



Office of Early Learning

2009 Market Rate

Early Learning Coalition of
Miami-Dade & Monroe Counties, Inc.

ELC Board Meeting
September 30, 2009

Children ready to learn, Floridians ready to earn



What We Will Cover

- Federal and state requirements
- Definitions
- Provider annual survey process
- Market rate process
- Market rate participation
- Market rate results



What is the Market Rate...

- This presentation reviews rules and policies for the 2009 market rate process.
- The market rate informs us about the cost of child care within our communities.



...and Why Is It Important?

- The federal government recommends states pay at the 75 percentile of the market rate, ensuring School Readiness families have equal access to child care services
- The state includes each coalition's payment rate schedule, not the market rate, in the State CCDF Plan.
- Coalitions use the market rate as one tool in determining provider payment rates



What are Payments Based on...

- Coalitions define provider reimbursement rates locally to meet the needs of the community within the current available budget.
- State law does not set a minimum threshold for provider reimbursement rates.
- Coalitions cannot reimburse a provider at a rate higher than the provider's private pay rate.



Federal Requirements

- The state must ensure eligible families have equal access to child care services.
- Federal policy encourages states to identify the market rate and subsidize child care at that level.



Federal Requirements (cont.)

- The state must demonstrate that rates are adequate based on a market rate survey.
- The state completes the survey no earlier than two years before the current CCDF State Plan effective date.



State Requirements

- The “prevailing market rate” is defined as “the annually determined 75th percentile of a reasonable frequency distribution of market rate in a predetermined geographic market at which licensed child care providers charge a person for child care services.” (s. 402.3051(1)(c), F.S.)



State Requirements (cont.)

- Early learning coalitions must consider the relevant market rate when determining the payment rate schedule.



Other Considerations

- The Agency must consider the access of eligible children to the school readiness program before approving a proposed increase in payment rates.
(s. 411.01(5)(c)1.f., F.S.)
- A high demand for services and a limited budget may inhibit the state from approving payment rate increases.



Definition of Terms

- **Private Pay Rate**—the rate set by a child care facility. CCR&R agencies collect these rates annually and trained specialists enter the rates into the EFS database for use in the referral process and the market rate calculation.



Definition of Terms (cont.)

- **Provider Reimbursement Rate**—the maximum rate of payment established by each coalition for reimbursing child care facilities participating in the School Readiness program.



Definition of Terms (cont.)

- **Market Rate**—the 75th percentile of a reasonable frequency distribution of private pay rates in a predetermined geographic market.



Private Pay Rate Collection Process

- CCR&R agencies survey child care providers annually to update their program information, including private pay rates.
- The Agency's CCR&R Requirements, formerly the Standard Level of Service (SLS) provides a process for surveying providers.



Private Pay Rate Collection Process

- CCR&R staff mail, email, or call all legally operating providers in the EFS database.
- If a provider fails to respond, staff
 - Verify status with licensing office,
 - Make 2-3 written/verbal attempts to obtain information and then mark provider as not accepting referrals.



Market Rate Process - External

- The Agency calculates the Market Rate every two years.
- Data used for the calculation is based on the annual CCR&R provider survey.



Market Rate Process - External

- The Agency provided two edit reports to verify rate data was entered correctly:
 - CR014 identified providers with rates outside the date range
 - CR015 identifies rates outside acceptable dollar range
- The Agency monitored rate entry on a weekly basis.



Market Rate Process - External

- The Agency discussed the provider update process and reported update status on weekly conference calls.
- CCR&R agencies received support through the monthly CCR&R Coordinator conference call for the 9 months preceding the market rate calculation.
- The Agency contacted CCR&R staff to provide technical assistance, as needed.



Market Rate Process - Internal

- The Agency created a market rate dataset based on the following criteria:
 - Provider must have had rates effective for the correct time period - 1/1/2008 to 5/26/2009.
 - The Agency converted annual, monthly, daily, and hourly rates to a full time weekly rate using standardized conversion formulae.



Market Rate Process - Internal

- The Agency created a market rate dataset based on the following criteria (cont.):
 - Weekly rates less than \$50 or greater than \$250 were excluded.
 - Three provider types were included: Licensed Child Care Centers, Licensed Child Care Homes and Registered Family Child Care Homes.



Market Rate Process - Internal

- To reflect what happens in the private market, the market rate was reported by
 - County,
 - Provider type,
 - Care level (age).
- Provider Types included
 - Licensed child care centers
 - Registered family child care homes
 - Licensed family child care homes



Market Rate Process - Internal

- Care Levels included
 - Infants (birth to 12 months)
 - Toddlers (12 to 23 months)
 - 2 Year Olds (24 to 35 months)
 - 3 Year Olds (36 to 47 months)
 - PreK4 & PreK5 (48 months to school entry)
 - Elementary School Age (school entry to 12 years)

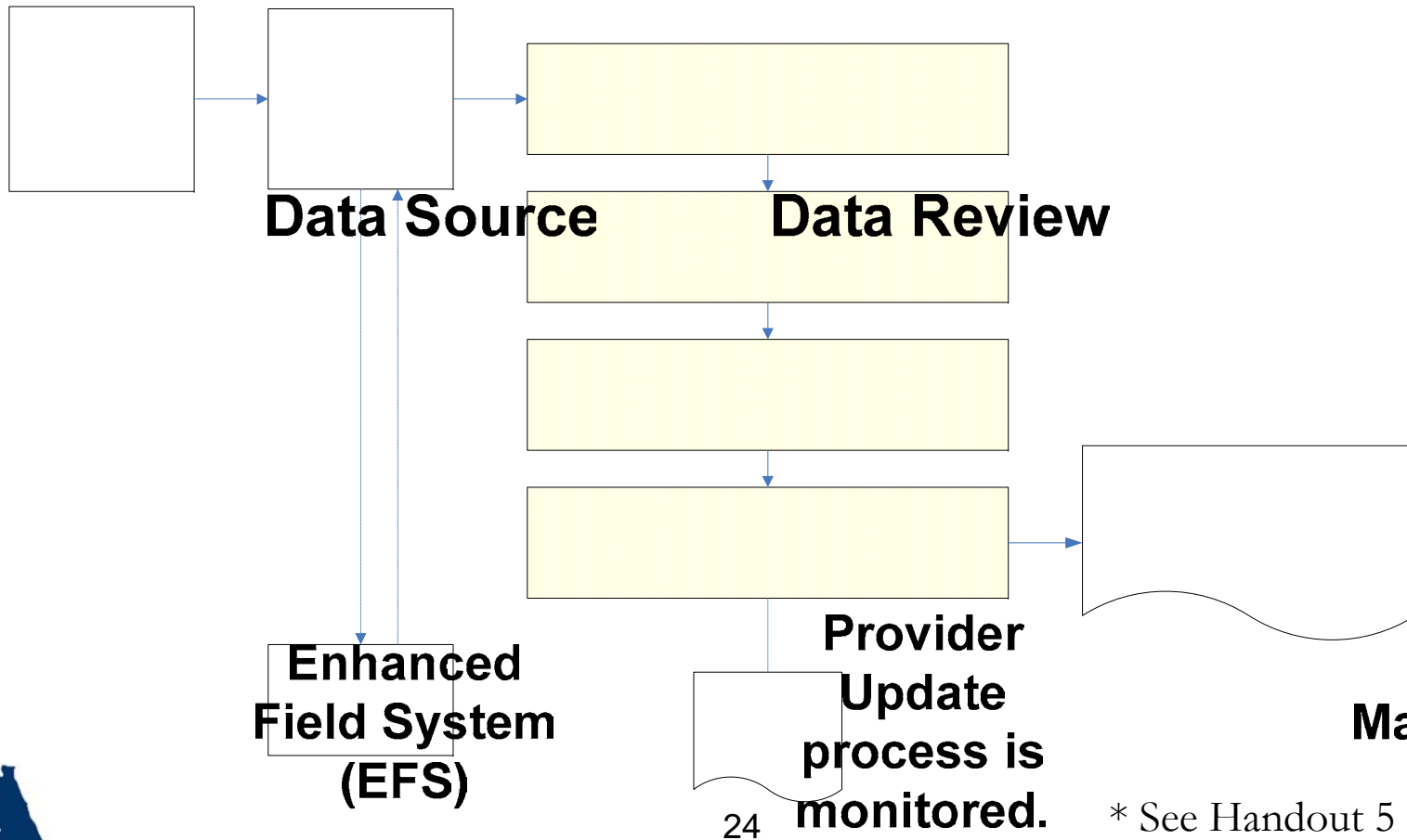


Market Rate Process - Internal

- For each county, the Agency calculated the Market Rate for each provider type/care level category, by ordering the collected rates from least to greatest and selecting the 75th percentile.



2009 Market Rate Process



Data
Process

Market Rate data



* See Handout 5

Market Rate Publication

- Documents are distributed to early learning coalition executive directors
- The Market Rate Report is posted on the Agency's website

http://www.floridajobs.org/earlylearning/oel_program_guid.html#sr

- The Market Rate Report and methodology are included in the State CCDF Plan available on the Agency's website

http://www.floridajobs.org/earlylearning/CCDF_08_09.html



Survey Response Rates

- State
 - 14,502 (84%) child care providers responded
 - 10,768 (92%) providers included in the market rate calculation (of the included provider types)
- Miami-Dade/Monroe
 - 1,587 (80%) child care providers responded
 - 1,199 (90%) providers included in the market rate calculation (of the included provider types)



State Survey Response Rates

- Statewide, a greater percentage of providers participated in the 2009 survey compared to 2007
 - Provider survey participation increased by 10%
 - The percent of providers included in the rate calculation increased by almost 10%
 - The percent of providers by type included in the market rate increased between 7% and 15%



ELC Survey Response Rates

- Provider participation in Miami-Dade and Monroe counties increased significantly from 2007 to 2009
 - Provider survey participation increased by 23%
 - The percent of providers included in the rate calculation increased by 27%
 - The percent of providers by type included in the market rate increased between 13% and 33%



| Market Rate Results | State Market Rate | Miami-Dade Market Rate | Monroe Market Rate |
|---|--------------------------|-------------------------------|---------------------------|
| CHILD CARE CENTERS | 2009 | 2009 | 2009 |
| Birth – 12 months | \$170 | \$150 | \$155 |
| 1-year-olds | \$155 | \$135 | \$150 |
| 2-year-olds | \$145 | \$130 | \$150 |
| 3-year-olds | \$135 | \$125 | \$133 |
| 4-year-olds | \$133 | \$125 | \$140 |
| Elementary School Aged | \$120 | \$115 | \$115 |
| LICENSED FAMILY CHILD CARE HOMES | 2009 | 2009 | 2009 |
| Birth – 12 months | \$150 | \$140 | \$135 |
| 1-year-olds | \$150 | \$125 | \$125 |
| 2-year-olds | \$140 | \$120 | \$120 |
| 3-year-olds | \$135 | \$115 | \$115 |
| 4-year-olds | \$130 | \$110 | \$115 |
| Elementary School Aged | \$110 | \$110 | \$115 |
| REGISTERED FAMILY CHILD CARE HOMES | 2009 | 2009 | 2009 |
| Birth – 12 months | \$135 | N/A | \$150 |
| 1-year-olds | \$130 | N/A | \$150 |
| 2-year-olds | \$125 | N/A | \$150 |
| 3-year-olds | \$125 | N/A | \$150 |
| 4-year-olds | \$120 | N/A | \$150 |
| Elementary School Aged | \$100 | N/A | \$150 |

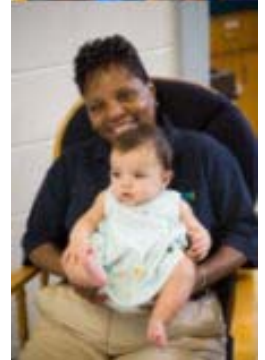
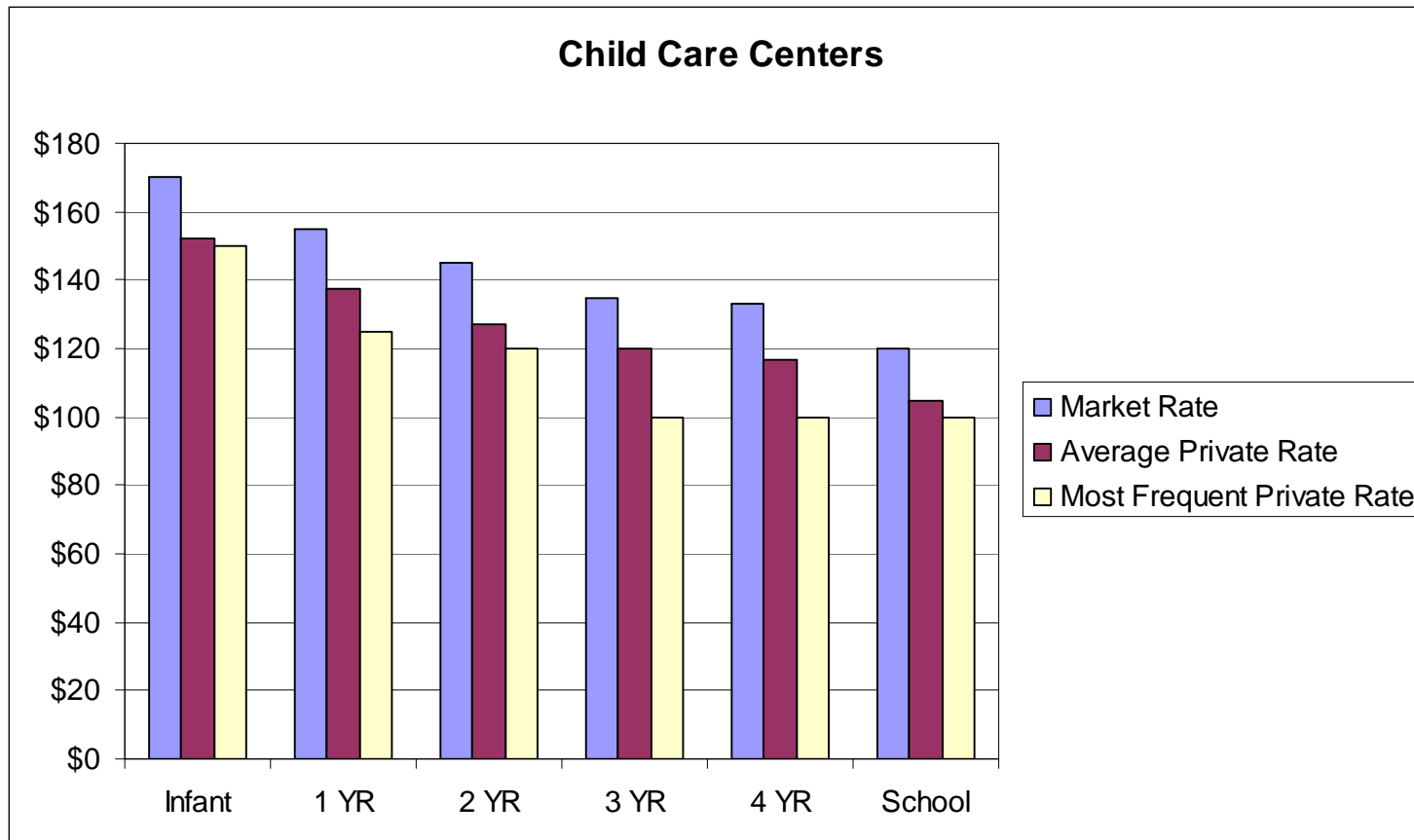


Market Rate Analysis

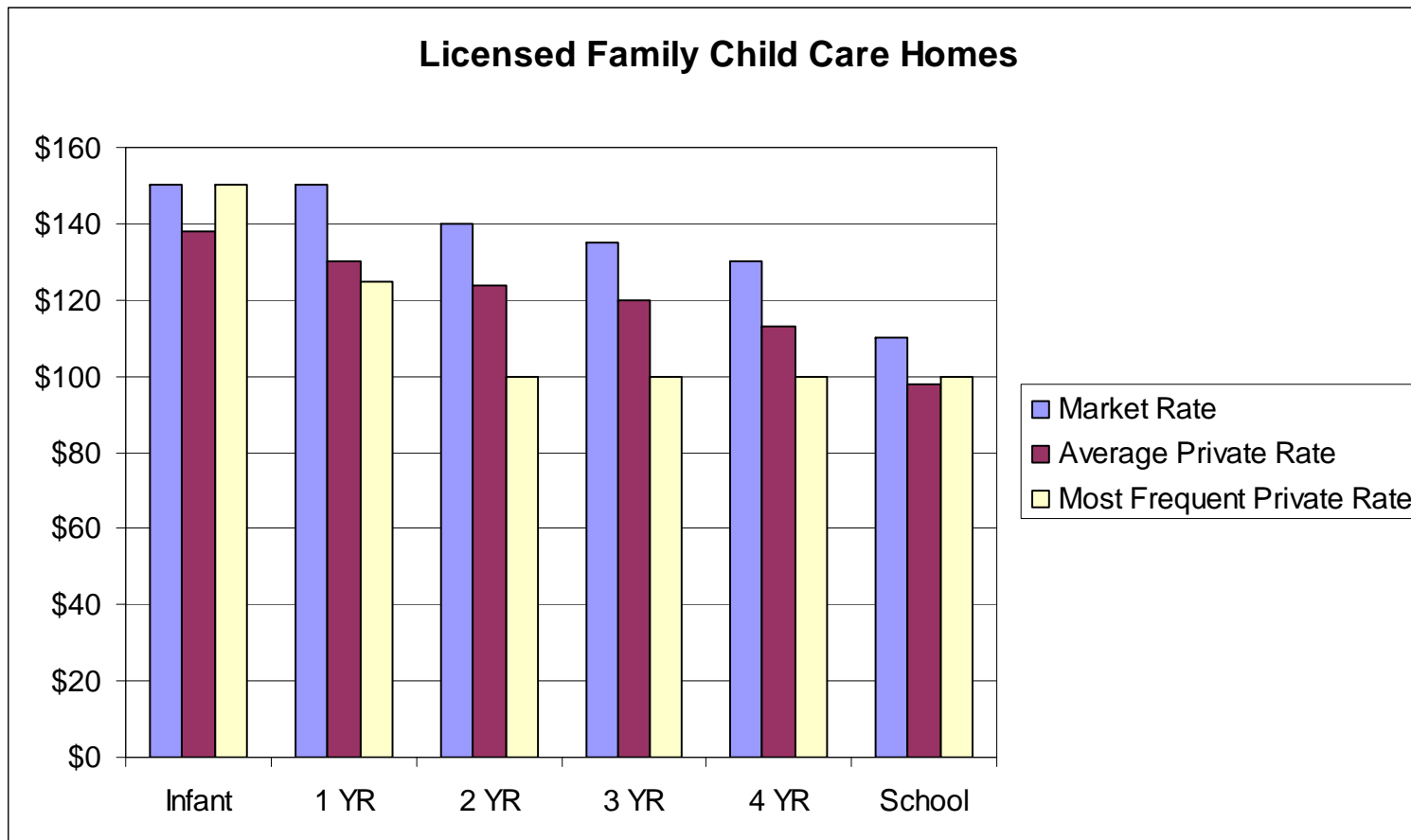
- In addition to the 75th percentile of the market rate, other rate analysis may provide insight into local child care costs.
- We also can look at:
 - the most frequently paid private pay rate
 - the average private pay rate



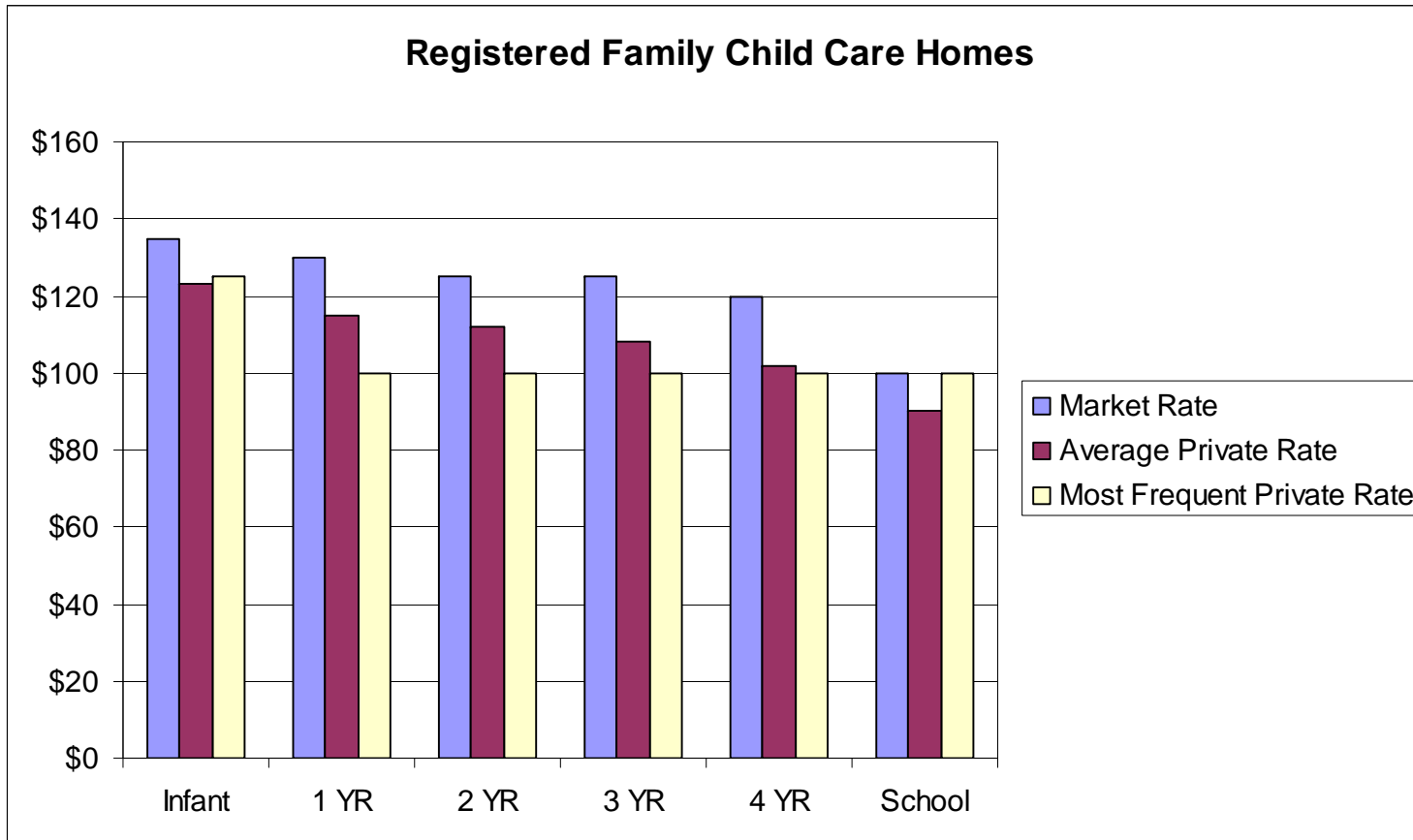
State Market Rate Analysis



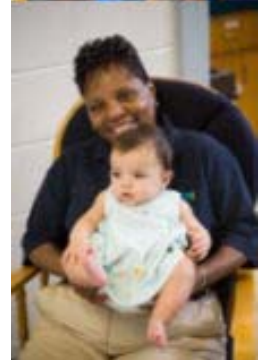
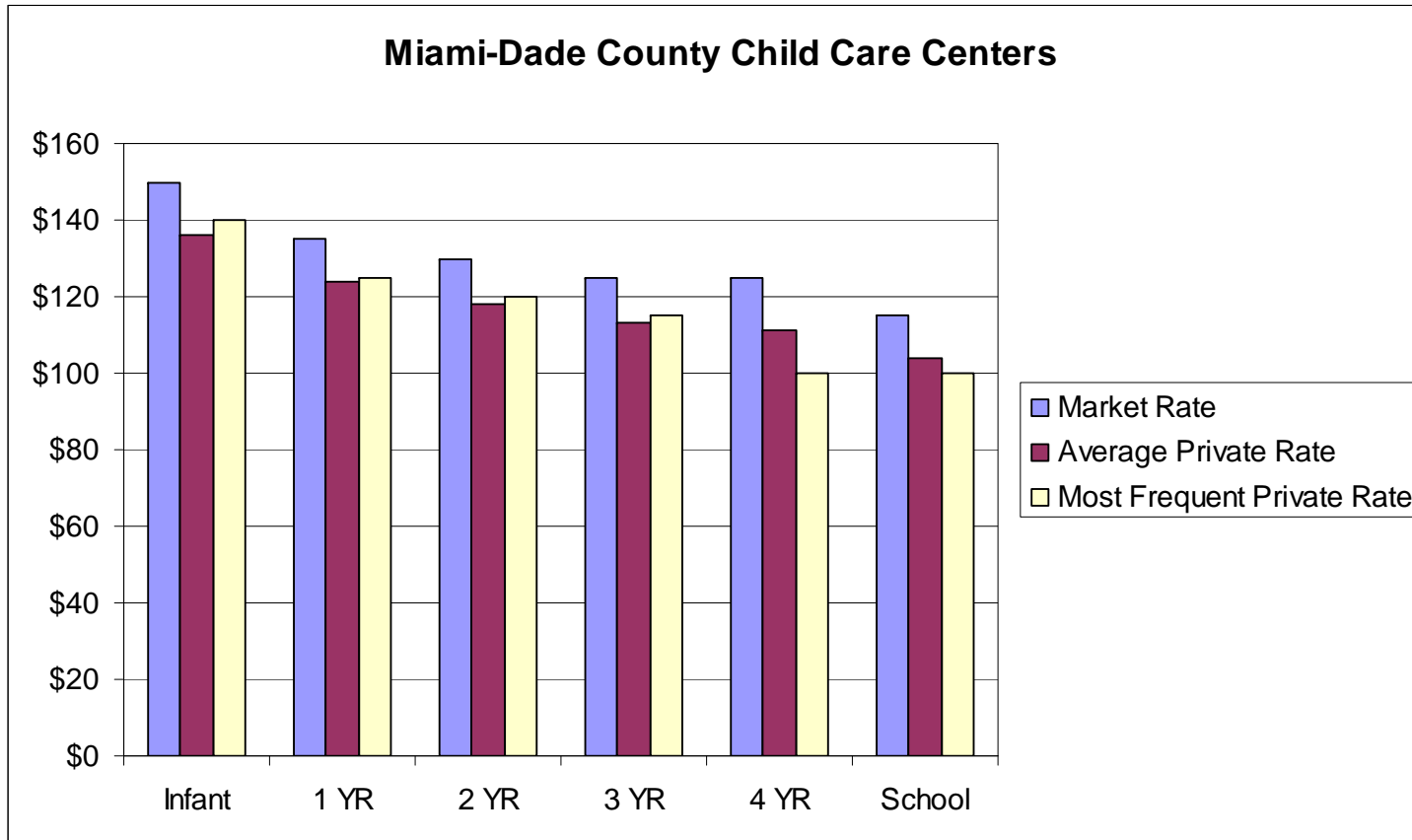
State Market Rate Analysis



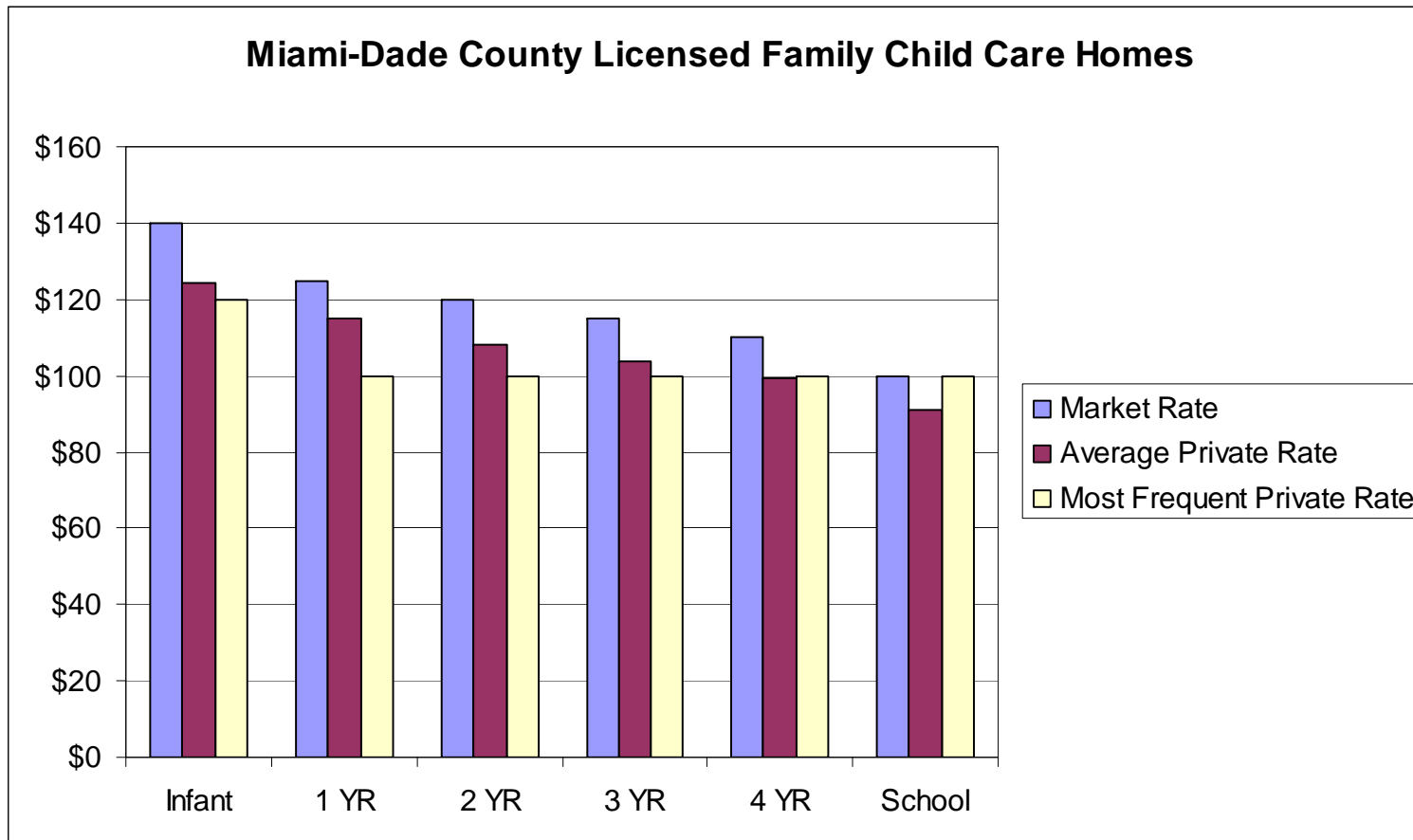
State Market Rate Analysis



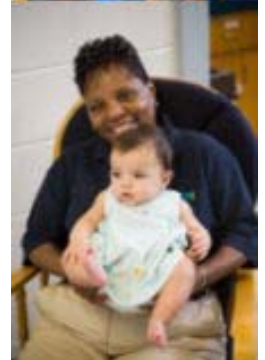
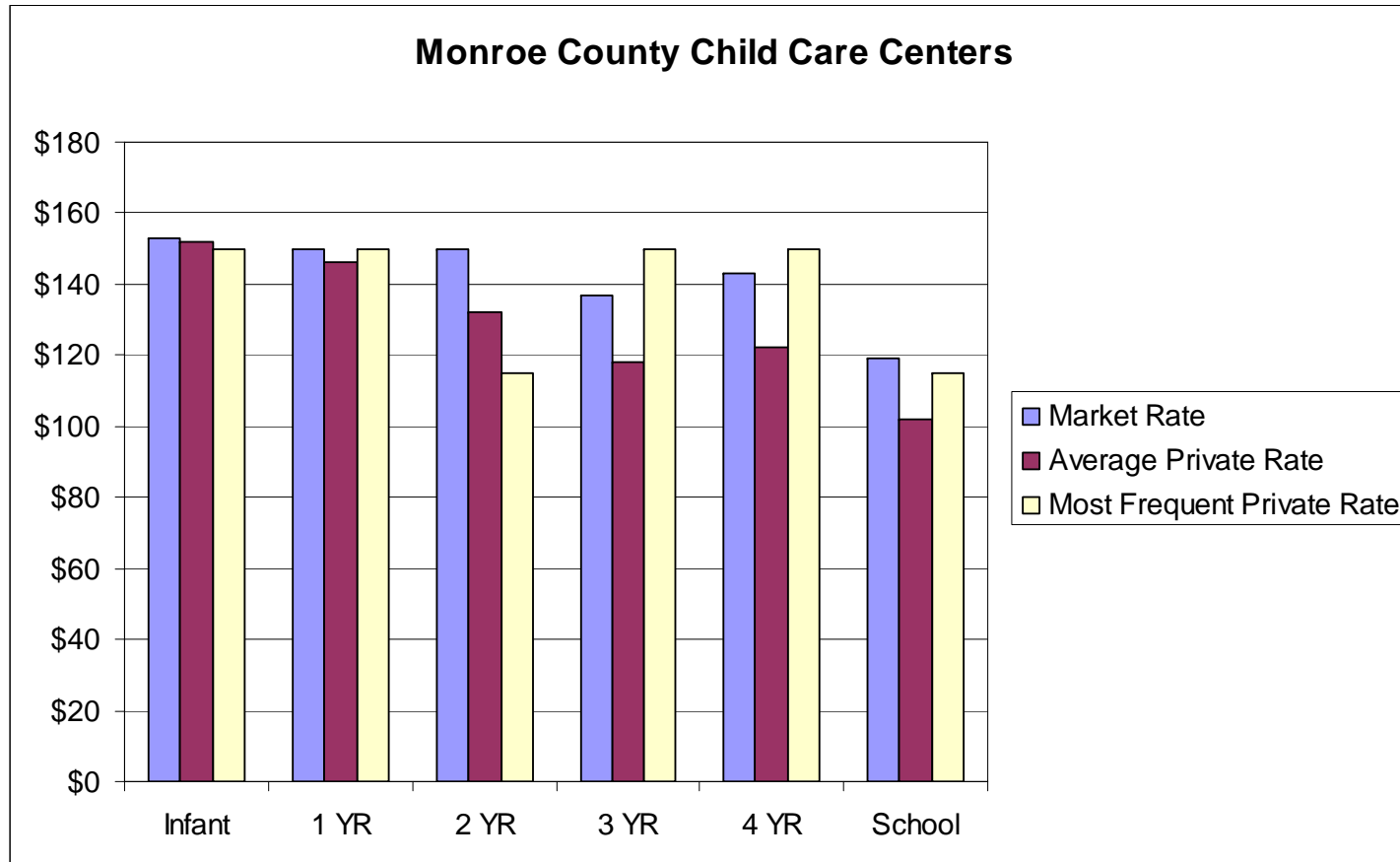
Market Rate Analysis



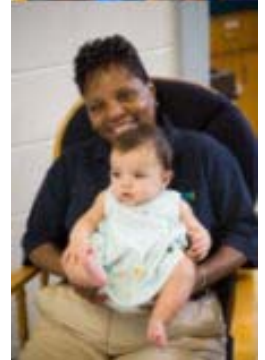
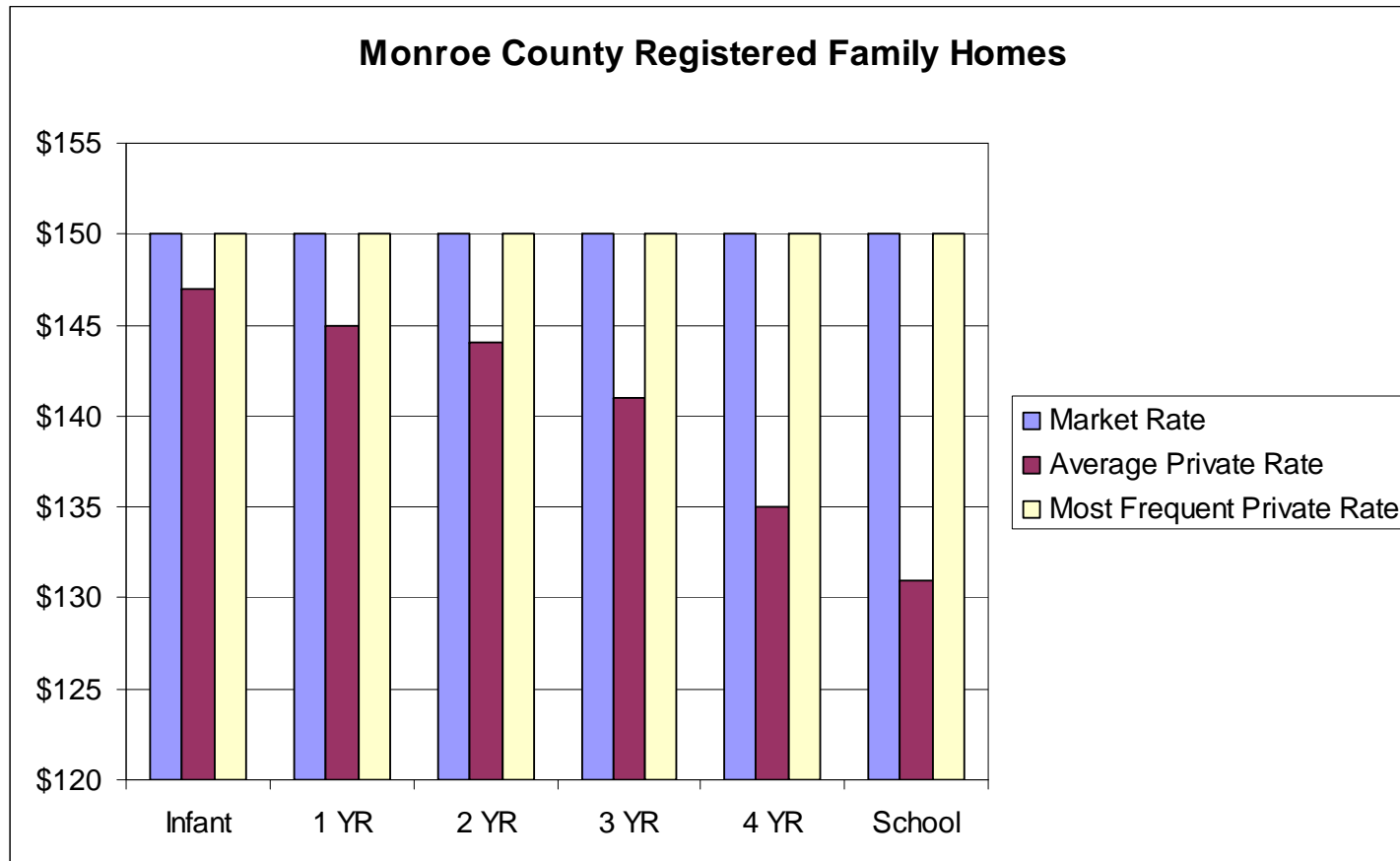
Market Rate Analysis



Market Rate Analysis



Market Rate Analysis



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SAMPLE
Child Care Resource & Referral (CCR&R) Provider Update Letter

You may customize with your local Coalition and/or Child Care Resource & Referral Information, logos, header/footer.

Insert Date:

Dear Child Care Provider:

We are contacting you to update your information in the Child Care Resource & Referral (CCR&R) database. Our office maintains a database of all legally operating child care programs in *(insert Counties)* and we are required to update this information annually. Enclosed is the actual form our staff will use to gather information about your program. You have the option to complete the form and mail it back by *(fill in the date)*. However, if our office has not received the completed Provider Update form by the designated date, a specialist will be contacting you by telephone within *(insert time frame)* to gather this information.

We encourage you to share your program's information as it will be used on a statewide level to give state officials, agencies, the legislature and the governor's office a picture of Florida's child care community. **Florida Statute 402.27(10) requires that all licensed and registered programs comply in providing their local Child Care Resource and Referral Program with basic program information on an annual basis.**

Completing this survey is a great opportunity to market your program, at no cost to you, to a wide range of families who may or may not know about the services you provide. Our office provides information and referrals about child care programs to families seeking child care. It is critical that this information be accurate in order to match families up with programs that most closely match their needs.

Thank you for your cooperation in gathering this important information. You may contact this office at any time to update your information. We are available to answer any questions you might have by calling *(insert local contact information)*.

Please feel free to contact us if you have any questions or difficulty in completing this survey.

Florida Child Care Resource & Referral Provider Update Form 2008-2009

| | | | |
|--|--|---|--|
| Name of Person filling out form: <hr/> Signature of person completing form: <hr/> | Do you wish to have your program referred to families seeking child care listings from the Child Care Resource & Referral Office: <input type="checkbox"/> YES <input type="checkbox"/> NO | Please return this form to your local Resource & Referral Office in the pre-paid self addressed return envelope enclosed | Put your local CCR&R Return address and Phone, fax, website, Here |
| Family Child Care Home or Business Name (as it appears on License): | | | |
| CCR&R 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: | |

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) *Please enclose a copy of your accreditation certificate

| 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 (NCPA) | <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"/> Sonshine Association of Christian Schools |

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

Expiration date on Certificate / /

2. For Profit Not For Profit

3. Which of the following curriculum does your program use? (Check all that apply)

| | | |
|---|--|--|
| <input type="checkbox"/> A-BEKA | <input type="checkbox"/> Beyond Centers & Circle Time | <input type="checkbox"/> Creative Curriculum |
| <input type="checkbox"/> Character Based | <input type="checkbox"/> Coalition Approved | <input type="checkbox"/> Developmentally Appropriate |
| <input type="checkbox"/> High Reach | <input type="checkbox"/> High Scope | <input type="checkbox"/> Montessori |
| <input type="checkbox"/> Religious | <input type="checkbox"/> Research Based | <input type="checkbox"/> Waldorf |
| <input type="checkbox"/> Wee Learn | <input type="checkbox"/> Provider Developed Curriculum | |
| <input type="checkbox"/> Other (list here): | | |

4. Vacancies/Enrollment/Capacity

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

What is your actual capacity? (most 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 | | | | | | | |

5. Describe your program's setting. (Environment) (Check all that apply)

| | | | | | | | |
|--------------------------|-----------------------------|--------------------------|------------------------|--------------------------|------------------------|--------------------------|-------------------|
| <input type="checkbox"/> | English | <input type="checkbox"/> | Operation Child Care | <input type="checkbox"/> | Diapers provided | <input type="checkbox"/> | Spa on site |
| <input type="checkbox"/> | Limited English | <input type="checkbox"/> | Medical Provider | <input type="checkbox"/> | Cat | <input type="checkbox"/> | Sick Child Care |
| <input type="checkbox"/> | No English | <input type="checkbox"/> | Wheelchair Accessible | <input type="checkbox"/> | Dog | <input type="checkbox"/> | Outdoor Play |
| <input type="checkbox"/> | Fluent Spanish | <input type="checkbox"/> | Web Cam on site | <input type="checkbox"/> | No Pets | <input type="checkbox"/> | Fenced Yard |
| <input type="checkbox"/> | Limited Spanish | <input type="checkbox"/> | Teen Parent Program | <input type="checkbox"/> | Smoke Free | <input type="checkbox"/> | Pool on Site |
| <input type="checkbox"/> | Sign Language | <input type="checkbox"/> | Inclusionary Settings | <input type="checkbox"/> | Accommodates Allergies | | |
| <input type="checkbox"/> | Other Languages-List: | | | | | | |
| <input type="checkbox"/> | School Readiness Voucher | <input type="checkbox"/> | Sliding Fee Scale | <input type="checkbox"/> | United Way | <input type="checkbox"/> | Medicaid Provider |
| <input type="checkbox"/> | School Readiness Contracted | <input type="checkbox"/> | Multi Child Discount | <input type="checkbox"/> | Parent Co-op | <input type="checkbox"/> | Military |
| <input type="checkbox"/> | Negotiated Rate | <input type="checkbox"/> | Scholarships Available | <input type="checkbox"/> | Employer Contract | | |

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

7. 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 pick-up fee | \$ | | |
| Registration fee | \$ | | |
| Transportation fee | \$ | | |
| Returned check fee | \$ | | |
| Late payment fee | \$ | | |
| Other: list type/amt/freq/C-F | \$ | | |

Frequency Codes:

Both Ways (BOTH) Every 10 minutes (MN10) Half Hour (HFHR) Hourly (HOUR) Minutes (MIN) Every 5 minutes (MN5)
 Yearly (YEAR) Every 15 minutes (MN15) Monthly (MTH) One-Time (ONCE) One Way (ONE) Weekly (WEEK) Daily (Day)

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

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

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

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

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): |
| <input type="checkbox"/> | By school bus or van | | |

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 -ANNUALLY | | | | | | | |
| FULL time VPK WRAP _____ enter frequency: Weekly/Monthly/Annually | | | | | | | |
| PART time- WEEKLY | | | | | | | |
| PART time-MONTHLY | | | | | | | |
| PART time-ANNUALLY | | | | | | | |
| PART time-VPK WRAP _____ enter frequency: Weekly/Monthly/Annually | | | | | | | |
| 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"/> | 24-Hour Care | <input type="checkbox"/> | Full Time | <input type="checkbox"/> | Evening Care |
| <input type="checkbox"/> | Full Year | <input type="checkbox"/> | Summer Only | <input type="checkbox"/> | Rotating |
| <input type="checkbox"/> | After School | <input type="checkbox"/> | Before School | <input type="checkbox"/> | Morning |
| <input type="checkbox"/> | School Year | <input type="checkbox"/> | Drop In Care | <input type="checkbox"/> | Overnight |
| <input type="checkbox"/> | Vacation/Holiday | <input type="checkbox"/> | Part Time | <input type="checkbox"/> | Weekend Care |
| <input type="checkbox"/> | Emergency/Temp. Care | <input type="checkbox"/> | VPK Wrap Care | | |

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"/> | Family Involvement | <input type="checkbox"/> | Other (list here) |
| <input type="checkbox"/> | Kindergarten Class | <input type="checkbox"/> | Homework/Tutor | <input type="checkbox"/> | On-site Screenings | | |
| <input type="checkbox"/> | Field Trips | <input type="checkbox"/> | Outdoor Sports | <input type="checkbox"/> | Special Needs Enrolled | | |
| <input type="checkbox"/> | Gymnastics/Dance | <input type="checkbox"/> | Music Lessons | <input type="checkbox"/> | Therapeutic Services | | |
| <input type="checkbox"/> | Computers | <input type="checkbox"/> | Swim Lessons | | | | |

15a. Total number _____ of staff that work directly with children in care.

15b. Enter below the number of staff that have any of the following qualifications/degrees/courses/credentials:

Enter the Number of Staff with:

| | | | |
|-----|------------------------------------|-----|------------------------------|
| #__ | AA/AS Degree in Early Childhood | #__ | FCCH 2 nd Helping |
| #__ | AA/AS Degree Non-Child related | #__ | FCCH Course-30 hour |
| #__ | BA/BS Degree in Early Childhood | #__ | First Aid within 2 years |
| #__ | BA/BS Degree Non-Child related | #__ | High School Education/GED |
| #__ | CDA | #__ | Licensed Practical Nurse-LPN |
| #__ | CDA Equivalency | #__ | MA Degree Child Related |
| #__ | Center Course-40 hour | #__ | MA Degree Non-Child Related |
| #__ | Certified Nurses Assistant-CNA | #__ | Medical Staff Onsite |
| #__ | CPR within two years | #__ | NAFCC FCCH Observer Trained |
| #__ | Director's Credential-Foundational | #__ | No High School/GED |
| #__ | Director's Credential-Advanced | #__ | Positive Behavior Support |
| #__ | Doctorate | #__ | Registered Nurse-RN |
| #__ | Early Literacy | #__ | Special Needs Training |

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 |
|--------------------------|-----------------------------|--------------------------|--------------------------------------|--------------------------|------------------------|

17. What is your programs 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 (list here): | | |

Comments/Questions:

Sample CCR&R Provider Update Edit Reports

CCRR RATES REPORT - CR014
For County: 0 Report Date: 09/24/2009

| PROVIDER_ID | Ext Name | CCRR Cty Active | Accepts Referral | Last Update Private Pay | STATUS |
|-------------|---------------------------|--------------------|---------------------|----------------------------|---------|
| | SKYCREST CHRISTIAN SCHOOL | 52 01-NOV-90 N | | 06-MAR-06 | Too Old |
| | R CLUB - THURGOOD MARSHAL | 52 25-AUG-09 Y | | 02-JUN-06 | Too Old |
| | TEENAGE PARENTING PROGRAM | 52 22-AUG-01 N | | 01-JUN-07 | Too Old |
| | CANTERBURY SCHOOL OF FLOR | 52 29-NOV-91 N | | 28-DEC-07 | Too Old |
| | SCHOOL OF THE SUNCOAST | 52 05-SEP-06 N | | 24-MAR-08 | Too Old |
| | COUNTRYSIDE CHRISTIAN ACA | 52 09-AUG-00 Y | | 02-APR-09 | Too New |
| | R CLUB - RIDGECREST | 52 27-MAY-94 Y | | 02-APR-09 | Too New |
| | R CLUB - SEMINOLE | 52 01-NOV-90 Y | | 02-APR-09 | Too New |
| | VICTORY CHILD DEVELOPMENT | 52 16-OCT-90 Y | | 02-APR-09 | Too New |
| | IVY PREP | 52 27-JAN-04 Y | | 02-APR-09 | Too New |
| | R CLUB - LEALMAN | 52 01-NOV-90 Y | | 02-APR-09 | Too New |
| | R CLUB - NINA HARRIS | 52 26-APR-91 Y | | 02-APR-09 | Too New |
| | KIDS CHRISTIAN CARE OF FI | 52 31-OCT-90 Y | | 03-APR-09 | Too New |
| | WESTCHESTER LEARNING CENT | 52 03-MAY-96 Y | | 03-APR-09 | Too New |
| | PRECIOUS PEOPLE LEARNING | 52 04-JUN-98 Y | | 05-APR-09 | Too New |
| | DUNEDIN MONTESSORI ACADEM | 52 17-JAN-02 Y | | 06-APR-09 | Too New |
| | WESTMINSTER DAY SCHOOL | 52 29-MAR-91 Y | | 06-APR-09 | Too New |
| | SOUTHSIDE PARENT CHILD DE | 52 16-OCT-90 Y | | 06-APR-09 | Too New |
| | RIVIERA DAY SCHOOL | 52 16-OCT-90 Y | | 06-APR-09 | Too New |
| | ROMPER ROOM | 52 24-JUL-95 Y | | 06-APR-09 | Too New |
| | NORTHBAY CHRISTIAN ACADEM | 52 12-SEP-05 Y | | 07-APR-09 | Too New |
| | TEMPLE BETH-EL PRESCHOOL | 52 23-SEP-99 Y | | 07-APR-09 | Too New |
| | SHERRIS COZY CORNER LEARN | 52 29-SEP-06 Y | | 07-APR-09 | Too New |
| | PLATO ACADEMY PRESCHOOL | 52 27-AUG-04 Y | | 07-APR-09 | Too New |

CCRR HIGH/LOW RATES - CR015
Rate Range between \$50 and \$250
For County: 0 Report Date: 09/24/2009

| Provider ID | Ext Name | CCRR Cty Active | Acpt Ref | Last Upd Market Rt | Care Lvl | Unit Care | Rate | Calc Rate | Status | Notes |
|-------------|---------------------------|--------------------|-------------|-----------------------|-------------|--------------|--------|--------------|--------|-------|
| | YWCA USF FAMILY VILLAGE C | 52 21-AUG-98 Y | | 31-MAR-09 | PR3 | FULL | 135.00 | 135.00 | Rate | OK |
| | YWCA USF FAMILY VILLAGE C | 52 21-AUG-98 Y | | 31-MAR-09 | PR4 | FULL | 132.00 | 132.00 | Rate | OK |
| | YWCA USF FAMILY VILLAGE C | 52 21-AUG-98 Y | | 31-MAR-09 | PR5 | FULL | 132.00 | 132.00 | Rate | OK |
| | YWCA USF FAMILY VILLAGE C | 52 21-AUG-98 Y | | 31-MAR-09 | TOD | FULL | 199.00 | 199.00 | Rate | OK |
| | ZEPHYRIN, LISA | 52 07-MAR-03 Y | | 29-JAN-09 | 2YR | FULL | 130.00 | 130.00 | Rate | OK |
| | ZEPHYRIN, LISA | 52 07-MAR-03 Y | | 29-JAN-09 | INF | FULL | 140.00 | 140.00 | Rate | OK |
| | ZEPHYRIN, LISA | 52 07-MAR-03 Y | | 29-JAN-09 | PR3 | FULL | 130.00 | 130.00 | Rate | OK |
| | ZEPHYRIN, LISA | 52 07-MAR-03 Y | | 29-JAN-09 | PR4 | FULL | 130.00 | 130.00 | Rate | OK |
| | ZEPHYRIN, LISA | 52 07-MAR-03 Y | | 29-JAN-09 | PR5 | FULL | 125.00 | 125.00 | Rate | OK |
| | ZEPHYRIN, LISA | 52 07-MAR-03 Y | | 29-JAN-09 | SCHE | FULL | 125.00 | 125.00 | Rate | OK |
| | ZEPHYRIN, LISA | 52 07-MAR-03 Y | | 29-JAN-09 | TOD | FULL | 140.00 | 140.00 | Rate | OK |
| | ZWISSLER, ROMAIN | 52 18-SEP-92 Y | | 29-JAN-09 | 2YR | FULL | 150.00 | 150.00 | Rate | OK |
| | ZWISSLER, ROMAIN | 52 18-SEP-92 Y | | 29-JAN-09 | INF | FULL | 165.00 | 165.00 | Rate | OK |
| | ZWISSLER, ROMAIN | 52 18-SEP-92 Y | | 29-JAN-09 | PR3 | FULL | 150.00 | 150.00 | Rate | OK |
| | ZWISSLER, ROMAIN | 52 18-SEP-92 Y | | 29-JAN-09 | PR4 | FULL | 140.00 | 140.00 | Rate | OK |
| | ZWISSLER, ROMAIN | 52 18-SEP-92 Y | | 29-JAN-09 | PR5 | FULL | 140.00 | 140.00 | Rate | OK |
| | ZWISSLER, ROMAIN | 52 18-SEP-92 Y | | 29-JAN-09 | SCHE | FULL | 125.00 | 125.00 | Rate | OK |
| | ZWISSLER, ROMAIN | 52 18-SEP-92 Y | | 29-JAN-09 | TOD | FULL | 165.00 | 165.00 | Rate | OK |

CCR&R Provider Profile Update Status Report

Run Date: 5/19/2009

| Coalition ID | Coalition | County ID | County | Okay | Too Old | Too New | Unknown /Missing | Percent Complete | Change? | Percent Complete Prev Week |
|--------------|----------------------------------|-----------|--------------|------|---------|---------|------------------|------------------|---------|----------------------------|
| 100 | Northwest | 3 | Bay | 91 | 1 | | 2 | 95.71% | | 95.71% |
| | | 7 | Calhoun | 7 | 1 | | | | | |
| | | 19 | Franklin | 4 | | | | | | |
| | | 23 | Gulf | 10 | | | 1 | | | |
| | | 30 | Holmes | 10 | | | 1 | | | |
| | | 32 | Jackson | 26 | | | 1 | | | |
| 67 | Washington | 8 | | | | | | | | |
| 101 | Pinellas | 52 | Pinellas | 873 | 1 | | 1 | 99.77% | x | 99.77% |
| 102 | Broward | 6 | Broward | 638 | | | 56 | 91.93% | | 91.93% |
| 103 | Brevard | 5 | Brevard | 224 | 5 | | 2 | 96.97% | x | 94.07% |
| 104 | Hillsborough | 29 | Hillsborough | 1086 | 11 | | | 99.00% | x | 99.00% |
| 105 | Duval | 16 | Duval | 756 | 10 | | 1 | 98.57% | x | 92.76% |
| 106 | Marion | 42 | Marion | 190 | 2 | | 6 | 95.96% | x | 94.90% |
| 107 | Flagler/Volusia | 18 | Flagler | 46 | | | 8 | 93.51% | x | 93.32% |
| | | 64 | Volusia | 314 | 1 | 1 | 15 | | | |
| 108 | Alachua | 1 | Alachua | 181 | 1 | | 7 | 95.77% | x | 93.09% |
| 110 | Gateway | 12 | Columbia | 50 | | | | 98.94% | | 100.00% |
| | | 24 | Hamilton | 10 | | | | | | |
| | | 34 | Lafayette | 7 | | | | | | |
| | | 61 | Suwannee | 21 | | 1 | | | | |
| | | 63 | Union | 5 | | | | | | |
| 111 | Heartland | 8 | Charlotte | 76 | 6 | | | 89.68% | x | 83.93% |
| | | 14 | Desoto | 14 | 7 | | 2 | | | |
| | | 25 | Hardee | 17 | | | | | | |
| | | 28 | Highlands | 32 | | | 1 | | | |
| 112 | Santa Rosa | 57 | Santa Rosa | 98 | 1 | 1 | 4 | 94.23% | | 95.19% |
| 113 | CNBB | 2 | Baker | 13 | 1 | | 3 | 80.00% | x | 79.89% |
| | | 4 | Bradford | 17 | 1 | | 1 | | | |
| | | 10 | Clay | 90 | 12 | | 10 | | | |
| | | 45 | Nassau | 24 | 6 | 1 | 1 | | | |
| 114 | Southwest | 11 | Collier | 145 | 13 | | 25 | 88.75% | x | 87.87% |
| | | 22 | Glades | 4 | | | | | | |
| | | 26 | Hendry | 40 | 2 | | | | | |
| | | 36 | Lee | 316 | 9 | 1 | 14 | | | |
| 117 | Pasco/Hernando | 51 | Pasco | 257 | 5 | | 25 | 89.07% | x | 88.86% |
| 137 | | 27 | Hernando | 77 | | | 11 | | | |
| 118 | Miami-Dade/Monroe | 44 | Monroe | 68 | 1 | | | 88.54% | x | 81.63% |
| 126 | | 13 | Miami-Dade | 1114 | 48 | 2 | 102 | | | |
| 120 | Manatee | 41 | Manatee | 184 | 4 | | 13 | 91.54% | x | 91.04% |
| 123 | Palm Beach | 50 | Palm Beach | 607 | 47 | 1 | 22 | 89.66% | x | 89.88% |
| 124 | Okaloosa/Walton | 46 | Okaloosa | 195 | 11 | | 6 | 92.19% | x | 91.79% |
| | | 66 | Walton | 53 | 1 | | 3 | | | |
| 125 | Orange | 48 | Orange | 698 | 8 | 2 | 10 | 97.21% | x | 94.44% |
| 125 | Osceola | 49 | Osceola | 98 | 38 | | 15 | 64.90% | x | 42.00% |
| 125 | Seminole | 59 | Seminole | 208 | 14 | | 17 | 87.03% | x | 78.51% |
| 128 | Indian River, Martin, Okeechobee | 31 | Indian River | 75 | 4 | | 3 | 91.45% | x | 89.19% |
| | | 43 | Martin | 43 | 3 | | 2 | | | |
| | | 47 | Okeechobee | 21 | | | 1 | | | |
| 129 | Big Bend | 20 | Gadsden | 26 | 3 | 1 | 2 | 75.15% | x | 64.14% |
| | | 33 | Jefferson | 7 | 1 | 1 | 1 | | | |
| | | 37 | Leon | 170 | 52 | | 13 | | | |
| | | 39 | Liberty | 2 | | | | | | |
| | | 40 | Madison | 25 | 1 | | 1 | | | |
| | | 62 | Taylor | 16 | 1 | | | | | |
| 65 | Wakulla | 11 | 3 | | 5 | | | | | |
| 130 | St Lucie | 56 | St Lucie | 180 | | | | 100.00% | | 100.00% |
| 131 | Nature Coast | 9 | Citrus | 46 | 1 | | 1 | 82.46% | x | 74.74% |
| | | 60 | Sumter | 19 | 8 | | 14 | | | |
| 132 | | 15 | Dixie | 2 | | | 1 | | | |
| | | 21 | Gilchrist | 7 | | | 1 | | | |
| 134 | Sarasota | 38 | Levy | 18 | | | 5 | | | |
| | | 58 | Sarasota | 219 | | | 3 | 98.65% | x | 98.65% |
| 135 | Polk | 53 | Polk | 431 | 10 | | 14 | 94.73% | x | 92.27% |

| | | | | | | | | | | |
|-----|-----------------|----|--------------|-------|-----|----|-----|--------|---|--------|
| 136 | Escambia | 17 | Escambia | 202 | 11 | 1 | 1 | 93.95% | x | 93.18% |
| 138 | Lake | 35 | Lake | 116 | 1 | | 36 | 75.82% | x | 74.36% |
| 127 | Putnam/St Johns | 55 | St Johns | 62 | 7 | | 2 | 82.19% | x | 79.73% |
| 139 | | 54 | Putnam | 58 | 10 | 1 | 6 | | | |
| 115 | RCMA | 11 | Collier | | | | 4 | 0.00% | | 0.00% |
| | | 13 | Dade | | | | 2 | | | |
| | | 14 | Desoto | | | | 2 | | | |
| | | 28 | Highlands | | | | 1 | | | |
| | | 29 | Hillsborough | | | | 1 | | | |
| | | 53 | Polk | | | | 1 | | | |
| | | 54 | Putnam | | | | 2 | | | |
| | State | | | 10758 | 384 | 14 | 511 | 92.21% | | 86.69% |

2009 Market Rate Process

