox"/>	MILITARY AID	<input type="checkbox"/>	PARENT COOP	<input type="checkbox"/>	UNITED WAY
<input type="checkbox"/>	MULTI-CHILD DISCOUNT	<input type="checkbox"/>	PROVIDER SCHOLARSHIP		

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

<input type="checkbox"/>	Child care site is near public transportation	<input type="checkbox"/>	From child care site to child's home
<input type="checkbox"/>	By school bus or van	<input type="checkbox"/>	From child's home to child care site

<i>Transportation Provided From the Below Schools to the Child Care Site</i>	<i>Transportation Provided from the Child Care Site to the Below Schools</i>	<i>Child Care Site Within Walking Distance from the Below Schools</i>

Comments/Questions:

Thank you for your cooperation in gathering this important information. You should contact 4C 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 us at 407-532-4252.

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

Office Use Only:

EFS Updated

Date: _____

By: _____