

**FLORIDA CHILD CARE RESOURCE AND REFERRAL NETWORK
MONTHLY REPORT**

July 1, 2008 – June 30, 2009

EFS generated reports are due to the AWI-OEL CCR&R Network Office by the 20th of the month following the end of each month. This version is for informational purposes only.

All reporting errors/inconsistencies must be explained in detail and accompany the report.

ONE REPORT WILL BE RUN *FOR EACH COUNTY.*

CCR&R Service Provider: _____ County: _____

Person Completing Form: _____ Phone: (____) _____

Contact e-mail: _____

Month: _____ Year: _____

REPORT CATEGORY		PUBLIC	CORP.	TOTAL
I. Requests for Child Care Referrals				
A. Number of child care referrals for families served in the month being reported, who HAVE NOT previously received referrals in the 2007 calendar year.				
B. Number of additional requests for child care referrals in the month being reported, for families who HAVE already received an initial referral in the 2007 calendar year.				
(1A+1B) =TOTAL				
II. Requests for Other Information and/or Services by Families, Providers and/or Agencies. (Did not request referrals) NOTE: Do not count provider update calls unless educational/resource information is requested/given. For VPK Information/Services only: Do not record if CCR&R and/or School Readiness Services are requested in addition to VPK.				
Child Behavior				
Child Development				
Hurricane/Disaster Asst				
Data Requests				
Emergency Family Services				
Financial Assistance				
Head Start				
Other Referrals				
Outreach				
Parent Education				
Parent/Child Information				
Provider TA				
School Readiness Only				
VPK Only				
TOTAL				
III. Household (Check one only)				
17/Under Living On Own				
More Than Two Adults				
One Adult				
Refused				
Two Adults				
(1A) = TOTAL				
IV. Relationship (Check one only)				
Foster Parent				
Legal Custodian				
Other				
Parent/Step Parent				
Relative				
Refused To Share				

Teen Parent			
	(1A) = TOTAL		

Month: _____ Year _____ County: _____

REPORT CATEGORY	PUBLIC	CORP.	TOTAL
V. Reason for Care (Check primary reason)			
Cust Asked To Leave Prog			
Caregiver No Longer Avail			
Cost too high			
Hurricane/Disaster Asst			
End Leave Of Absence			
Employment/Working			
Other/Unknown			
Parent/Child Needs			
Unhappy With Quality			
Refused To Answer			
Relocation			
Training/Education			
(1A+1B) = TOTAL			
VI. Child Care Issues (Check primary issues)			
Affordability/Cost			
Care Ending			
Curriculum/Program			
Location/Transportation			
None			
No Openings			
Quality			
Schedule			
Special Needs			
Type of Care			
NA/Refused To Share			
(1A+1B) = TOTAL			
VII. Number of Requests (Check all requested)			
24 Hour Care			
After School			
Both Full & Part Time			
Before School			
Drop-In Care			
Emergency/Temporary Care			
Evening Care			
Full Time			
Full Year			
Hourly			
Morning			
Open If Safe Weather			
Over Night			
Part Time			
Rotating			
Summer Only			
School Sys Weather Days			
School Year			
Vacation/Holidays			
Weekend			
(Greater than or equal to 1A+1B) = TOTAL			

Month: _____ Year _____ County: _____

REPORT CATEGORY	PUBLIC	CORP.	TOTAL
VIII. Type of Care Requested (Check all requested)			
Child Care Center			
Family Child Care			
Head Start			
Large FCCH			
Military			
Nanny/Au-Pair			
Play Group			
School-Age Program			
Summer Camp			
VPK Summer			
VPK School Year			
(Greater than or equal to 1A+1B) = TOTAL			
IX. Ages of Children (At time care requested)			
Unborn			
Infant<12 mos			
1 Year Old			
2 Year Old			
3 Year Old			
4 Year Old			
5 Year Old			
Elem Sch Age			
Mid Sch Age			
(Greater than or equal to 1A+1B) = TOTAL			
X. Special Needs (Enter primary special need of child)			
Autism Spectrum Disorders			
ADHD/ADD			
Allergies(Severe)			
Asthma (Severe)			
Behavioral Disorder			
Cystic Fibrosis			
Developmental Delay			
Diabetes			
Hearing Impairment			
Mental Disability/Delay			
Medically Challenged			
Other			
Physical Disability/Delay			
Speech/Language Delay			
Seizure Disorder			
Visual Impairment			
TOTAL			