

familycentral^{inc.}

Changing lives for a lifetimeSM

FLORIDA CHILD CARE RESOURCE & REFERRAL
PROVIDER UPDATE FORM 2011 - 2012

Name of Person filling out form:			
Date Form was completed:			
Family Child Care Home or Business Name (as it appears on License):			
Other Business Name:			
Address:			
City/State:		Zip Code:	
Mailing Address:		[] same as above	
Telephone Number:		Alternate/Emergency Telephone Number:	
E-mail:		Fax #	
License Number:	Director:	Fed. ID No./SSN:	
Expiration Date of License:			
Do you wish to have your program referred to families seeking child care listings from the Child Care Resource & Referral Office: (please circle one)		Yes	No
Local CCR & R return address:	Family Central, Inc. 840 SW 81 st Avenue North Lauderdale, FL 33068	Phone/Fax 954-724-3976	www.familycentral.org peluett@familycentral.org

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)

* denotes Gold Seal accreditations

† denotes religious exempt accreditations

Gold Seal Accreditation	Religious Exempt Accreditation for Child Care Facilities
Accred. Professional Preschool Lrng. Env.(APPLE)*	Assoc. Christian Schools International (ACSI)* †
Assoc. Christian Schools International (ACSI)* †	Assoc. Christian Teachers & Schools National (ACTS)†
Assoc. Christian Teachers & Schools (ACTS)*†	Assoc. Christian Teachers & Schools (ACTS)*†
Council on Accreditation (COA)	Christian Schools of Florida †
Montessori School Accred. Commission (MSAC)*	Church Avenue Academy†
National Accreditation Commission (NAC)*	Church of God Association of Christian Schools (CGAC)†
Natl. Assoc. for the Education of Young Children (NAEYC)*†	Early Childhood Christian Education Assoc. (ECCEA)†
National Family Child Care Association (NAFCC)	Florida Assoc. of Christian Schools & Colleges, Inc.†
National Council Private School Accreditation (NCPA)	FI Catholic Conference (FCC-FL)†
National Early Childhood Programs Accreditation (NECPA)	Florida Kindergarten Council (FKC)†
National School-age Care Alliance (NSACA)	Florida Coalition of Christian Private Schools Assoc. †
Southern Association of Colleges & Schools (SACS)*	FI League of Christian Schools(FLOCS)†
United Methodist Assoc. of Preschools (UMAP)	Green Apple Association of Christian School†
National Accred. Council for Early Childhood Prof. Prog.	Light of the World Christian School†
A COPY OF YOUR CERTIFICATE IS REQUIRED IN ORDER FOR ACCREDITATION TO BE LISTED. Effective date on Certificate: ____/____/____ Expiration date on Certificate: ____/____/____	Miracle Faith Center†
	Narrow Door Pentecostal †
	National Association for Christian Education†
	Natl. Assoc. for the Education of Young Children (NAEYC)*†
	National Lutheran School Accreditation (FL-GA district) †
	New Beginnings Christian Center Accreditation (NBCCA) †
	Nicene Schools International†
	Papa Goose Network of Christian Nursery's†
	Sonshine Association of Christian Schools†

2. AFFILIATION: () For Profit () Not For Profit

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

<input type="checkbox"/>	ABEKA	<input type="checkbox"/>	Developmentally Appropriate	<input type="checkbox"/>	Research Based
<input type="checkbox"/>	Beyond Center & Circle Time	<input type="checkbox"/>	High Reach	<input type="checkbox"/>	Waldorf
<input type="checkbox"/>	Beyond Cribs & Rattles	<input type="checkbox"/>	High Scope	<input type="checkbox"/>	Wee Learn
<input type="checkbox"/>	Character Based	<input type="checkbox"/>	Montessori	<input type="checkbox"/>	Other (list here)
<input type="checkbox"/>	Coalition Approved	<input type="checkbox"/>	Provider developed own curriculum	<input type="checkbox"/>	
<input type="checkbox"/>	Creative Curriculum	<input type="checkbox"/>	Religious	<input type="checkbox"/>	

4. VACANCY/ENROLLMENT/CAPACITY:

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

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

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. If you answered no to question number 6, would you be willing to serve these children in the future? () Yes () No

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

Description	Amount	How often is this fee charges? (Frequency) (see codes below)	Is this fee per child or family? (C/F)
Activity Fee	\$		
Annual Fee	\$		
Application Fee	\$		
Dance Lessons	\$		
Extra Curricular Activity	\$		
Field Trips	\$		
Gymnastics	\$		
Insurance	\$		
Holiday/ Care	\$		
Late Pick-up Fee	\$		
Late Payment Fee	\$		
Meals/Snacks	\$		
Membership in Organization	\$		
Monthly Tuition	\$		
Music Lessons	\$		
Overtime/Early Drop off	\$		
Return Check Fee	\$		
Registration	\$		
Summer Camp	\$		
Supplies/Materials	\$		
Swimming Lessons	\$		
Transportation Fee	\$		

_____ Other (list here):

Frequency Codes:

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

9. MEALS - What meals do your program provider? (Check all that apply)

Breakfast	Dinner	Parent Provides Formula
Morning Snack	Provides Formula	Bring Own Lunch/snacks
Lunch	Special Diet Requests	
Afternoon Snack	USDA Food Program	

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

Child Care Center	Playgroup	Head Start
Family Child Care Home (FCCH)	Summer Camp	VPK School Year Program
Large FCCH	School-age Program	VPK Summer Program
Nanny/Au-pair	Military (on base program)	

11a. TRANSPORTATION - Do you provide transportation? (Check all that apply)

From School to site	From Site to Home
To School from Site	To Site From Home
Near public transportation	In walking distance to school
By School Bus or Van	

11b. Please list Schools/Sites for which transportation is provided To/From:

To:	From:	Are in walking Distance:

12. 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 of year, **only complete the rate type for each age 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)	Elem School Age	Mid 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 _____ 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								
School Age - SUMMER Circle frequency: Weekly/Monthly/Annually								

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

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
What are your program hours of operation?				Open Time: (circle: AM or PM)	Close Time: (circle: AM or PM)	
If you provide child care during the weekend, what are your hours of operation?				Open Time:	Close Time:	
What are the ages you serve? (sample: 2 month to 6 years)				From (minimum age):	To (maximum age):	

14a. ENHANCED SCHEDULE - Does your program provide the following schedule? (Check all that apply)

24 Hour Care	Full Time	Respite Care
After School	Full Year	Rotating
Both Full & Part Time	VPK Wrap Care	Summer Only
Before School	Morning	School Year
Drop In Care	Overnight	Vacation/Holiday Care
Emergency / Temp. Care	Part Time	Weekend Care
Evening Care		

14b. If a hurricane is threatening, but does not actually hit your area, check which of the following will apply:

Open if Safe Weather	Follow Local School System Weather
----------------------	------------------------------------

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

Computers	Kindergarten Class	Positive Behavioral Support Program
Art/Craft	Music Lessons	Training/experience with children with Autism Spectrum disorder
Employment Interview Care	On-site Screenings	
Family Involvement	Outdoor Sports	Training/experience with children with Behavioral Challenges
Field Trips	Small Group Size	Training/experience with children with Developmental Delays
Gymnastics/Dance Lessons	Swim Lessons	Training/experience with children with making Environmental Accommodations for children with Special Needs
Health/Social Services	Therapeutic Services	Other (list here)
Homework/Tutor		

16a. Total number of staff that work directly with children in care: _____

16b. STAFFING - Enter below the **NUMBER** of staff that has any of the following qualifications/degrees/courses/credentials:

AA/AS Degree in Early Childhood	Director's Credential - Foundational	MA Degree in Early Childhood
AA/AS Degree Non-Child related	Director's Credential - Advanced	MA Degree No n-Child related
BA Degree Early Childhood	Doctorate	Medical Staff Onsite
BA Degree Non-Child Related	Early Literacy	NAFCC FCCH Observer Trained
CDA	FCCH 2 nd Helping	No High School/GED
CDA Equivalency	First Aid within 2 years	Registered Nurse - RN
Center Course - 40 hour	High School Education/GED	Special Needs Training (describe)
Certified Nurses Assistant - CAN	Licensed Practical Nurse - LPN	Provider/Staff has VPK Director Credential
CPR within 2 years		

17. SUBSTITUTION POLICY - What is your program substitution policy? (Check all that apply)

Friend	Substitute Pool	Other Substitute (list here):
Spouse	Relative	

Are you participating in any of the following quality initiatives?

Quality Counts (Quality Rating System - QRS)	C-QuELL	Other
--	---------	-------

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 954-724-3976.

