



Home-Based Family/Group Business Profile Form

Thank you for taking the time to fill out your annual business profile. We want your voice to be heard.

Name as it appears on your license _____

Preferred Contact Name (if different than above) _____

Business Name _____

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 _____

Twitter Link _____ Facebook Link _____

Instagram Link _____ YouTube Link _____

I am 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 _____

I am on a school transportation route.

My program is near public transportation.

I provide regular transportation to school.

If you provide transportation, list schools you transport to _____

I speak the following languages

English

Spanish

American Sign Language

List other languages spoken, if applicable _____

I 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)

- Evening
- Overnight
- Weekends
- Holidays
- Sick Care
- Drop In

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>Kindergarten</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

I provide the following discounts (check all that apply)

- Sibling Discount
- Employee Discount
- Sliding Scale
- Military Discount

I charge these additional fees (check all that apply)

- Registration Fee
- Late Fee
- Extended Care Fee
- Waitlist Fee
- Materials Fee
- Activities Fee

Capacity

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	
Kindergarten	
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				
Kindergarten				
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)*

- I have no indoor cat(s).
- I have no indoor dog(s).
- I have no outdoor pet(s).
- I have a fenced-in outdoor play area/yard.
- I have a separate area for child care, not shared by family.
- My home/program is wheelchair accessible.
- My home/program is near public transportation.

Meal Options *(check all that apply)*

- Breakfast Lunch Dinner Morning Snack Afternoon Snack
- I participate in the USDA Food Program.
- I can accommodate children with special dietary needs.

Child Care Assistance *(Check all that apply)*

- I will consider or are already caring for children who are on a financial assistance program for child care.
- I offer scholarships to parents to help cover the cost of care..

My program has a 501c-3 Not-for-Profit Status

- Yes No

Program Policies (check all that apply)

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

Experience and Education

List your years and/or months of experience working in a LICENSED child care program.

Example: List your experience working in a family child care, group, center, preschool etc.

Education

- I have high school diploma or GED
- I have taken some child development college courses
- I have my CDA* (Child Development Associate credential)
- I have a CNA, RN or LPN degree
- I have an Associate's degree (specify area of degree) _____
- I have a Bachelor's degree (specify area of degree) _____
- I have a Master's degree or higher (specify area of degree) _____

* Include documentation of your CDA Credential if applicable.

I have special needs training and/or experience in the following

- ADHD/ADD
- Autism
- Hearing/Sign Language
- Monitors (ex: Apnea)
- Seizures
- Emotional/Behavioral (ex: withdrawn, impulsive, aggressive)
- Asthma/Severe Allergies
- Developmental Delay (ex; speech, motor delay)
- HIV/Hepatitis B

- Physical (ex: Spina Bifida, Cerebral Palsy, etc.)
- Visual
- Special Health Needs (ex: conditions that require a medical procedure such as tube feeding or insulin injection)

Accreditation / Affiliation (Check all that apply)

- I am a member of a local child care association.
- I am a member of ND Child Care Providers, Inc (NDCCPI)
- I am a member of NDAEYC/NAEYC (ND Association for the Education of Young Children/National AEYC).
- I am a member of the National Association for Family Child Care (NAFCC)
- My program is accredited by the National Association for Family Child Care* (NAFCC)

**Please include documentation of NAFCC 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

What is your interest/involvement in Peer Mentoring?

- I am currently a mentor
- I am interested in becoming a mentor
- I am interested in being matched with a mentor

Have you heard about Bright & Early?

- Yes
- No

If you would like more information about the Bright & Early program (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

Type of curriculum my program uses:

Type of child assessment(s) my program uses:

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.

Type of Location

My program is located in a

- House
- Apartment
- Townhouse/Condo
- Mobile Home
- Duplex
- Non-residential

Benefits

The benefits information you provide will be combined with information submitted by others who work in child care in North Dakota. Combined data may be used to support efforts to improve access to benefits for the child care profession. **Your confidentiality will be protected, and the information on your benefits will not be released in any way that identifies your program.**

Benefits

- I contribute to my own retirement plan.
- I have no health insurance.
- I pay for my health insurance.
- I have health insurance through another person.
- I pay for health insurance for my dependants.
- My family is enrolled in Healthy Steps or other public insurance such as Medicaid or Medical Assistance.

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

Print or Save Form to Your Computer