**EARLY LEARNING COALITION OF OSCEOLA COUNTY**
Subcontracted with Community Coordinated Care for Children, Inc. (4C)
Child Care Resource and Referral Network

# 2016-2017 Provider Update Form

Child care providers in Florida are asked to provide their local early learning coalition with updated information about their programs each year. The information collected on child care businesses helps with state and federal reporting, statewide child care analysis and captures statewide and local child care trends impacting communities. This information benefits your program, as well as families in their search for a child care provider. Thank you in advance for taking the time to provide your information.

☐ **OPT OUT - I do not wish to complete this form, and I understand that my program will not be referred to families by the coalition.**
***(School Readiness and VPK providers contracted with the coalition are <u>required</u> to complete this form.)***

_____ _____ _____
**Program Name (as it appears on license/registration)** **Signature** **Date**

***All fields on this page are <u>REQUIRED</u>, if applicable to your program.***

| | | | | | | |
|---|---|---|---|---|---|---|
| **Name of Person Filling Out Form:** | | | | | | |
| **Date Form Completed:** | | | | | | |
| **Do you wish to have your program referred to families seeking child care listings from the coalition?** | ☐ **YES** ☐ **NO** | | | | | |
| **Business Name:** *(as on License/Registration or name registered with DCF)* | | | | | | |
| **Doing-Business-As Name:** | | | | | | |
| **Owner Name:** | | | | | | |
| **Director Name:** | | | | | | |
| **Location Address:** | | **City:** | | **County:** | | **Zip Code:** |
| **Mailing Address:** | | **City:** | | **County:** | | **Zip Code:** |
| **Phone:** | | **Alternate Phone:** | | | | |
| **Email:** | | **Fax:** | | | | |
| **Provider Type** *(check one)*: | ☐ **Center** | ☐ **Family Child Care Home (FCCH)** | ☐ **Large FCCH** | ☐ **School-age Only** | ☐ **Private School** | ☐ **Public School** |
| **Family Child Care Home Only:** | ***Do you want your house number and street name to appear on referral lists to families?*** ☐ **Yes** ☐ **No** | | | | | |
| **Legal Status** *(check one)*: | ☐ **Licensed** | ☐ **Registered** | ☐ **Exempt** | | | |
| **Faith Based:** | ☐ **Yes** ☐ **No** | | | | | |
| **Exemption Type** *(check one)*: | ☐ **Religious Exempt** | ☐ **Camp** | ☐ **Non Public School** | ☐ **Public School** | ☐ **School Age** | |
| **DCF/Local Licensing ID:** | | **Licensing Expiration Date:** | | | | |
| **Registration ID:** | | **Master School ID (MSID):** *(Public and Private Schools only)* | | **Federal ID No:** | | |

EARLY LEARNING COALITION OF OSCEOLA COUNTY
Child Care Resource and Referral Network
Provider Update Form

**1. ACCREDITATION -** Are you accredited by an accrediting agency? *(Check all that apply)* **A copy of your certificate is required for accreditation to be listed. *REQUIRED**

| | Accrediting Agency | Effective Date | End Date |
|---|---|---|---|
| ☐ | NOT ACCREDITED | | |
| ☐ | ASSOCIATION OF CHRISTIAN SCHOOLS INTERNATIONAL | | |
| ☐ | ASSOCIATION OF CHRISTIAN TEACHERS AND SCHOOLS | | |
| ☐ | ACCREDITED PROFESSIONAL PRESCHOOL LEARNING ENVIRONMENT | | |
| ☐ | COUNCIL OF ACCREDITATION | | |
| ☐ | FLORIDA COALITION OF CHRISTIAN PRIVATE SCHOOL ACCREDITATION | | |
| ☐ | FLORIDA LEAGUE OF CHRISTIAN SCHOOLS | | |
| ☐ | GOLD SEAL QUALITY CARE ACCREDITATION | | |
| ☐ | GREEN APPLE ASSOCIATION OF CHRISTIAN SCHOOLS | | |
| ☐ | NATIONAL ACCREDITATION COMMISSION FOR EARLY CARE AND EDUCATION PROGRAMS | | |
| ☐ | NATIONAL ASSOCIATION FOR THE EDUCATION OF YOUNG CHILDREN | | |
| ☐ | NATIONAL ASSOCIATION FOR FAMILY CHILD CARE | | |
| ☐ | NATIONAL COUNCIL FOR PRIVATE SCHOOL ACCREDITATION | | |
| ☐ | NATIONAL EARLY CHILDHOOD PROGRAM ACCREDITATION | | |
| ☐ | SOUTHERN ASSOCIATION OF COLLEGES AND SCHOOLS | | |
| ☐ | UNITED METHODIST ASSOCIATION OF PRESCHOOLS | | |
| ☐ | **OTHER (List Below)** | | |
| ☐ | | | |

**2. AFFILIATION –** Are you a not for profit organization? ☐ **Yes** ☐ **No**

**3. CURRICULUM -** Which of the following curricula does your program use? *(Check all that apply)* ***REQUIRED for School Readiness providers***

| | | | | | |
|---|---|---|---|---|---|
| ☐ | BABY DOLL CIRCLE TIME | ☐ | INVESTIGATOR CLUB | ☐ | SCHOLASTIC BIG DAY |
| ☐ | BEYOND CENTERS & CIRCLE TIME | ☐ | JOURNEY | ☐ | SPLASH INTO PRE-K |
| ☐ | BEYOND CRIBS & RATTLES | ☐ | KIDDIE ACADEMY LIFE ESSENTIALS | ☐ | STARFALL PRE-K |
| ☐ | CREATIVE CURRICULUM | ☐ | KIDS R KIDS | ☐ | TOOLS OF THE MIND |
| ☐ | DLM CHILDHOOD EXPRESS | ☐ | KNOWLEDGE UNIVERSE | ☐ | WE CAN |
| ☐ | EARLY LITERACY & LEARNING MODEL PLUS | ☐ | LEARN EVERY DAY | ☐ | WEE LEARN |
| ☐ | EDU 1ST VESS CURRICULUM | ☐ | LEARN FROM THE START | ☐ | WORLD AT THEIR FINGERTIPS |
| ☐ | FLEX GODDARD PRE-K | ☐ | LEAP | ☐ | **OTHER (List Below)** |
| ☐ | FROG STREET | ☐ | LIFESMART | ☐ | |
| ☐ | GALILEO PRE-K | ☐ | LITERACY EXPRESS | ☐ | |
| ☐ | GEE WHIZ | ☐ | LITTLE TREASURES | ☐ | |
| ☐ | GET SET FOR SCHOOL | ☐ | O2B KIDS | ☐ | |
| ☐ | HIGH SCOPE | ☐ | OPENING THE WORLD OF LEARNING | ☐ | |

**4. ENROLLMENT** – Provide information regarding ratios, group sizes and capacity. Please enter **N/A** for any fields that are not applicable to your program. ***REQUIRED***

| CARE LEVEL | LICENSED RATIO | ACTUAL RATIO (the ratio you choose for your program if different from licensing ratio) | GROUP SIZE (Number of children in each classroom) | LICENSED CAPACITY (Number of children you are licensed to care for) | ACTUAL CAPACITY (Most number of children you choose to care for) |
|---|---|---|---|---|---|
| **INFANT** (Less than 12 months) | | | | | |
| **TODDLER** (12 months to less than 24 months) | | | | | |
| **2 YEAR OLD** (24 months to less than 36 months) | | | | | |
| **3 YEAR OLD** (36 months to less than 48 months) | | | | | |
| **4 YEAR OLD** (48 months to less than 60 months) | | | | | |
| **5 YEAR OLD** (60 months to less than 72 months) | | | | | |
| **ELEMENTARY SCHOOL AGE** | | | | | |
| **MIDDLE SCHOOL AGE** | | | | | |
| **TOTAL ALL AGES** | | | | | |

**5. ENVIRONMENT -** Describe your program's setting and any languages spoken by program staff. *(Check all that apply)* ***REQUIRED***

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| ☐ | CHINESE | ☐ | SMOKE FREE | ☐ | WEBCAM ON SITE | | **OTHER (List Below)** |
| ☐ | CREOLE | ☐ | NO TV | | **OTHER (LIST BELOW)** | ☐ | |
| ☐ | ENGLISH | ☐ | PETS | ☐ | | ☐ | |
| ☐ | FRENCH | ☐ | POOL ON SITE | ☐ | | ☐ | |
| ☐ | FILIPINO | ☐ | PORTUGUESE | ☐ | | ☐ | |
| ☐ | FINANCIAL ASSISTANCE | ☐ | RUSSIAN | ☐ | | ☐ | |
| ☐ | FENCED YARD | ☐ | SPANISH | ☐ | | ☐ | |
| ☐ | GERMAN | ☐ | SEPARATE PLAY AREA (FCCH) | ☐ | | ☐ | |
| ☐ | GREEK | ☐ | SIGN LANGUAGE | ☐ | | ☐ | |
| ☐ | GREEN CERTIFIED | ☐ | SPA | ☐ | | ☐ | |
| ☐ | HEBREW | ☐ | VIETNAMESE | ☐ | | ☐ | |
| ☐ | ITALIAN | ☐ | VIDEO MONITORING | ☐ | | ☐ | |
| ☐ | LIMITED TV VIEWED | ☐ | WHEELCHAIR ACCESSIBLE | ☐ | | ☐ | |

**6. ADDITIONAL FEES -** Please list all additional fees your program charges.

| Description | Amount | Frequency | Fee Per Child or Family (C/F) |
|---|---|---|---|
| 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;*

**7. MEALS –** Describe any meals your program provides. *(Check all that apply)* ***REQUIRED***

| | | | | | |
|---|---|---|---|---|---|
| ☐ | BREAKFAST | ☐ | USDA FOOD PROGRAM | ☐ | GLUTEN FREE |
| ☐ | MORNING SNACK | ☐ | AFTERNOON MEAL PROGRAM | ☐ | PEANUT-FREE ENVIRONMENT |
| ☐ | LUNCH | ☐ | NO MEALS PROVIDED | ☐ | SPECIAL DIET REQUEST |
| ☐ | AFTERNOON SNACK | ☐ | PROVIDES FORMULA | ☐ | VEGETARIAN |
| ☐ | DINNER | ☐ | PARENT SUPPLIES FORMULA | | |

**8. PROGRAM PARTICIPATION** – Describe your program/facility. (Check all that apply)

| | | | | | |
|---|---|---|---|---|---|
| ☐ | AFTER SCHOOL | ☐ | MILITARY | ☐ | SICK CHILD CARE |
| ☐ | CHILD CARE CENTER | ☐ | PLAYGROUP | ☐ | SUMMER CAMP |
| ☐ | EARLY HEAD START | ☐ | PRIVATE SCHOOL | ☐ | TEEN PARENT |
| ☐ | FCCH | ☐ | PUBLIC SCHOOL | ☐ | VPK SCHOOL YEAR |
| ☐ | HEAD START | ☐ | QUALITY RATING SYSTEM | ☐ | VPK SUMMER |
| ☐ | LARGE FCCH | ☐ | SCHOOL AGE PROGRAM | | |
| ☐ | MIGRANT HEAD START | ☐ | SCHOOL READINESS PROVIDER | | |
| **ENHANCEMENTS** | | | | | |
| ☐ | SCHOOL BUS | ☐ | NEAR PUBLIC TRANSPORTATION | ☐ | TRANSPORTATION PROVIDED FROM SCHOOL |
| ☐ | TRANSPORTATION PROVIDED FROM CHILD HOME | ☐ | TRANSPORTATION PROVIDED TO CHILD HOME | ☐ | WITHIN WALKING DISTANCE TO SCHOOL |

**9. RATES**: Enter the advertised rates (private pay rates) your program charges in the table below. 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).* ***REQUIRED***

| *Enter Rate by Age Group.*<br>*Check frequency for each option below.* | Infant | 1 year old | 2 year old | 3 year old | 4 year old | 5 year old | Elem School Age | Mid School Age |
|---|---|---|---|---|---|---|---|---|
| **FULL TIME**<br>Weekly ☐ Monthly ☐ Annually ☐ | | | | | | | | |
| **FULL TIME VPK WRAP**<br>Weekly ☐ Monthly ☐ Annually ☐ | | | | | | | | |
| **PART TIME**<br>Weekly ☐ Monthly ☐ Annually ☐ | | | | | | | | |
| **PART TIME VPK WRAP**<br>Weekly ☐ Monthly ☐ Annually ☐ | | | | | | | | |
| **SCHOOL AGE BEFORE SCHOOL**<br>Weekly ☐ Monthly ☐ Annually ☐ | | | | | | | | |
| **SCHOOL AGE AFTER SCHOOL**<br>Weekly ☐ Monthly ☐ Annually ☐ | | | | | | | | |
| **SCHOOL AGE – BOTH BEFORE & AFTER SCHOOL**<br>Weekly ☐ Monthly ☐ Annually ☐ | | | | | | | | |
| **SUMMER CAMP**<br>Weekly ☐ Monthly ☐ Annually ☐ | | | | | | | | |

**10. SCHEDULE -** What days of the week does your program operate? Describe your program schedule. *(Check all that apply)* ***REQUIRED***

***Sunday*** ☐ ***Monday*** ☐ ***Tuesday*** ☐ ***Wednesday*** ☐ ***Thursday*** ☐ ***Friday*** ☐ ***Saturday*** ☐

**Hours of Operation:** **Open:** _____ ☐ **AM** ☐ **PM** **Close:** _____ ☐ **AM** ☐ **PM**

**Ages of Children Served:** **Minimum:** _____ **(Months/Years)** **Maximum:** _____ **(Months/Years)**

| | | | | | |
|---|---|---|---|---|---|
| ☐ | 24-HOUR CARE | ☐ | FULL TIME | ☐ | SCHOOL SYST WEATHER DAYS |
| ☐ | AFTER SCHOOL | ☐ | FULL YEAR | ☐ | SCHOOL YEAR |
| ☐ | BEFORE SCHOOL | ☐ | OVERNIGHT | ☐ | SWING SHIFT |
| ☐ | DROP IN CARE | ☐ | PART TIME | ☐ | WEEKEND |
| ☐ | EMERGENCY/TEMPORARY CARE | ☐ | RESPITE CARE | | |
| ☐ | EVENING CARE | ☐ | SUMMER ONLY | | |

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

| | | | | | |
|---|---|---|---|---|---|
| ☐ | ART/CRAFTS | ☐ | MUSIC LESSONS | ☐ | ENVIRON ACCOMMODATIONS |
| ☐ | COMPUTERS | ☐ | KINDERGARTEN CLASS | ☐ | TRAINING/EXP DEV DELAY |
| ☐ | DANCE | ☐ | ON-SITE SCREENINGS | ☐ | THERAPEUTIC SERVICES |
| ☐ | FAMILY INVOLVEMENT | ☐ | OUTDOOR SPORTS | | **OTHER (List Below)** |
| ☐ | FIELD TRIPS | ☐ | SWIM LESSONS | ☐ | |
| ☐ | GYMNASTICS | ☐ | TRAINING/EXP AUTISM | ☐ | |
| ☐ | HOMEWORK/TUTOR | ☐ | TRAINING/EXP BEHAV CHAL | ☐ | |

**12. STAFFING –** Describe the staff at your facility.

| Total number of staff that work directly with children in care : | | | |
|---|---|---|---|
| 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.

| | | | | | |
|---|---|---|---|---|---|
| ☐ | EMPLOYER SPONSORED | ☐ | NEGOTIATED RATE | ☐ | **OTHER (List Below)** |
| ☐ | MEDICAID PROVIDER | ☐ | PROVIDER SCHOLARSHIP | ☐ | |
| ☐ | MILITARY AID | ☐ | SLIDING SCALE FEE | ☐ | |
| ☐ | MULTI CHILD DISCOUNT | | | ☐ | |

**14. SUBSTITUTE POLICY –** Who provides substitute care when needed?

| | | | | | |
|---|---|---|---|---|---|
| ☐ | FRIEND | ☐ | SPOUSE | ☐ | **OTHER (List Below)** |
| ☐ | RELATIVE | ☐ | SUBSTITUTE PROVIDER | ☐ | |
| ☐ | SUBSTITUTE POOL | | | ☐ | |

**15. TRANSPORTATION** - Does your program provide transportation or are you located near transportation? *(Check all that apply)* ***REQUIRED***

| Transportation provided from the schools listed below to the child care site | Transportation provided from the child care site to the schools listed below | Child care site within walking distance from the schools listed below |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |

**16. NARRATIVE -** What else would you like our families to know about your program?

| |
|---|
| |

| **COMMENTS/QUESTIONS** |
|---|
| |

Thank you for your cooperation in gathering this important information. You should contact the Early Learning Coalition of Pasco & Hernando 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 (352)754-5068 attn: Debbie Pecora.

***--- Please attach a copy of current license/registration/exemption and submit with this form. Please also attach a copy of your accreditation certificate if applicable.---***

Mail or forms to:
Community Coordinated Care for Children, Inc.
2220 E Irlo Bronson Memorial Highway, Unit 7
Kissimmee, FL 34744
OR
Fax to 321-219-6017

**Office Use Only:**

☐ EFS Updated Date: _____ By: _____