

**Early Learning Coalition of Flagler & Volusia  
2013-14 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

<b>Name of Person filling out form:</b>	<b>Do you wish to have your program referred to families seeking child care listings from the ELC:</b>		<b>Coalition/Agency Name:</b>			
<b>Date form was completed:</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<b>Early Learning Coalition of Flagler &amp; Volusia</b>			
			<b>Address: <u>135 Executive Circle, Suite 100</u></b>			
			<b>City: <u>Daytona Beach, Florida</u> Zip: <u>32114</u></b>			
			<b>Phone: <u>386-323-2400</u> Fax: <u>386-323-2426</u></b>			
			<b>Coalition Website: <u>http://www.elcfv.org/</u></b>			
<b>Name of Facility:</b> (as indicated on License or Exemption)						
<b>Doing-Business-As Name:</b> (as indicated on w-9)						
<b>Provider Type (check one):</b>	<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
<b>Legal Status (check one):</b>	<input type="checkbox"/> Licensed		<input type="checkbox"/> Registered		<input type="checkbox"/> Exempt	
<b>Exemption Type (check one):</b>	<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	
<b>Affiliation – Not For Profit</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>Faith Based Center</b>		<input type="checkbox"/> Yes	<input type="checkbox"/> No

<b>DCF/Local Licensing ID:</b>	<b>Expiration Date:</b>	<b>Master School ID (MSID):</b> (Public and Private Schools only)	
<b>Owner Name:</b>		<b>Director Name:</b>	
<b>Facility Address:</b>			<b>Nearest Cross Street of Facility:</b>
<b>City:</b>	<b>County:</b>	<b>Zip Code:</b>	
<b>Telephone:</b>	<b>Alternate Telephone:</b>	<b>Fax:</b>	<b>Email:</b>
<b>Mailing Address:</b> <input type="checkbox"/> Check if same as above			
<b>City:</b>	<b>County:</b>	<b>Zip Code:</b>	

**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 – Is your program accredited by an accrediting agency? (Check all that apply) A COPY OF THE CERTIFICATE IS REQUIRED IN ORDER FOR ACCREDITATION TO BE LISTED.**

Accrediting Agency		Effective Date	Exp. Date		Accrediting Agency	Effective Date	Exp. 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"/>	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"/>	ALL ABOUT PRESCHOOLERS	<input type="checkbox"/>	HOUGHTON MIFFLIN	<input type="checkbox"/>	REGGIO EMILIA APPROACH
<input type="checkbox"/>	BANK STREET	<input type="checkbox"/>	HIGH REACH	<input type="checkbox"/>	READY SET LEAP
<input type="checkbox"/>	BEYOND CNTRS CIRCLE TIME	<input type="checkbox"/>	HIGH SCOPE	<input type="checkbox"/>	SAXON EARLY LEARNING
<input type="checkbox"/>	BEYOND CRIBS & RATTLES	<input type="checkbox"/>	INVESTIGATOR CLUB	<input type="checkbox"/>	SCHOLASTIC EARLY CHILD
<input type="checkbox"/>	BREAKTHROUGH TO LITERACY	<input type="checkbox"/>	LANGUAGE FOR LITERACY	<input type="checkbox"/>	SELF PUBLISHED
<input type="checkbox"/>	DAILY	<input type="checkbox"/>	LITERACY EXPRESS	<input type="checkbox"/>	SRA NUMBER WORLDS
<input type="checkbox"/>	CURIOSITY CORNER	<input type="checkbox"/>	LINKS TO LITERACY	<input type="checkbox"/>	WALDORF
<input type="checkbox"/>	CREATIVE CURRICULUM	<input type="checkbox"/>	LITTLE TREASURES	<input type="checkbox"/>	WE CAN
<input type="checkbox"/>	DLM CHILDHOOD EXPRESS	<input type="checkbox"/>	BEGIN WITH LETTER PEOPLE	<input type="checkbox"/>	WEE LEARN
<input type="checkbox"/>	DOORS TO DISCOVERY	<input type="checkbox"/>	MOTHER GOOSE TIME	<input type="checkbox"/>	WRITE SKILLS/GROW W/ MATH
<input type="checkbox"/>	EARLY LRNG & LIT MODEL PLUS	<input type="checkbox"/>	MONTESSORI	<input type="checkbox"/>	OTHER _____

**3. CAPACITY/ VACANCY:**

What is the maximum licensed capacity? (Number of children you are licensed to care for) \_\_\_\_\_

What is the actual capacity? (Most number of children you **choose** to care for) \_\_\_\_\_

What is the current total vacancy? \_\_\_\_\_

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

<input type="checkbox"/>	CHINESE SPOKEN	<input type="checkbox"/>	HEBREW SPOKEN	<input type="checkbox"/>	SEPARATE PLAY AREA (FCCH)
<input type="checkbox"/>	CREOLE SPOKEN	<input type="checkbox"/>	ITALIAN SPOKEN	<input type="checkbox"/>	SIGN LANGUAGE
<input type="checkbox"/>	ENGLISH SPOKEN	<input type="checkbox"/>	LIMITED TV VIEWED	<input type="checkbox"/>	SMOKE FREE
<input type="checkbox"/>	FRENCH SPOKEN	<input type="checkbox"/>	NO TV	<input type="checkbox"/>	SPA ON SITE
<input type="checkbox"/>	FILIPINO SPOKEN	<input type="checkbox"/>	PETS ON SITE	<input type="checkbox"/>	VIETNAMESE SPOKEN
<input type="checkbox"/>	FINANCIAL ASSISTANCE	<input type="checkbox"/>	POOL ON SITE	<input type="checkbox"/>	VIDEO MONITORING
<input type="checkbox"/>	GERMAN SPOKEN	<input type="checkbox"/>	PORTUGUESE SPOKEN	<input type="checkbox"/>	WHEELCHAIR ACCESSIBLE
<input type="checkbox"/>	GREEK SPOKEN	<input type="checkbox"/>	RUSSIAN SPOKEN	<input type="checkbox"/>	WEB CAM ON SITE
<input type="checkbox"/>	GREEN CERTIFIED	<input type="checkbox"/>	SPANISH SPOKEN	<input type="checkbox"/>	OTHER _____

**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 FEE	\$		
APPLICATION FEE	\$		
DIAPERS FEE	\$		
INSURANCE FEE	\$		
LATE PICK-UP FEE	\$		
LATE PAYMENT FEE	\$		
MEMBER ORGANIZATION FEE	\$		
MEALS/SNACKS FEE	\$		
OVERTIME/EARLY DROP OFF FEE	\$		
RETURNED CHECK FEE	\$		
REGISTRATION FEE	\$		
SCHOOL AGE REGISTRATION FEE	\$		
SUPPLIES/MATERIALS FEE	\$		
OTHER _____	\$		

**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 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"/>	AFTERSCHOOL 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. TRANSPORTATION ENHANCEMENTS - 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

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

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

**9. 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
<b>CHECK FREQUENCY FOR EACH OPTION BELOW</b>								
<b>FULL TIME</b> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually <input type="checkbox"/>								
<b>FULL TIME VPK WRAP</b> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually <input type="checkbox"/>								
<b>PART TIME</b> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually <input type="checkbox"/>								
<b>PART TIME VPK WRAP</b> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually <input type="checkbox"/>								
<b>SCHOOL AGE BEFORE SCHOOL</b> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> School-year <input type="checkbox"/>								
<b>SCHOOL AGE AFTER SCHOOL</b> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> School-year <input type="checkbox"/>								
<b>SCHOOL AGE – BOTH BEFORE &amp; AFTER SCHOOL</b> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> School-year <input type="checkbox"/>								
<b>SUMMER CAMP</b> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/>								

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

Sunday       Monday       Tuesday       Wednesday       Thursday       Friday       Saturday

**What are your hours of operation?**      **Open Time:** \_\_\_\_\_  AM  PM      **Close Time:** \_\_\_\_\_  AM  PM

**What are the ages you serve?**      **From (minimum age):** \_\_\_\_\_ **To (maximum age)** \_\_\_\_\_  
*Indicate: weeks, months or years*      *Indicate: weeks, months or years*

**11. 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 SYST WEATHER DAYS
<input type="checkbox"/>	AFTER SCHOOL	<input type="checkbox"/>	FULL YEAR	<input type="checkbox"/>	SCHOOL YEAR
<input type="checkbox"/>	BEFORE SCHOOL	<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		

**12. 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	<input type="checkbox"/>	HOMEWORK/TUTOR	<input type="checkbox"/>	TRAINING/EXP AUTISM
<input type="checkbox"/>	FIELD TRIPS	<input type="checkbox"/>	OUTDOOR SPORTS	<input type="checkbox"/>	TRAINING/EXP BEHAV CHAL
<input type="checkbox"/>	GYMNASTICS	<input type="checkbox"/>	SWIM LESSONS	<input type="checkbox"/>	OTHER _____

**13. STAFF QUALIFICATIONS - Total number of staff that works directly with children in care: \_\_\_\_\_.**  
 (0-5 year olds and school age children – before and after school program)

Enter 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
	30 HOUR TRAINING FCCH		HIGH SCHOOL EDUCATION
	40 HR INTRO CHILD CARE		INFANT/TODDLER CSEFEL 1
	AA/AS NONCHILD RELATED		INFANT/TODDLER CSEFEL 2
	AA/AS EARLY CHILDHOOD		LEADERSHIP CSEFEL
	DIRECTOR CREDENTIAL ADV		MA DEGREE EARLY CHILDHOOD
	DIRECTOR CREDENTIAL LEVEL 1		MA NONCHILD RELATED
	DIRECTOR CREDENTIAL LEVEL 2		MEDICAL STAFF ONSITE
	BA/BS NONCHILD RELATED		NATL EARLY CHILDHOOD CERT
	BA DEGREE EARLY CHILDHOOD		NO HIGH SCHOOL/GED
	BEHAVIOR OBSERVATION		PRESCHOOL CSEFEL 1
	DIRECTOR (NON VPK)		PRESCHOOL CSEFEL 2
	DOCTORATE		SCHOOL-AGE CREDENTIAL
	EARLY (EMERGENT) LITERACY		SPECIAL NEEDS PRACTICES
	FCCPC/ECPC/CCAC/CDAE		VPK DIRECTOR CREDENTIAL
	GED		OTHER _____

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

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

**15. TRANSPORTATION – (List all that apply)**

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:**

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Thank you for your cooperation in gathering this important information. You should contact the Early Learning Coalition of Flagler & Volusia 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 386-323-2400.

<b>ELC Office Use Only:</b>		
<input type="checkbox"/> EFS Updated	Date: _____	By: _____