



## Child Care Facility Business Profile Form

Thank you for taking the time to fill out the annual business profile form for your center, preschool, group facility or school-age program. We want your voice to be heard.

Business Name \_\_\_\_\_

Contact Person \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Mailing Address (if different than above) \_\_\_\_\_

Primary Phone Number \_\_\_\_\_ Secondary Phone Number \_\_\_\_\_

Child Care License # \_\_\_\_\_

Date this program was first licensed MM \_\_\_\_ / DD \_\_\_\_ / YYYY \_\_\_\_

Email \_\_\_\_\_ Website \_\_\_\_\_

*Recommendation: Have a separate email address for your child care business.*

We are willing to put families on a waiting list.

Total LICENSED Capacity \_\_\_\_\_ Total DESIRED Capacity \_\_\_\_\_

Age range of youngest/oldest children accepted \_\_\_\_\_

*List the ages in weeks/month/years regardless of current enrollment or vacancies. Include both the youngest AND oldest ages accepted.*

**Elementary school closest to your program** \_\_\_\_\_

We are on a school transportation route.

Our program is near public transportation.

We provide regular transportation to school.

If you provide transportation, list schools you transport to \_\_\_\_\_

### We have staff that speak the following languages

English

Spanish

American Sign Language

List other languages spoken, if applicable \_\_\_\_\_

### We provide contracts, policies and other business materials in languages other than English

Yes  No

## Hours and Schedules

List schedule and hours of operation.

*Example: Monday - Friday 7 am to 6 pm, Saturday - 10 am to 3 pm, Closed Sunday*

### Weekly schedules accepted *(check one)*

- Both full and part-time
- Full-time only (more than 30 hrs./week)
- Part-time only (less than 30 hrs./week)

### My program operates *(check one)*

- Full year
- School year only
- Summer only

### Other schedule options *(check all that apply)*

- Drop In
- Before School
- Rotating
- Open Holidays
- Temp/Emergency
- After School
- 24-Hour
- Sick Care

## Rates

Enter the most common FULL-TIME rate you charge parents.

AGE GROUP	Weekly Full-Time	Daily Full-Time	Hourly Full-Time	Monthly Full-Time	Other Full-Time
<i>Infant (0-17 months)</i>	\$	\$	\$	\$	\$
<i>Toddler (18-35 months)</i>	\$	\$	\$	\$	\$
<i>3-5 year olds</i>	\$	\$	\$	\$	\$
<i>School-Age</i>	\$	\$	\$	\$	\$

Please list any other rates and fees:

**OTHER RATES** : Note age group and applicable rate you charge for part-time, evening, overnight and/or weekend care.

*Example: Infant / Overnight / \$0.00 per*

### We charge these additional fees *(check all that apply)*

- Registration Fee
- Transportation fee
- Deposit
- Holding fee

## Enrollment

Enter total current enrollment for each age group listed below.

AGE GROUP	CURRENT ENROLLMENT
Infant (0-17 months)	
Toddler (18-35 months)	
3-5 year olds	
School-Age	

## Vacancies

Enter appropriate number of children where applicable.

TOTAL VACANCIES \_\_\_\_\_

AGE GROUP	TYPE OF VACANCY			EARLIEST VACANCY DATE
	Full-Time	Part-Time	Full and Part-Time	
Infant (0-17 months)				
Toddler (18-35 months)				
3-5 year olds				
School-Age				

Total number of people in your program, including yourself, who are required to receive annual training to keep license. \_\_\_\_\_

### Program Environment *(check all that apply)*

- We have no indoor cat(s).
- We have no indoor dog(s).
- We have no outdoor pet(s).
- We have a fenced-in outdoor play area/yard.
- Our program is wheelchair accessible.
- Our program is near public transportation.

### Meal Options *(check all that apply)*

- We participate in the USDA Food Program.
- We can accommodate children with special dietary needs.

### Child Care Assistance

- We will consider or are already caring for children who are on a financial assistance program for child care.
- We offer scholarships to parents to help cover the cost of care.
- We charge tuition on a sliding fee scale.

### Our program has a 501c-3 Not-for-Profit Status

- Yes  No

**Program Policies** *(check all that apply)*

- We require parents to pay prior to providing care.
- We charge when a child is absent due to the child's illness.
- We charge when a child is absent due to the child's vacation.
- We charge when we're open on a holiday and the child is absent.
- We charge when a child is absent due to other reasons in the child's family.
- We charge when our program is closed for holidays.
- We have business liability insurance.
- We have families sign written contracts.
- We have written policies for families.

**Type of curriculum our program uses:**

**Type of child assessment(s) our program uses:**

**Professional Involvement**

**Accreditation / Affiliation** *(check all that apply)*

- I am a member of a local center director's association.
- I am a member of NDAEYC/NAEYC (ND Association for the Education of Young Children/National AEYC).
- Our program is accredited by NAEYC\* (National Association for the Education of Young Children).
- Our program is accredited by NAA\* (National After-School Alliance).

*\*Please include documentation of NAEYC or NAA accreditation if applicable.*

**Advocacy**

**I am willing to advocate for children in the following ways.** *(check all that apply)*

- Make phone calls
- Write letters
- Visit legislators
- Be a media contact
- Participate in a focus group

**Professional Interests**

**Have you heard about Bright & Early?**

- Yes
- No

**If you would like more information about the Bright & Early program ([www.brightnd.org](http://www.brightnd.org)), what is your preferred method of contact?**

- Email
- Phone

**Program Activities**

**My program offers the following activities** *(check all that apply)*

- Lessons
- Field trips (driving)
- Field trips (walking)
- Structured/planned activities

## Program Governance

- Faith-based (governed by a congregation)       Under the governance of a public entity  
 Work-place based (governed by a business/agency)       Self-governed (none of the above)  
 Under the governance of a larger non-profit agency       Other \_\_\_\_\_

## Type of Program

 What would you like parents to know about your program?

*Describe anything you would like parents to know. This information will be shared with parents as written.*

*Continue on the back if you need more space.*

Thank you for your time. Your information will be used to help parents look for child care.  
It will also be used to plan trainings and support child care in your community.

### Terms & Conditions

The purpose of collecting this information is to:

1. Report and gather statistics related to the child care industry such as supply and demand. This data influences planning, policy development, and funding levels. Statistical information, may be shared with the ND Department of Human Services; county social services; and others;
2. Provide referrals to families searching for child care. The information given to families searching for care may include, but is not limited to, the following; vacancies, hours and days of operation, ages of children served, rates, environment, training, and program policies. This may be done through mail, email, phone, internet search or other means. Any program with an unresolved correction order may be excluded;
3. Inform training and technical assistance staff regarding your program needs;
4. Keep your data current so we can keep you connected. Child Care Aware® of ND wants to keep you informed in the most efficient, convenient and cost-effective manner possible. Child Care Aware® of ND will carefully consider our correspondence to you without overburdening your mailbox or inbox. Typical email correspondence could include a monthly newsletter and a monthly update reminder;
5. Response to requests. Some of the information you provide is considered public record. We are required by law to release certain data if requested.

This notice covers all information previously collected and future changes made by any means such as by telephone, in person or in written form.

## Thank you for your time!

Please mail or email your completed update form to:

Child Care Aware®  
Attn: Parent Services  
1905 2nd Street SE, Suite 1B  
Minot, ND 58701

**Contact us if you have questions:** 800-997-8515 | [referral@ndchildcare.org](mailto:referral@ndchildcare.org)