|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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:** |  | | | | | | | | | | |
| **Early Learning Coalition (ELC):** |  | | | | | | | | | | |
| **Date Form Completed:** |  | | | | | | | | | | |
| **Do you wish to have your program referred to families seeking child care listings from the ELC?** | **YES**   **NO** | | | | | | | | | | |
| **Business Name:**  *(as on License or Exemption)* |  | | | | | | | | | | |
| **Doing-Business-As Name:** |  | | | | | | | | | | |
| **Owner Name:** |  | | | | | | | | | | |
| **Director Name:** |  | | | | | | | | | | |
| **Location Address:** | **City:** **County:** Z**ip Code:** | | | | | | | | | | |
| **Mailing Address:** | **City:**  **County:** Z**ip Code:** | | | | | | | | | | |
| **Phone:** |  | | | | **Fax:** | |  | **Email:** | |  | |
| **Provider Type** *(check one)***:** | **Center** | **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** | | | |
| **Exemption Type** *(check one)***:** | **Religious Exempt** | | **Camp** | | | **Non Public School** | | **Public School** | | | **School Age** |
| **Affiliation – Not For Profit:** | **Yes  No** | | | | | | | | | | |
| **DCF/Local Licensing ID:** |  | | | | | **Expiration Date:** | | |  | | |
| **Master School ID (MSID):**  *(Public and Private Schools only)* |  | | | | | **Federal ID 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** |
|  | 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 |  |  |
|  | SOUTHERN ASSOCIATION OF COLLEGES AND SCHOOLS |  |  |
|  | UNITED METHODIST ASSOCIATION OF PRESCHOOLS |  |  |
|  | **OTHER (List Below)** |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

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

| **3. CAPACITY/ VACANCY** | |
| --- | --- |
| Total Licensed Capacity *(Number of children you are licensed to care for*) |  |
| Actual Capacity *(Most number of children you choose to care for)* |  |
| Current Total Vacancy |  |

| **4. ENVIRONMENT -** Describe your program’s setting. Check if your staff speaks any of the languages below. *(Check all that apply)* | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Chinese |  | Smoke Free |  | Web Cam on site |  | **OTHER (List Below)** |
|  | Creole |  | No TV |  |  |  |  |
|  | English |  | Pets |  | **OTHER (List Below)** |  |  |
|  | 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 |  |  |  |  |

| **5. 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; Per Occurrence* | | | |

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

| **7. PROGRAM PARTICIPATION** - Is your program/facility a…? (Check all that apply) | | | | | |
| --- | --- | --- | --- | --- | --- |
|  | After School |  | Military |  | SICK CHILD CARE |
|  | Child Care Center |  | Playgroup |  | Summer Camp |
|  | Early Head Start |  | PRIVATE SCHOOL |  | TEEN PARENT |
|  | Family Child Care Home |  | PUBLIC SCHOOL |  | VPK School Year |
|  | Head Start |  | Quality Rating System |  | VPK Summer |
|  | Large FCCH |  | School Age Program |  |  |
|  | Migrant Head Start |  | School Readiness PrOVIDER |  |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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.*  *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**  Weekly  Monthly  Annually |  |  |  |  |  |  |  |  |
| **FULL TIME VPK WRAP**  Weekly  Monthly  Annually |  |  |  |  |  |  |  |  |
| **PART TIME**  Weekly  Monthly  Annually |  |  |  |  |  |  |  |  |
| **PART TIME VPK WRAP**  Weekly  Monthly  Annually |  |  |  |  |  |  |  |  |
| **SCHOOL AGE BEFORE SCHOOL**  Weekly  Monthly  Annually |  |  |  |  |  |  |  |  |
| **SCHOOL AGE AFTER SCHOOL**  Weekly  Monthly  Annually |  |  |  |  |  |  |  |  |
| **SCHOOL AGE – BOTH BEFORE & AFTER SCHOOL**  Weekly  Monthly  Annually |  |  |  |  |  |  |  |  |
| **SUMMER CAMP**  Weekly  Monthly  Annually |  |  |  |  |  |  |  |  |

| **9. SCHEDULE -** What days of the week does your program operate? *(Check all that apply)* | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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)** | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **10. PROVIDER (ENHANCED) SCHEDULE -** Does your program provide the following schedule? *(Check all that apply)* | | | | | |
|  | 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)* | | | | | |
|  | 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 – a.** Total number of staff that work directly with children in care:    \_\_\_\_\_\_.  **b.**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. TRANSPORTATION** - Do you or does your school provide or are located near transportation? *(Check all that apply)* | | | | | |
|  | SCHOOL BUS | |  | TRANSPORTATION PROVIDED TO CHILD HOME | |
|  | TRANSPORTATION PROVIDED FROM CHILD HOME | |  | TRANSPORTATION PROVIDED FROM SCHOOL | |
|  | NEAR PUBLIC TRANSPORTATION | |  | WITHIN WALKING DISTANCE TO SCHOOL | |
| 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 |
|  | |  | | |  |
|  | |  | | |  |
|  | |  | | |  |
|  | |  | | |  |
|  | |  | | |  |

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

Thank you for your cooperation in gathering this important information. You should contact the Early Learning Coalition of \_\_\_\_\_\_\_\_\_­­­\_\_\_\_\_\_\_\_\_  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 ­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ .

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

**Office Use Only:**

EFS Updated Date: \_\_     \_\_\_\_\_\_\_\_\_ By: \_\_     \_\_\_\_\_\_\_\_\_\_\_