

# Best Beginnings Child Care Referral Program Provider Information Form

This form is available for completion and submission online at [www.familyconnectionsmt.org](http://www.familyconnectionsmt.org)

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Business / Facility Name: \_\_\_\_\_

Would you prefer correspondence through email versus hard copy mail? (Circle one) **YES** or **NO**

If yes, please include your current email address: \_\_\_\_\_

(Initial)\_\_\_\_\_ I understand that by opting to participate, I will no longer be receiving my referral correspondence by mail and that should my email address change, I need to notify the Best Beginnings Referral Program immediately.\*

<b>Type of care: (check only one)</b>	What date did you open your child care facility?		
<input type="checkbox"/> Child Care Center	<b>Would you like to be included in the referral data base?</b>		Y   N
<input type="checkbox"/> Family Child Care	<b>Would you like to be included in the online referral data base?</b>		Y   N
<input type="checkbox"/> School Age Program	<b>This information may appear on the referral profile of your facility:</b>		
<input type="checkbox"/> Group Home Child Care	First Name	Business Name	Address
<input type="checkbox"/> Tribal-Licensed Program	Facility Type	Phone #	Hours/Days
	Map to street	Rates	Full/Part time
			City/state/zip
			Ages served

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip code: \_\_\_\_\_

Mailing address: \_\_\_\_\_ City: \_\_\_\_\_ Zip code: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Web site: \_\_\_\_\_

License/Provider number: **PV** \_\_\_\_\_ License Expiration date: \_\_\_\_\_

## Capacity and Age Range

Total Licensed Capacity: \_\_\_\_\_ Total Desired Capacity: \_\_\_\_\_

Total number of vacancies: \_\_\_\_\_ Vacancy date: \_\_\_\_\_

Ages of children served: **FROM:** \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ weeks  
**TO:** \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ weeks

## Service Information

Please list elementary schools served \_\_\_\_\_

Are you a Head Start / Early Head Start Facility or Partner? **Yes No**

Do you receive Head Start funding? **Yes No**

Do you receive State Pre-K funding? **Yes No**

Do you donate operation child care hours? **Yes No**

**Transportation Offered:** \_\_\_\_\_ Transportation provided \_\_\_\_\_ None \_\_\_\_\_ Provides family transportation \_\_\_\_\_ Close to public transportation  
 \_\_\_\_\_ To/From school \_\_\_\_\_ Kindergarten transportation \_\_\_\_\_ Child to/from home \_\_\_\_\_ To/From activities \_\_\_\_\_ To/From bus stop  
 \_\_\_\_\_ On a school bus route \_\_\_\_\_ Walking distance to school

**What languages do you use?** \_\_\_\_\_ English \_\_\_\_\_ Native American \_\_\_\_\_ Spanish \_\_\_\_\_ French \_\_\_\_\_ German \_\_\_\_\_ Hmong  
 \_\_\_\_\_ Russian \_\_\_\_\_ Sign Language \_\_\_\_\_ Other

Do you maintain a waiting list when you do not have vacancies? **Yes No**

## Shifts

What are your facility's hours of operation? Please know for scholarship families, payment cannot be made for hours/days not approved by QAD

Day Shift Traditional Hours	Start Time EX: 7:00 AM	End Time EX: 6:00 PM	Session 1 shift Extended hours	Start Time Before 7:00 AM	End Time After 6:00 PM
<input type="checkbox"/> Monday	<input style="width: 80px; height: 20px;" type="text"/>	<input style="width: 80px; height: 20px;" type="text"/>	<input type="checkbox"/> Monday	<input style="width: 80px; height: 20px;" type="text"/>	<input style="width: 80px; height: 20px;" type="text"/>
<input type="checkbox"/> Tuesday	<input style="width: 80px; height: 20px;" type="text"/>	<input style="width: 80px; height: 20px;" type="text"/>	<input type="checkbox"/> Tuesday	<input style="width: 80px; height: 20px;" type="text"/>	<input style="width: 80px; height: 20px;" type="text"/>
<input type="checkbox"/> Wed.	<input style="width: 80px; height: 20px;" type="text"/>	<input style="width: 80px; height: 20px;" type="text"/>	<input type="checkbox"/> Wed.	<input style="width: 80px; height: 20px;" type="text"/>	<input style="width: 80px; height: 20px;" type="text"/>
<input type="checkbox"/> Thursday	<input style="width: 80px; height: 20px;" type="text"/>	<input style="width: 80px; height: 20px;" type="text"/>	<input type="checkbox"/> Thursday	<input style="width: 80px; height: 20px;" type="text"/>	<input style="width: 80px; height: 20px;" type="text"/>
<input type="checkbox"/> Friday	<input style="width: 80px; height: 20px;" type="text"/>	<input style="width: 80px; height: 20px;" type="text"/>	<input type="checkbox"/> Friday	<input style="width: 80px; height: 20px;" type="text"/>	<input style="width: 80px; height: 20px;" type="text"/>
<input type="checkbox"/> Saturday	<input style="width: 80px; height: 20px;" type="text"/>	<input style="width: 80px; height: 20px;" type="text"/>	<input type="checkbox"/> Saturday	<input style="width: 80px; height: 20px;" type="text"/>	<input style="width: 80px; height: 20px;" type="text"/>
<input type="checkbox"/> Sunday	<input style="width: 80px; height: 20px;" type="text"/>	<input style="width: 80px; height: 20px;" type="text"/>	<input type="checkbox"/> Sunday	<input style="width: 80px; height: 20px;" type="text"/>	<input style="width: 80px; height: 20px;" type="text"/>

Do you accept (check only one):    \_\_\_ Full-time children    \_\_\_ Part-time children    \_\_\_ Both full and part-time children

Is your facility open (check only one):    \_\_\_ Full year    \_\_\_ School year only    \_\_\_ Summer only

Other care accepted (check ALL that apply)    \_\_\_ Drop-in    \_\_\_ Temp/emergency    \_\_\_ Before/After School    \_\_\_ Rotating shifts    \_\_\_ 24-hour

Are you open on some Federal holidays?    \_\_\_ Yes    \_\_\_ No

Please list the Holidays your facility is open: \_\_\_\_\_

## Rates

**IMPORTANT: ONLY DAILY AND HOURLY RATES WILL BE USED FOR SCHOLARSHIP PURPOSES. PLEASE COMPLETE THE PROVIDER RATE FORM IN ORDER TO REPORT YOUR CURRENT RATES.**

Extra fee information (check all that apply):

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Transportation Fee   | <input type="checkbox"/> Charges above state rate | <input type="checkbox"/> Activity fee/Registration fee |
| <input type="checkbox"/> Meal Fee             | <input type="checkbox"/> Multi-child discount     | <input type="checkbox"/> Advanced payment required     |
| <input type="checkbox"/> Minimum daily charge | <input type="checkbox"/> Uses weekly flat rate    | <input type="checkbox"/> Monthly flat rate only        |

# Population Information

Please tell us about your current vacancies:

	Desired Capacity	Licensed Capacity	Full-time Vacancy	Part-time Vacancy	Currently Enrolled
<b>Infant</b> (0-23months)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Toddler</b> (2years)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Preschool</b> (3-5years)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>School Age</b> (5+years)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

# Attributes

Please tell us more about your facility, please check all that apply for each category:

**What kind of environment do you offer?**

- Will toilet train       Offers field trips       Wheelchair accessible       No pets at facility       No TV  
 Has outdoor activities       Structured curriculum       Summer program       Outdoor play equipment  
 Non- smoking facility (Even when closed)       Preschool Program       Does not use vehicle transportation

**Meals:**

- Breakfast     Morning snack     Lunch     Afternoon snack     Dinner     Evening snack  
 Accommodates special meal request     Child Care Food Program     OPI Afterschool Snack Program

**Philosophy:**

- Faith based     Montessori     Waldorf     Reggio Emilia     Parent cooperative (*facility is run by parent board*)     Other

**Do you accept scholarship families?**     Yes     No

- (Please verify which scholarships you accept)**     Best Beginnings Scholarship     Tribal BG     Respite

**Policies:**

- Separate sick area for children while waiting for parent to pick up  
 Charges for absent days  
 Closed for vacations and sick days (closes facility when on vacation or sick)  
 Uses substitutes when absent (keeps facility open by using substitutes)  
 Charges for holidays when facility is closed

**Special Skills:**

- Music     Drama     Art     Sports     Other

**Safety:**

- CPR Current within 2 Years     First Aid Training     Liability Insurance     Health-Related Degree     On-Site Nurse

**Special Needs Experience:** (Have the experience to care for children with these needs)

- ADHD/ADD     Autism     Catheter     Downs syndrome     Diabetes     Hearing impaired  
 Vision impaired     Seizures     Cerebral Palsy     Tube feeding     Asthma     Developmentally delayed  
 Fetal alcohol effect/syndrome     Emotional/mental health     MD Medical disability     Food Allergies     Cystic Fibrosis

**Annual Training** (based on your registration cycle):

- 8-15 hours     16-38 hours     39-67 hours     68+ hours  
 After-school specialized     Pre-school specialized     SOS or BEST graduate     Infant-Toddler specialized

**Professional Child Care Experience:**

- Under 1 year     1-3 years     4-9 years     10-20 years     21+ years

**Education:**

\_\_\_ High school education    \_\_\_ AA, other    \_\_\_ Some college, child related    \_\_\_ Some college, other    \_\_\_ CDA  
\_\_\_ Bachelors, child related    \_\_\_ Bachelors, other    \_\_\_ Masters, child related    \_\_\_ Masters, other    \_\_\_ AA, child related

**Affiliation** (are you a current member of the following professional organizations?)

\_\_\_ MTAEYC    \_\_\_ MTCCA

**Quality Indicators:**

\_\_\_ Extended license    \_\_\_ Level 1 on career path    \_\_\_ Level 2 on career path    \_\_\_ Level 3 on career path    \_\_\_ Level 4 on career path  
\_\_\_ Level 5 on career path    \_\_\_ Level 6+ on career path

**Grants Recipient:**

Mini grant \_\_\_\_\_ (year)                       Merit pay \_\_\_\_\_ (year)                       Provider grant \_\_\_\_\_ (year)

**Other Services:**

\_\_\_ Diaper Service    \_\_\_ Art Lessons    \_\_\_ Gymnastic Lessons    \_\_\_ Music Lessons    \_\_\_ Swimming Lessons    \_\_\_ Backup Care Network

**Facility Setting:**

\_\_\_ Non-residential house    \_\_\_ Workplace based    \_\_\_ Mobile home    \_\_\_ Public/Private School    \_\_\_ Located in church  
\_\_\_ Intergenerational    \_\_\_ Franchise    \_\_\_ Duplex    \_\_\_ Apartment    \_\_\_ Residential house

**How did you hear about us:**

\_\_\_ Brochure/Poster/Rack Card    \_\_\_ Local Child Care Resource & Referral Agency    \_\_\_ Friend/Relative    \_\_\_ Child Care Provider    \_\_\_ Community Agency  
\_\_\_ I Media:Newspaper/Radio/TV    \_\_\_ Internet    \_\_\_ Quality Assurance Division    \_\_\_ MTCCA    \_\_\_ Other (Please list) \_\_\_\_\_

**Provider Statement:** In your own words what do you want parents to know about your facility?

FYI - This will be entered into the database and printed on the referral listing exactly as it is written.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*I hereby affirm that the statements in the Provider Information Form are accurate, complete and true to the best of my knowledge. I hereby authorize Family Connections MT to share the information I have provided with parents seeking child care and for statistical purposes.*

*I agree to provide additional documentation concerning the Provider Information Form to Family Connections MT at their request. I understand that Family Connections MT reserves the right to remove my name and/or facility from the referral database. I understand that it is my responsibility to keep my provider information updated with Family Connections MT and to complete this form on an annual basis unless otherwise requested.*

\_\_\_\_\_  
Provider signature

\_\_\_\_\_  
Date