

EARLY LEARNING COALITION OF MANATEE COUNTY

Date Received Stamp

Child Care Resource and Referral Network

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 required to complete this form.)

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

_____ **Signature**

_____ **Date**

All fields on this page are **REQUIRED, 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?	<input type="checkbox"/> YES <input type="checkbox"/> NO					
Business Name: <i>(as on License/Registration or name registered with DCF)</i>						
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):	<input type="checkbox"/> Center	<input type="checkbox"/> Family Child Care Home (FCCH)	<input type="checkbox"/> Large FCCH	<input type="checkbox"/> School-age Only	<input type="checkbox"/> Private School	<input type="checkbox"/> Public School
Family Child Care Home Only:	<i>Do you want your house number and street name to appear on referral lists to families?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No					
Legal Status (check one):	<input type="checkbox"/> Licensed		<input type="checkbox"/> Registered		<input type="checkbox"/> Exempt	
Faith Based:	<input type="checkbox"/> Yes <input type="checkbox"/> No					
Exemption Type (check one):	<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	
DCF/Local Licensing ID:		Licensing Expiration Date:				
Registration ID:		Master School ID (MSID): <i>(Public and Private Schools only)</i>		Federal ID No:		

600 8TH AVE W SUITE 100, PALMETTO, FL 34221

PH: 941-757-2900

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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
<input type="checkbox"/>	NOT ACCREDITED		
<input type="checkbox"/>	ASSOCIATION OF CHRISTIAN SCHOOLS INTERNATIONAL		
<input type="checkbox"/>	ASSOCIATION OF CHRISTIAN TEACHERS AND SCHOOLS		
<input type="checkbox"/>	ACCREDITED PROFESSIONAL PRESCHOOL LEARNING ENVIRONMENT		
<input type="checkbox"/>	COUNCIL OF ACCREDITATION		
<input type="checkbox"/>	FLORIDA COALITION OF CHRISTIAN PRIVATE SCHOOL ACCREDITATION		
<input type="checkbox"/>	FLORIDA LEAGUE OF CHRISTIAN SCHOOLS		
<input type="checkbox"/>	GOLD SEAL QUALITY CARE ACCREDITATION		
<input type="checkbox"/>	GREEN APPLE ASSOCIATION OF CHRISTIAN SCHOOLS		
<input type="checkbox"/>	NATIONAL ACCREDITATION COMMISSION FOR EARLY CARE AND EDUCATION PROGRAMS		
<input type="checkbox"/>	NATIONAL ASSOCIATION FOR THE EDUCATION OF YOUNG CHILDREN		
<input type="checkbox"/>	NATIONAL ASSOCIATION FOR FAMILY CHILD CARE		
<input type="checkbox"/>	NATIONAL COUNCIL FOR PRIVATE SCHOOL ACCREDITATION		
<input type="checkbox"/>	NATIONAL EARLY CHILDHOOD PROGRAM ACCREDITATION		
<input type="checkbox"/>	SOUTHERN ASSOCIATION OF COLLEGES AND SCHOOLS		
<input type="checkbox"/>	UNITED METHODIST ASSOCIATION OF PRESCHOOLS		
<input type="checkbox"/>	OTHER (List Below)		
<input type="checkbox"/>			

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

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

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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 you choose to house in each classroom. If there is more than one age group, please use the largest group size)
INFANT (Less than 12 months)	Adult : Child :	Adult : Child :	
TODDLER (12 months to less than 24 months)	Adult : Child :	Adult : Child :	
2 YEAR OLD (24 months to less than 36 months)	Adult : Child :	Adult : Child :	
3 YEAR OLD (36 months to less than 48 months)	Adult : Child :	Adult : Child :	
4 YEAR OLD (48 months to less than 60 months)	Adult : Child :	Adult : Child :	
5 YEAR OLD (60 months to less than 72 months)	Adult : Child :	Adult : Child :	
ELEMENTARY SCHOOL AGE	Adult : Child :	Adult : Child :	
MIDDLE SCHOOL AGE	Adult : Child :	Adult : Child :	
CAPACITY			
LICENSED CAPACITY (Number of children you are licensed to care for)		ACTUAL CAPACITY (Most number of children you choose to care for)	

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

<input type="checkbox"/>	CHINESE	<input type="checkbox"/>	NO TV	<input type="checkbox"/>	WEBCAM ON SITE	<input type="checkbox"/>	OTHER (List Below)
<input type="checkbox"/>	CREOLE	<input type="checkbox"/>	PETS	<input type="checkbox"/>	WHEELCHAIR ACCESSIBLE	<input type="checkbox"/>	
<input type="checkbox"/>	ENGLISH	<input type="checkbox"/>	POOL ON SITE	<input type="checkbox"/>	OTHER (LIST BELOW)	<input type="checkbox"/>	
<input type="checkbox"/>	FENCED YARD	<input type="checkbox"/>	PORTUGUESE	<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>	FILIPINO	<input type="checkbox"/>	RUSSIAN	<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>	FINANCIAL ASSISTANCE	<input type="checkbox"/>	SCHOOL READINESS PROVIDER	<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>	FRENCH	<input type="checkbox"/>	SEPARATE PLAY AREA (FCCH)	<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>	GERMAN	<input type="checkbox"/>	SIGN LANGUAGE	<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>	GREEK	<input type="checkbox"/>	SMOKE FREE	<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>	GREEN CERTIFIED	<input type="checkbox"/>	SPA	<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>	HEBREW	<input type="checkbox"/>	SPANISH	<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>	ITALIAN	<input type="checkbox"/>	VIDEO MONITORING	<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>	LIMITED TV VIEWED	<input type="checkbox"/>	VIETNAMESE	<input type="checkbox"/>		<input type="checkbox"/>	

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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

<input type="checkbox"/>	BREAKFAST	<input type="checkbox"/>	USDA FOOD PROGRAM	<input type="checkbox"/>	GLUTEN FREE
<input type="checkbox"/>	MORNING SNACK	<input type="checkbox"/>	AFTERNOON MEAL PROGRAM	<input type="checkbox"/>	PEANUT-FREE ENVIRONMENT
<input type="checkbox"/>	LUNCH	<input type="checkbox"/>	NO MEALS PROVIDED	<input type="checkbox"/>	SPECIAL DIET REQUEST
<input type="checkbox"/>	AFTERNOON SNACK	<input type="checkbox"/>	PROVIDES FORMULA	<input type="checkbox"/>	VEGETARIAN
<input type="checkbox"/>	DINNER	<input type="checkbox"/>	PARENT SUPPLIES FORMULA		

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

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

ENHANCEMENTS

<input type="checkbox"/>	SCHOOL BUS	<input type="checkbox"/>	NEAR PUBLIC TRANSPORTATION	<input type="checkbox"/>	TRANSPORTATION PROVIDED FROM SCHOOL
<input type="checkbox"/>	TRANSPORTATION PROVIDED FROM CHILD HOME	<input type="checkbox"/>	TRANSPORTATION PROVIDED TO CHILD HOME	<input type="checkbox"/>	WITHIN WALKING DISTANCE TO SCHOOL

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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. 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 <input type="checkbox"/> Monthly <input type="checkbox"/> Annually <input type="checkbox"/>								
FULL TIME VPK WRAP Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually <input type="checkbox"/>								
PART TIME Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually <input type="checkbox"/>								
PART TIME VPK WRAP Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually <input type="checkbox"/>								
SCHOOL AGE BEFORE SCHOOL Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually <input type="checkbox"/>								
SCHOOL AGE AFTER SCHOOL Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually <input type="checkbox"/>								
SCHOOL AGE – BOTH BEFORE & AFTER SCHOOL Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually <input type="checkbox"/>								
SUMMER CAMP Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually <input type="checkbox"/>								

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)

<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"/> RESPITE CARE	
<input type="checkbox"/> EVENING CARE	<input type="checkbox"/> SUMMER ONLY	

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

<input type="checkbox"/> ART/CRAFTS	<input type="checkbox"/> MUSIC LESSONS	<input type="checkbox"/> ENVIRON ACCOMMODATIONS
<input type="checkbox"/> COMPUTERS	<input type="checkbox"/> KINDERGARTEN CLASS	<input type="checkbox"/> TRAINING/EXP DEV DELAY
<input type="checkbox"/> DANCE	<input type="checkbox"/> ON-SITE SCREENINGS	<input type="checkbox"/> THERAPEUTIC SERVICES
<input type="checkbox"/> FAMILY INVOLVEMENT	<input type="checkbox"/> OUTDOOR SPORTS	OTHER (List Below)
<input type="checkbox"/> FIELD TRIPS	<input type="checkbox"/> SWIM LESSONS	
<input type="checkbox"/> GYMNASTICS	<input type="checkbox"/> TRAINING/EXP AUTISM	
<input type="checkbox"/> HOMEWORK/TUTOR	<input type="checkbox"/> TRAINING/EXP BEHAV CHAL	

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

14. SUBSTITUTE POLICY – Who provides substitute care when needed?					
<input type="checkbox"/>	FRIEND	<input type="checkbox"/>	SPOUSE	<input type="checkbox"/>	OTHER (List Below)
<input type="checkbox"/>	RELATIVE	<input type="checkbox"/>	SUBSTITUTE PROVIDER	<input type="checkbox"/>	
<input type="checkbox"/>	SUBSTITUTE POOL			<input type="checkbox"/>	

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

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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 Manatee County anytime you make changes to your program, so that we may provide families with accurate information. Please submit a new Provider Update Form, whenever changes have been made to your program. We are available to answer any questions you may have by calling the coalition at 941-757-2900.

Please return completed Provider Update Forms to:

Early Learning Coalition

FAX: 941-757-2919

or

Email: bvanover@elc-manatee.org

***--- 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.---***

Office Use Only:

EFS Updated

Date: _____

By: _____