

Provider Name _____

Date _____

**The Child Care Resource and Referral (CCR&R)
Annual Provider Update (APU)
Fiscal Year (FY) 2012- 2013**

CCR&R is a program that assists parents in locating care for their children. It is a free marketing tool for your business. If you make changes to your program go to our website www.elcpinellas.net, click on Forms look for the heading: CCR&R and select the update that applies to you.

The completed APU will be submitted electronically. Prior to submitting the APU you will have the opportunity to print a copy for your records.

If you discover an error after submitting the APU, please contact Sharon Dennany at (727) 548-1439 ext. 223.

INSTRUCTIONS FOR COMPLETING THE APU

1. DEMOGRAPHICS

Provider Type/Legal Type/Exemption Type - Mark a box indicating the type of setting which describes the provider or school. Check all that apply.

Corporate Name of Provider, Home or School - If incorporated, enter the legal name of your business and EIN. If you are not incorporated, indicate your legal name and social security number.

Business Name of Provider or School - ("fictitious name," "trade name," or "DBA" for doing business as) - Enter provider's business name if it is different from your legal name.

Address of Program Site (number and street) - Enter the physical street address, city, and five-digit postal ZIP Code (ZIP+4 if available). Also enter the mailing address if different than the physical address.

Daytime telephone, fax, email - Enter your landline telephone number and your email address. You must maintain a working email account and check your email frequently for information from the Coalition.

Employer Identification Number - Enter the EIN or SSN of the Provider.

PRIVACY ACT STATEMENT

Your employer identification number or social security number is requested in accordance with § 119.07(5)(a)(2) and 119-092, F.S. for use in the records and data systems of the Early Learning Coalitions. Submission of your EIN or SSN on this form is mandatory.

Child Care License Number - If the provider or school is licensed by Child Care Licensing of Pinellas County, enter the license number. Faith-based providers that claim an exemption from licensure are required to register with DCF and are assigned a number beginning with an "X". Faith-based providers, enter your DCF identification number.

Master School ID (MSID) (Public Schools Only) - Enter your school ID number.

Expiration Date - Enter the expiration date of your Child Care License.

Name of Director/Operator/Principal - Enter the full name of the center's or school's director/operator/principal.

Owner Information - If you are a private provider that is owned by another business, enter a contact name for the owner, the legal name of the owner's business, and a day time telephone number for the owner contact. If you are a public school or large corporate entity, enter the name and day time telephone number of the staff who is coordinating your program.

2. REFERRAL - Check "Yes" if you would like your address to appear on the referral list.

Check "No" if you would **NOT** like your address to appear on the referral list.

3. ACCREDITATION

Does the provider hold a current Gold Seal Quality Care designation? - Mark whether the provider holds a current Gold Seal Quality Care designation issued by the Florida Department of Children and Family Services (DCF). If the provider is Gold Seal accredited, list the name of the accrediting agency and enter the effective and expiration date. The provider must submit a copy of the official State of Florida Gold Seal certificate issued by the Department of Children and Family Services with this application.

4. CURRICULUM - Providers are required to use a Developmentally Appropriate Curriculum that aligns with the Florida Performance Standards. If the curriculum is self-developed, Attachments A and B must be completed and submitted to the Coalition.

5. CAPACITY/VACANCY - Enter the total number of children that you are licensed to care for at a given time, the actual number of children you chose to care for and your total current vacancy.

6. ENVIRONMENT - Indicate all program settings that apply.

7. ADDITIONAL FEES - Complete if you charge fees in addition to the daily care rate.

8. MEALS - Indicate all the snacks and meals you provide.

9a. PROGRAM PARTICIPATION - Indicate the type of program/facility you have.

9b. PROGRAM ENHANCEMENTS- Check all that apply.

10. RATES - List your private pay rates for each age group that you care for.

11a. SCHEDULE - Indicate the days the provider is open and serving children, the program's opening and closing times and the ages of children that your program serves.

11b. ENHANCED SCHEDULE - Select all options that apply to your program.

12. ENHANCED SERVICES - A provider may offer additional services. Select all options that apply to your program.

13a. STAFFING - Enter the total number of staff that work with the children.

13b. STAFF TRAINING/EDUCATION - List the number of staff by their highest level of education. *Example: If you have a total of 3 teachers, and one has a HS diploma and the other two have a BS in early childhood, you would put a 1 next to HS, and 2 next to BS in early childhood.*

14. SUBSIDIES - Indicate any financial assistance that **you** offer to families.

15. SUBSTITUTE POLICY - Providers must have a designated substitute who is available to ensure proper staff coverage and child/staff ratios.

16. TRANSPORTATION - Select all options that apply to your program. List schools and/or child care sites that your program provides transportation to/from.

SCHOOL READINESS PROVIDER APPLICATION

1. DEMOGRAPHICS

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 or Charter School				
Legal Status (check one)							
<input type="checkbox"/>	Licensed	<input type="checkbox"/>	Exempt				
Exemption Type (check one)							
<input type="checkbox"/>	<i>Religious Exempt</i>	<input type="checkbox"/>	<i>School Age</i>	<input type="checkbox"/>	<i>Non Public School</i>	<input type="checkbox"/>	<i>Public School</i>

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 Child Care Resource & Referral: <div style="text-align: center;"> <input type="checkbox"/> YES <input type="checkbox"/> NO </div>
Corporate Name of Provider, Center, or School (legal name)	
Business Name of Provider or School (doing business as)	
Physical Address:	
City:	State: Zip Code:
Mailing Address: <input type="checkbox"/> same as above	
Telephone Number with Area Code:	Alternate Number with Area Code:
E-mail:	EIN or SSN:
Fax Number with Area Code:	Child Care License Number:
	Master School ID (MSID): (Public School Only)
	Expiration Date:
Director / Operator / Principal:	
Ownership Information (<i>if different from above</i>):	
Owner Contact Information:	
Address:	

City:		State:		Zip Code:	
Telephone:		Fax:		Email:	

2. REFERRAL - Do you want your full address to appear on referral lists to families?

YES NO

3. ACCREDITATION - Are you accredited by any organization? (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"/> Accreditation Professional Preschool Learning Environment (APPLE)			<input type="checkbox"/> Miracle Faith Center		
<input type="checkbox"/> Assoc. Christian Schools International (ACSI)			<input type="checkbox"/> Montessori School Accreditation Commission (MSAC)		
<input type="checkbox"/> Assoc. Christian Teachers & Schools (ACTS)			<input type="checkbox"/> Narrow Door Pentecostal		
<input type="checkbox"/> Association Christian Teachers & Schools (National)			<input type="checkbox"/> National Accreditation Commission (NAC)		
<input type="checkbox"/> Assoc. Independent Preschools			<input type="checkbox"/> National Accreditation Council for Early Childhood Professional Personnel and Programs		
<input type="checkbox"/> Christian Schools of Florida			<input type="checkbox"/> National Association for Christian Education		
<input type="checkbox"/> Church Avenue Academy			<input type="checkbox"/> National Early Childhood Program Accreditation (NECPA)		
<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"/> Council on Accreditation (COA)			<input type="checkbox"/> National Association for Family Child Care (NAFCC)		
<input type="checkbox"/> Early Childhood Christian Education Association			<input type="checkbox"/> National Council for Private School Accreditation (NCPSA)		
<input type="checkbox"/> Florida Assoc. of Christian Schools & Colleges, Inc.			<input type="checkbox"/> National Lutheran School Accreditation (FL-GA district)		
<input type="checkbox"/> Florida Catholic Conference			<input type="checkbox"/> National School-age Care Alliance (NSACA)		
<input type="checkbox"/> Florida Coalition of Christian Private Schools Association			<input type="checkbox"/> New Beginnings Christian Center Accreditation (NBCCA)		
<input type="checkbox"/> Florida Kindergarten Council			<input type="checkbox"/> Nicene Schools International		
<input type="checkbox"/> Florida League of Christian Schools			<input type="checkbox"/> Papa Goose Network of Christian Nursery's		
<input type="checkbox"/> Green Apple Association of Christian Schools			<input type="checkbox"/> Sonshine Association of Christian Schools		
<input type="checkbox"/> Gold Seal Accreditation			<input type="checkbox"/> Southern Association of Colleges & Schools (SACS)		
<input type="checkbox"/> Light of the World Christian School			<input type="checkbox"/> United Methodist Assoc. of Preschools (UMAP)		
<input type="checkbox"/>			<input type="checkbox"/>		

4. CURRICULUM - Which of the following curricula does your program use?

(Check all that apply)

<input type="checkbox"/>	A-BEKA				
<input type="checkbox"/>	Beyond Centers and Circle Time	<input type="checkbox"/>	High Scope Infant Toddler	<input type="checkbox"/>	Read Together, Talk Together
<input type="checkbox"/>	Beyond Cribs and Rattles	<input type="checkbox"/>	Houghton Mifflin Pre-K	<input type="checkbox"/>	Ready, Set, Leap!
<input type="checkbox"/>	Creative Curriculum 4th Edition	<input type="checkbox"/>	Investigator Club Pre-Kindergarten Learning System	<input type="checkbox"/>	Saxon Early Learning
<input type="checkbox"/>	Creative Curriculum for Infants, Toddlers & Twos, 2nd edition	<input type="checkbox"/>	Kaplan Planning Guide to the Preschool Curriculum	<input type="checkbox"/>	Scholastic Early Childhood Program
<input type="checkbox"/>	Curiosity Corner	<input type="checkbox"/>	Let's Begin with Letter People	<input type="checkbox"/>	We Can!
<input type="checkbox"/>	DLM Early Childhood Program	<input type="checkbox"/>	Links to Literacy	<input type="checkbox"/>	Wee Learn
<input type="checkbox"/>	Doors to Discovery	<input type="checkbox"/>	Literacy Express	<input type="checkbox"/>	Wright Skills/Growing with Mathematics
<input type="checkbox"/>	Early Literacy and Learning Model/Plus	<input type="checkbox"/>	Little Treasures	<input type="checkbox"/>	_____
<input type="checkbox"/>	High Reach Learning for Pre-K	<input type="checkbox"/>	Montessori		
<input type="checkbox"/>	High Scope	<input type="checkbox"/>	Opening the World of Learning		

5. CAPACITY/VACANCY:

What is your current total 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)* _____

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

<input type="checkbox"/>	Allergies Accommodated	<input type="checkbox"/>	No TV	<input type="checkbox"/>	Spanish Spoken
<input type="checkbox"/>	Cat	<input type="checkbox"/>	Other Pets	<input type="checkbox"/>	Spa On Site
<input type="checkbox"/>	Dog	<input type="checkbox"/>	Pool on Site	<input type="checkbox"/>	Video Monitoring
<input type="checkbox"/>	English Spoken	<input type="checkbox"/>	Limited Spanish	<input type="checkbox"/>	Web Cam On Site
<input type="checkbox"/>	Fenced Yard	<input type="checkbox"/>	Sign Language	<input type="checkbox"/>	Wheelchair Accessible
<input type="checkbox"/>	Limited English	<input type="checkbox"/>	Smoke Free Facility	<input type="checkbox"/>	Pool on Site
<input type="checkbox"/>	Green Certified Building	<input type="checkbox"/>	Other-List below	<input type="checkbox"/>	Other Languages-List Below

7. 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 per 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 Codes: One Time; Per Minute; Every 5 minutes; Every 10 minutes; Every 15 minutes, Half Hour; Hourly; Daily, Weekly, Monthly; Yearly

8. 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

9a. 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"/>	
<input type="checkbox"/>	Military (On Base Program)	<input type="checkbox"/>	School Readiness Program	<input type="checkbox"/>	

9b. PROGRAM ENHANCEMENTS- Are you or is your school located near transportation? Do you or does your school provide transportation? (Check all that apply)

<input type="checkbox"/>	Child care site is near public transportation	<input type="checkbox"/>	Walking distance to school (s). List school (s) below
<input type="checkbox"/>	By school bus or van		
<input type="checkbox"/>	From child care site to child's home		
<input type="checkbox"/>	From child's home to child care site		

10. RATES - In the table below, enter the advertised rates (private pay rates) your program charges. Only complete the rate type for each age group that you offer.

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	5 Year Old	Elem School Age	Middle School Age
FULL TIME <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually								
FULL TIME-VPK WRAP <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually	Do not complete this section.						Do not complete this section.	
PART TIME <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually								
PART TIME-VPK WRAP <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually	Do not complete this section.						Do not complete this section.	
SCHOOL AGE-BEFORE SCHOOL <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually	Do not complete this section.							
SCHOOL AGE-AFTER SCHOOL <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually	Do not complete this section.							
SCHOOL AGE-BOTH BEFORE & AFTER SCHOOL <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually	Do not complete this section.							
SUMMER <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually								

11a. SCHEDULE - What days of the week does your program operate? (Check all that apply)

Indicate hours of operation	Open: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM	Close: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM
Indicate ages served	From (minimum age): _____ To (maximum age): _____ Sample: 2 months to 6 years	
<input type="checkbox"/> 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		

11b. 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"/>	Respite 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

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

<input type="checkbox"/>	Arts/Crafts	<input type="checkbox"/>	Field Trips	<input type="checkbox"/>	On-site Screenings • Vision • Hearing • Developmental	<input type="checkbox"/>	Training/Experience-Children with autism spectrum disorder
<input type="checkbox"/>	Computers	<input type="checkbox"/>	Gymnastics	<input type="checkbox"/>	Outdoor Sports	<input type="checkbox"/>	Training/Experience-Children with behavioral challenges
<input type="checkbox"/>	Dance Lessons	<input type="checkbox"/>	Homework/Tutor	<input type="checkbox"/>	P.I.E.C.E. (Program for Inclusive Early Care and Education) Participation	<input type="checkbox"/>	Training/Experience-Children with developmental delays
<input type="checkbox"/>	Family Volunteer Hours Required	<input type="checkbox"/>	Kindergarten Class	<input type="checkbox"/>	Swim Lessons	<input type="checkbox"/>	Training/Experience-Making environmental accommodations for children with special needs
<input type="checkbox"/>	Family Involvement	<input type="checkbox"/>	Music Lessons	<input type="checkbox"/>	Therapeutic Services	<input type="checkbox"/>	

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

13b. STAFFING TRAINING/EDUCATION- Enter below the number of staff that work directly with children in care that have any of the following qualifications/degrees/courses/credentials/training: Please indicate only the highest level of education the staff has.

Number of staff	Provider/Staff has the following Training/Education	Number of staff	Provider/Staff has the following Training/Education
	NO High School/GED		BA/BS Degree in early childhood
	High School Education/GED		MA Degree non-child related
	Completed 30 clock hour training		MA Degree in early childhood
	40 hour Introduction to Child Care		Doctorate
	Early Literacy training		Director Credential-Foundational
	NAFCC FCCH Observer Trained		Director Credential- Advanced
	FCCH completed 2 nd Helping course		VPK Director Endorsement
	Staff Credential- FCCP/ECFC/CCAC/CDAE		CPR training within past 2 years
	AA/AS Degree non-child related		First Aid training within past 2 years
	AA/AS Degree in early childhood		Medical Staff On-Site
	BA/BS Degree non-child related		Special Needs Training (describe)

14. 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	<input type="checkbox"/>	

15. SUBSTITUTION POLICY - What is your program's substitution policy*?
(Check all that apply)

<input type="checkbox"/>	Friend	<input type="checkbox"/>	Substitute Pool
<input type="checkbox"/>	Spouse	<input type="checkbox"/>	Relative
<input type="checkbox"/>	Other Substitute <i>(list here)</i> :		

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

Transport from home <input type="checkbox"/> YES <input type="checkbox"/> NO	Transport to home <input type="checkbox"/> YES <input type="checkbox"/> NO
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Transportation provided from the schools below to the Child Care Site	Transportation provided from the Child Care Site to the schools below	Child Care Site within walking distance from the schools below