



**SURVEY OF SERVICES AND PROPOSED RATES AND FEES
FOR COORDINATED CHILD CARE SCHOLARSHIPS**

Name of Site _____ S.S.# or Fed. I.D. # _____

I. Please provide the information requested in the table below regarding the actual **DAILY*** rates charged to the general public and Coordinated Child Care of Pinellas, Inc. (CCC) families for your childcare services. The rates must be listed as **Daily* Rate**. Please make sure there is only one response in each box. If you are not licensed for an age group or you do not provide services for a certain category, please mark "N/A" for "not applicable." All families have to pay a "parent fee" which is based on their gross income and size, as determined by the State Sliding Fee Scale. Any additional rates charged to the family could be a significant hardship to them. CCC would like to thank those of you, who are willing to charge CCC families a lower rate for your services. This allows us to serve more children. In setting these rates I have given due consideration to item IV on the second page.

USE BLUE OR BLACK INK ONLY ~ DO NOT USE WHITE OUT

- **These rates are proposed for July 1, 2009 to June 30, 2010** ●
- **CCC Reimbursement Cannot Exceed the Coalition Approved Maximum Rates** ●

	<u>Column A</u>	<u>Column B</u>	<u>Column C</u>	<u>Column D</u>
Level of Care	General Public Full Day Rate	CCC Families Proposed Full Day Rate <u>Non-Gold Seal Rate</u>	General Public Part Day Rate (less than 6 hrs/day)	CCC Families Proposed Part Day Rate (less than 6 hrs/day) <u>Non-Gold Seal Rate</u>
	Daily*	Daily*	Daily*	Daily*
Infants (Newborn through 11 months)	\$	\$	\$	\$
Toddlers (12 – 23 mos.)	\$	\$	\$	\$
Two Year Old (24 - 35 mos.)	\$	\$	\$	\$
Three Year Old (36 - 47 mos.)	\$	\$	\$	\$
Four Year Old (48 - 59 mos.)	\$	\$	\$	\$
Five Year Old (not yet in Kindergarten)	\$	\$	\$	\$
School Age (Kindergarten through age 12)	\$	\$	\$	\$

***For purposes of this form the DAILY rate is your weekly rate divided by 5.**

II. Additional Fees: (Please indicate if you waive any of these fees for CCC families)

	General Public Fee	CCC Families Fee	Fee Waived
Registration			<input type="checkbox"/> Yes
Transportation			<input type="checkbox"/> Yes
Late Pick Up			<input type="checkbox"/> Yes
Late Payment Fee			<input type="checkbox"/> Yes
Supplies (specify):			<input type="checkbox"/> Yes
Other (specify):			<input type="checkbox"/> Yes
Other (specify):			<input type="checkbox"/> Yes
Other (specify):			<input type="checkbox"/> Yes

III. Gold Seal Sites Only: Please check the one box that indicates which of the following rate schedules you are willing to accept.

- Proposed Full-Day Rate Only Proposed Full-Day Rate + 20% Gold Seal Maximum Rate + 20% Gold Seal

IV. In signing this form:

- A. I understand that our center/home must give full disclosure of all rates and fees to parents/guardians and that our center/home has developed a parent-provider rate/fee agreement that will be signed by provider and parent/guardian. All parents/guardians will be given a signed copy and a copy will be maintained in child's file at the center/home and may be monitored by CCC staff.
- B. I understand that I must give parents/guardians a minimum of 30 days notice should rates or fees change unless waived by CCC.
- C. I understand that I must make these documents as well as any revision, available to CCC staff upon request.
- D. To maintain consistency within the database, I understand that the Child Care Resource and Referral Department will be given a copy of this survey, and this data may be shared with potential customers.

I acknowledge CCC's commitment to serve as many low income families as possible and I have reviewed my budget and business plan and am committed to offering the lowest rate possible for these families and/or reinvesting funds into teacher salaries and quality program enhancements.

I affirm that all of the information on this survey is current and correct. I understand that this is a survey that CCC uses for determining payment rates and that it is not a two-party agreement. The payment rates that CCC implements are subject to change, based on the availability of funding and/or Funder policy changes, with a twenty-four (24) hour notice.

Print Name

Date

Authorized Signature

Address

Phone

City and Zip Code

Email

THE FOLLOWING MUST BE MADE AVAILABLE TO CCC STAFF UPON REQUEST:

- A copy of your printed literature that you use to notify parents and community of the rates and fees for your child care/school readiness services.
- A copy of your parent/provider agreement.
- A copy of the 30-day notification letter given to parents, at the time of any rate changes.