State of Montana
Department of Public Health and Human Services
Human and Community Services Division
Early Childhood Services Bureau
http://www.bestbeginnings.mt.gov

Best Beginnings Child Care Referral Program
Provider Information Form

This form is available at each regional Child Care Resource and Referral (CCR&R) agency website. By providing information in this form, the child care facility will be added to the child care referral services for families in Montana.

FIRST NAME	LAST NAME		
BUSINESS/FACILITY NAME		LICENSE/PROVIDER NUMBER (PV#)	
ADDRESS (physical)			
CITY	STATE	ZIP	COUNTY
MAILING ADDRESS (if different)			
CITY	STATE	ZIP	COUNTY
PRIMARY PHONE NUMBER		WEBSITE	
EMAIL ADDRESS		FAX PHONE NUMBER	

Please indicate which type of child care your facility is. Select only one.

☐Child Care Center ☐Family Child Care ☐Group Child Care ☐Tribal-Licensed Program
☐School Age Program ☐Preschool Program ☐Head Start

CHILD AGES SERVED

Youngest Age Served:	**Oldest Age Served:**
___ Years ____ Months _____Weeks	___ Years ____ Months _____Weeks

CAPACITY AND VACANCIES

Infant (0-23 months)

DESIRED CAPACITY:		CURRENT ENROLLMENT:	
FULL-TIME VACANCY:	DATE VACANCY BEGINS:	PART-TIME VACANCY:	DATE VACANCY BEGINS

Toddler (2 years old)

DESIRED CAPACITY:		CURRENT ENROLLMENT:	
FULL-TIME VACANCY:	DATE VACANCY BEGINS:	PART-TIME VACANCY:	DATE VACANCY BEGINS

Preschool (3-5 years old)

DESIRED CAPACITY:		CURRENT ENROLLMENT:	
FULL-TIME VACANCY:	DATE VACANCY BEGINS:	PART-TIME VACANCY:	DATE VACANCY BEGINS

CAPACITY AND VACANCIES

School Age (6 years old and older)

DESIRED CAPACITY:		CURRENT ENROLLMENT:	
FULL-TIME VACANCY:	DATE VACANCY BEGINS:	PART-TIME VACANCY:	DATE VACANCY BEGINS

Waiting List

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

Child Care Services Information

Please list public schools served:

Transportation – Choose all that apply.

☐Yes ☐No	Transportation provided for children to/from the family's home.
☐Yes ☐No	Transportation provided for children to and from activities.
☐Yes ☐No	Child care facility is located near public transportation.
☐Yes ☐No	Transportation provided for children to and from school.
☐Yes ☐No	Transportation provided for children to and from bus stop.
☐Yes ☐No	Child care facility is located within walking distance to school.

Languages

Do you speak any of the following languages? Multiple choices can be made.

☐English ☐Native American ☐Spanish ☐French
☐ German ☐American Sign Language ☐Other

Hours of Operation

Please list your facility's hours of operation:

Do you offer extended hours?

Please list the Holidays your facility is open:

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

Full-time and Part-time Attendance

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

Type of Child Care

Please check all that apply for type of care provided:
☐Drop-in ☐Temporary/Emergency ☐Before School ☐After School
☐Rotating Shifts ☐24-hour care

Rates

Do you charge for any of the following:
☐Transportation Fee ☐Charge above the state rate ☐Registration Fee
☐Activity Fee ☐Meal Fee ☐Advanced payment required
☐Minimum Daily Charge

Do you offer any of the following discounts:
☐Multi-child discount

Attributes (Environment)

What kind of environment do you offer at your facility? Check all that apply.

☐ Will toilet train ☐Offer field trips ☐Wheelchair accessible ☐ Structured curriculum
☐ Preschool Program ☐TV is not watched ☐No pets at facility ☐ Has outdoor activities/equipment
☐STARS to Quality Provider ☐ English as a Second Language
☐Summer Program

Meals

What meals are provided?

☐Breakfast ☐Morning Snack ☐Lunch ☐Afternoon Snack ☐Dinner
☐ Evening Snack ☐Child Care Food Program ☐OPI Afterschool Snack Program

Philosophy

What is the philosophy you use?

☐Faith based ☐Montessori ☐Waldorf ☐Reggio Emilia ☐Other
☐ Parent Cooperative (Facility is run by Parent Board.)

Best Beginnings Child Care Scholarship

Do you accept the Best Beginning Child Care Scholarship? ☐Yes ☐No

Best Beginnings STARS to Quality

Do you participate in the STARS to Quality program? ☐Yes ☐No
If yes, what STARS level is your child care facility on? _____

Policies *Choose all that apply.*

☐Yes ☐No	Separate sick area for children while waiting for parent to pick up
☐Yes ☐No	Charges for absent days
☐Yes ☐No	Closed for vacations and sick days (closes facility when on vacation or sick)
☐Yes ☐No	Uses substitutes when absent (keeps facility open by using substitutes)
☐Yes ☐No	Charges for holidays when facility is closed

Special Skills

Does your child care facility provide any of the following special skills?

☐Music ☐Drama ☐Art ☐Sports ☐Other

Special Needs

What special needs experience does your child care facility have?

☐ADHD/ADD ☐Autism ☐Catheter ☐Downs Syndrome ☐Diabetes
☐Hearing Impaired ☐Vision Impaired ☐Seizures ☐Cerebral Palsy ☐Tube Feeding
☐Asthma ☐Developmentally Delayed ☐Fetal Alcohol Syndrome ☐Emotional/Mental Health
☐Medical Disability ☐Food Allergies ☐Cystic Fibrosis

Professional Child Care Experience and Education

Please select a number of years for the Director of your child care facility.

☐Under 1 year ☐1-3 years ☐4-9 years ☐10-20 years ☐21 years or plus
Please list the educational background for the Director of your child care facility. _____

Professional Organization

Are you a current member of the following professional organization?

☐MTAEYC ☐MTCCA

Facility Setting

What best describes your child care facility?

☐Non-residential home ☐Workplace based ☐Mobile Homes ☐Public/Private School
☐Located in church ☐Duplex ☐ Apartment ☐ Intergenerational
☐Residential Home ☐Franchise

How did you learn about child care referral services? Please check all that apply.

☐Employer	☐Friend/relative	☐Previous user	☐Media-newspaper, radio, TV
☐ Brochure/Rack Card	☐Community agency	☐Tribal Program	☐ Phone book-Yellow Pages
☐Child Care Provider	☐ Regional CCR&R Agency	☐Internet/website	☐State of Montana agency

Provider Statement

In your own words what do you want parents to know about your facility. (This is the exact text that will be available to parents on child care referrals.)

PLEASE INITIAL THE FOLLOWING STATEMENTS:

	I grant permission for my child care facility to be added to both the referral data base and online referral data base.
	I understand the preferred method of contact is email. If you indicate you have email address, this is what will be used to communicate with you.
	The following information will appear on the child care facility profile: First Name, Business Name, Address, City/State/Zip, Facility Type, Phone Number, Hours/Days, Ages Served, Map to Street, Rates, and Full/Part Time.
	I hereby affirm that the statements in the Provider Information Form are accurate, complete and true to the best of my knowledge.
	I agree to provide additional documentation concerning the Provider Information Form to the regional CCR&R agency at their request.
	I understand that the regional CCR&R agency 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 the regional CCR&R agency and to complete this form on an annual basis unless otherwise requested.

_____ _____

Provider Signature Date