



ELC OF DUVAL

FY 2008 – 2009 PROVIDER PROFILE

Name of Person filling out form:	_____		
Name of Director:	_____		
Name of Owner:	_____		
Today's Date: _____	_____		
Business Name (as it appears on License):	_____		
Other Business Name:	_____		
Address:	_____		
City:		Zip Code:	
Mailing Address:	<input type="checkbox"/> same as above		
Telephone Number:	Alternate/Emergency Telephone Number:		
E-mail:	Fed. ID No/ SSN:		
License Number:	Effective Date of License:		
	Expiration Date of License:		

Family Child Care Home's Only:
 Do you want your house number and street name to appear on referral lists to families? __ YES __ NO

1. Are you accredited by any organization? (Check all that apply)

Gold Seal Accreditation	Religious Exempt Accreditation for Child Care Facilities
<input type="checkbox"/> Accred. Professional Preschool Learning Envir. (APPLE)	<input type="checkbox"/> Assoc. Christian Schools International (ACSI)
<input type="checkbox"/> Assoc. Christian Schools International (ACSI)	<input type="checkbox"/> Assoc. Christian Teachers & Schools (National)
<input type="checkbox"/> Assoc. Christian Teachers & Schools (ACTS)	<input type="checkbox"/> Assoc. Christian Teachers & Schools
<input type="checkbox"/> Council on Accreditation (COA)	<input type="checkbox"/> Christian Schools of Florida
<input type="checkbox"/> Montessori School Accred. Commission (MSAC)	<input type="checkbox"/> Church Avenue Academy
<input type="checkbox"/> National Accreditation Commission (NAC)	<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"/> Early Childhood Christian Education Association
<input type="checkbox"/> National Association for Family Child Care (NAFCC)	<input type="checkbox"/> Florida Assoc. of Christian Schools & Colleges, Inc.
<input type="checkbox"/> National Council for Private School Accreditation (NCPSA)	<input type="checkbox"/> Florida Catholic Conference
<input type="checkbox"/> National Early Childhood Program Accreditation (NECPA)	<input type="checkbox"/> Florida Kindergarten Council
<input type="checkbox"/> National School-age Care Alliance (NSACA)	<input type="checkbox"/> Florida Coalition of Christian Private Schools Association
<input type="checkbox"/> Southern Association of Colleges & Schools (SACS)	<input type="checkbox"/> FI League of Christian Schools
<input type="checkbox"/> United Methodist Assoc. of Preschools (UMAP)	<input type="checkbox"/> Green Apple Association of Christian Schools
<input type="checkbox"/> National Accred. Council for Early Childhood Prof. Prog	<input type="checkbox"/> Light of the World Christian School
	<input type="checkbox"/> Miracle Faith Center
	<input type="checkbox"/> Narrow Door Pentecostal
	<input type="checkbox"/> National Association for Christian Education
	<input type="checkbox"/> Natl. Assoc. for the Education of Young Children
	<input type="checkbox"/> National Lutheran School Accreditation (FL-GA district)
	<input type="checkbox"/> New Beginnings Christian Center Accreditation (NBCCA)
	<input type="checkbox"/> Nicene Schools International
	<input type="checkbox"/> Papa Goose Network of Christian Nursery's
	<input type="checkbox"/> Sunshine Association of Christian Schools

A COPY OF YOUR CERTIFICATE IS REQUIRED IN ORDER FOR ACCREDITATION TO BE LISTED.

Effective date on Certificate / /
Expiration date on Certificate / /

For Profit Not For Profit

2. Which of the following curriculum does your program use? (Check all that apply) PLEASE GIVE EXACT NAME:

<input type="checkbox"/> A-BEKA	<input type="checkbox"/> Funshine Express	<input type="checkbox"/> Religious
<input type="checkbox"/> Beyond Center & Circle Time	<input type="checkbox"/> High Reach	<input type="checkbox"/> Research Based
<input type="checkbox"/> Creative Curriculum	<input type="checkbox"/> High Scope	<input type="checkbox"/> Saxon
<input type="checkbox"/> ELLM	<input type="checkbox"/> Links to Literacy	<input type="checkbox"/> Waldorf
<input type="checkbox"/> ELLM +	<input type="checkbox"/> Montessori	<input type="checkbox"/> Wee Learn
<input type="checkbox"/> Foundations of Success	<input type="checkbox"/> Provider Developed Own	<input type="checkbox"/> Other:



ELC OF DUVAL

FY 2008 – 2009 PROVIDER PROFILE

3. Describe your program's setting. (environment) (Check all that apply)

<input type="checkbox"/>	Air Conditioned	<input type="checkbox"/>	Inclusionary Setting	<input type="checkbox"/>	No Pool	<input type="checkbox"/>	Sick Child Care
<input type="checkbox"/>	Cat	<input type="checkbox"/>	Limited Spanish	<input type="checkbox"/>	No TV	<input type="checkbox"/>	Smoke Free
<input type="checkbox"/>	Dog	<input type="checkbox"/>	Limited TV	<input type="checkbox"/>	Operation Child Care	<input type="checkbox"/>	Spa on site
<input type="checkbox"/>	English	<input type="checkbox"/>	Multi-Child Discount	<input type="checkbox"/>	Outdoor Play	<input type="checkbox"/>	Sign Language
<input type="checkbox"/>	FCCH-Separate Care Area	<input type="checkbox"/>	Near Public Transportation	<input type="checkbox"/>	Pet in separate area	<input type="checkbox"/>	Teen Parent Program
<input type="checkbox"/>	Fenced Yard	<input type="checkbox"/>	Negotiated Rates	<input type="checkbox"/>	Pool on site	<input type="checkbox"/>	Video Monitor
<input type="checkbox"/>	Fluent Spanish	<input type="checkbox"/>	No Pets	<input type="checkbox"/>	School Readiness Voucher	<input type="checkbox"/>	Wheelchair Accessible

4. Does your program currently serve children who receive child care subsidies (School Readiness) or financial assistance to pay for their care? Yes No

5. Vacancies/Enrollment/Capacity

What is your total licensed capacity? (number of children your are licensed to care for) _____

What is your actual capacity? (number of children you choose to care for) _____

In the chart below please indicate:

The number of vacancies available at the present time in each age group

The actual number of children enrolled (combining both full & part time children enrolled) in each age group

The maximum number of children you offer services to by age group

The number of children enrolled in VPK by age group (either 4 or 5 years old)

Enter results by number of Children by age group:	Infant	1 year old	2 year old	3 year old	4 year old (not in VPK)	5 year old (not in VPK)	School Age
Number of Vacancies at the present time:							
Actual number of children enrolled:							
Maximum number of children you will accept							
Number of children enrolled in VPK							

6. Please list all additional fees that your program charges.

Description	Amount	How often is this fee charged? (Frequency) (See Codes Below)	Is this fee per child or family? (C/F)
Activity fee	\$		
Annual fee	\$		
Application fee	\$		
Late Payment	\$		
Late Pick-Up	\$		
Registration fee	\$		
Return Check	\$		
Summer Camp	\$		
Transportation	\$		
Other	\$		

Frequency Codes:

Both Ways (BOTH)
Yearly (YEAR)

Every 10 minutes (MN10)
Every 15 minutes (MN15)

Half Hour (HFHR)
Monthly (MTH)

Hourly (HOUR)
One-Time (ONCE)

Minutes (MIN)
One Way (ONE)

Every 5 minutes (MN5)
Weekly (WEEK)

Daily (Day)



ELC OF DUVAL

FY 2008 – 2009 PROVIDER PROFILE

7. Do you currently participate in the Federal Food Program? (USDA Approved) Yes No

What meals does your program provide? (Check all that apply)

<input type="checkbox"/>	Afternoon Snack	<input type="checkbox"/>	Lunch	<input type="checkbox"/>	Special Diet Request
<input type="checkbox"/>	Breakfast	<input type="checkbox"/>	Morning Snack	<input type="checkbox"/>	USDA Food Program
<input type="checkbox"/>	Bring Own Lunch/Snack	<input type="checkbox"/>	Parent Provides Formula		
<input type="checkbox"/>	Dinner	<input type="checkbox"/>	Provides Formula		

8. Is your program/facility a...? Program Participation/Description: (Check all that apply)

<input type="checkbox"/>	Child Care Center	<input type="checkbox"/>	Military(on base program)	<input type="checkbox"/>	Summer Camp
<input type="checkbox"/>	Family Child Care Home (FCCH)	<input type="checkbox"/>	Nanny/Au-Pair	<input type="checkbox"/>	VPK School Year program
<input type="checkbox"/>	Head Start	<input type="checkbox"/>	Playgroup	<input type="checkbox"/>	VPK Summer program
<input type="checkbox"/>	Large FCCH	<input type="checkbox"/>	School Age Program		

9. What is your programs substitution policy? (Check all that apply) (For Family Home Care Centers Only)

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

10. Do you provide transportation? (Check all that apply)

<input type="checkbox"/>	From school to site (list sch. names)	<input type="checkbox"/>	From site to home
<input type="checkbox"/>	To school from site (list sch. names)	<input type="checkbox"/>	To site from home
<input type="checkbox"/>	Near public transportation	<input type="checkbox"/>	In walking distance to school (list sch. names):

11. 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.

We prefer the rates be given by the week for full and part time (only if you offer both full & part time), however some providers have their rate structured by the month or year, **only complete the rate type for each age group that you offer.**

(Please attach rate sheet, if applicable)

RATES –ENTER BY AGE GROUP (see note above)							
Enter amount by Age of Children	Infant	1 year old	2 year old	3 year old	4 year old (not in VPK)	5 year old (not in VPK)	School Age
FULL time - WEEKLY							
FULL time - MONTHLY							
FULL time -ANNUALY							
FULL time VPK WRAP _____ enter frequency: Weekly/Monthly/Annually							
PART time- WEEKLY							
PART time-MONTHLY							
PART time-ANNUALY							
PART time-VPK WRAP _____ enter frequency: Weekly/Monthly/Annually							



ELC OF DUVAL

FY 2008 – 2009 PROVIDER PROFILE

School Age –BEFORE SCH. _____ enter frequency: Weekly/Monthly/Annually					
School Age –AFTER SCH. _____ enter frequency: Weekly/Monthly/Annually					
School Age –BOTH BEFORE & AFTER SCH. _____ enter frequency: Weekly/Monthly/Annually					
School Age- SUMMER _____ enter frequency: Weekly/Monthly/Entire Summer					

12. What days of the week does your program operate? (Check all that apply)

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 <input type="checkbox"/>
What are your programs hours of operation?		Open Time: _____ <u>circle</u> AM or PM		Close Time: _____ <u>circle</u> AM or PM		
What are the ages you serve?		From (minimum age): _____ Sample: from birth or number of months, or specific age in years		To (maximum age): _____ Years		

13a. Does your program provide the following schedule? (Check all that apply)

<input type="checkbox"/> After School	<input type="checkbox"/> Full Year	<input type="checkbox"/> Summer Only
<input type="checkbox"/> Before School	<input type="checkbox"/> Morning	<input type="checkbox"/> Vacation/Holiday
<input type="checkbox"/> Drop In Care	<input type="checkbox"/> Overnight	<input type="checkbox"/> VPK Wrap care
<input type="checkbox"/> Emergency/Temp. Care	<input type="checkbox"/> Part Time	<input type="checkbox"/> Weekend Care
<input type="checkbox"/> Evening Care	<input type="checkbox"/> Rotating	<input type="checkbox"/> 24-Hour Care
<input type="checkbox"/> Full Time	<input type="checkbox"/> School Year	

13b. If a hurricane is threatening, but does not actually hit your area, check which of the following will apply:

<input type="checkbox"/> Open if Safe Weather	<input type="checkbox"/> Follow Local Sch. System Weather	
---	---	--

14. What services does your program offer? (enhanced services) (Check all that apply)

<input type="checkbox"/> Art/Crafts	<input type="checkbox"/> Health/Social Services	<input type="checkbox"/> Outdoor Sports	<input type="checkbox"/> Other
<input type="checkbox"/> Computers	<input type="checkbox"/> Homework/Tutor	<input type="checkbox"/> Special Needs	
<input type="checkbox"/> Family Involvement	<input type="checkbox"/> Kindergarten Class	<input type="checkbox"/> Swim Lessons	
<input type="checkbox"/> Field Trips	<input type="checkbox"/> Music Lessons	<input type="checkbox"/> Therapeutic Services	
<input type="checkbox"/> Gymnastics/Dance	<input type="checkbox"/> On-site Screenings		

15. Does your program currently serve children with special needs and/or disabilities?

Yes No

16. What voucher subsidies does your program offer: (check all that apply)

<input type="checkbox"/> School Readiness Contracted	<input type="checkbox"/> School Readiness Voucher Certificate	<input type="checkbox"/> Voucher-Other Agencies
--	---	---

Staff Questions:

Please enter the number of staff currently employed in each of the following positions, how many vacant positions your program has for each position and how many people have left each position in the past 12 months.

Position	Number of current staff	Number of vacant positions	Number of staff who have left this position in the past 12 months
Center Director/FCCH Operator			
Head or Lead Teachers			
Teachers			



ELC OF DUVAL

FY 2008 – 2009 PROVIDER PROFILE

Teacher Assistants/Aides			
Other (please list)			

Total number of employees _____

How many of your employees are female? _____ How many of your employees are male? _____

17. Please indicate the number of educational level(s) and training(s) attained by each member of your staff.
(Related fields include: human/child development, elementary education.)

Number of staff in this position whose highest level of education/training is a...	Center Director/FCCH Operator	# of Head or Lead Teachers	# of Teachers	# of Teacher Assistants/Aides	Other personnel (please specify)
Doctoral degree					
Master's degree in early childhood education or related field					
Master's degree in another field					
Bachelor's degree in early childhood education or related field					
Bachelor's degree in another field					
Associate's degree in early childhood education or related field					
Associate's degree in another field					
Administrator/Director's Credential					
CDA (Child Development Associate)/CDA Equivalency					
High school diploma or GED					
Less than high school diploma					
Special Needs Training					
Center Course 40 hours					
FCCH Course 30 hours					
Medical Staff Onsite					
CPR / First Aid within 2 years					
Early Literacy					

18. For each of the following positions, please enter the range of salary or hourly wage and the average number of hours worked per week

Position	Hourly/Salaried position?	Average Wage	Average number of hours worked per week
Center Director/FCCH Operator	<input type="checkbox"/> Hourly (per hour) <input type="checkbox"/> Salaried (per year)	\$ _____	_____ hours
Head or Lead Teachers	<input type="checkbox"/> Hourly (per hour) <input type="checkbox"/> Salaried (per year)	\$ _____	_____ hours
Teachers	<input type="checkbox"/> Hourly (per hour) <input type="checkbox"/> Salaried (per year)	\$ _____	_____ hours
Teacher Assistants/Aides	<input type="checkbox"/> Hourly (per hour) <input type="checkbox"/> Salaried (per year)	\$ _____	_____ hours
Other (please list)	<input type="checkbox"/> Hourly (per hour) <input type="checkbox"/> Salaried (per year)	\$ _____	_____ hours



ELC OF DUVAL

FY 2008 – 2009 PROVIDER PROFILE

19. Are any of the following benefits available to staff?

Benefit	Available to full-time staff?	Available to part-time staff?	Not available to any staff?
Health Insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Retirement Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Paid vacation / sick time / personal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reduced rates for children of staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>