



APPLICATION Licensed Child Care Programs

Directions: Complete the application by entering information into every field. Leave no blank fields. Use “zero” or “n/a” when appropriate. Only complete applications will be processed. For assistance, call 888.291.9811 or visit ParentAware.org/providers/join-us to find your local contact.

Name of Program (exactly as it appears on the child care license):		
Type of Program: <input type="checkbox"/> Family Child Care Program (FCC) <input type="checkbox"/> Center Child Care Program (CCC)		
DHS License Number: _____ OR Tribal License Number*: _____ <i>*If tribally licensed, please include a copy of your tribal license.</i>		
Primary Contact First and Last Name:		Organization ID#: _____ For more information visit developtoolmn.org
Program Address:		Phone:
City:	ZIP Code:	County:
Mailing Address (if different):		Phone:
City:	ZIP Code:	County:
Primary Contact Email:		
Is the program currently accredited? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, Name of Accreditation:		
Is the program currently rated as part of a Head Start or school district partnership? <input type="checkbox"/> No <input type="checkbox"/> Yes		
If Yes, Name of Head Start or school district program:		
1. When is your program open and serving children? (Please choose one answer that fits best) <input type="checkbox"/> Full calendar year <input type="checkbox"/> School year only (typically September-May) <input type="checkbox"/> Summer only		
2. If your program closes (is not serving children) for two or more consecutive weeks at any time during the year, please describe below when your program is closed. Please be as specific as possible. This program is closed during the following timeframe each year:		
How did you hear about Parent Aware? (Check all that apply) <input type="checkbox"/> Child Care Aware meetings or trainings <input type="checkbox"/> Professional Association (MNAEYC) <input type="checkbox"/> Other _____ <input type="checkbox"/> Child Care Aware recruiter/staff <input type="checkbox"/> Peer/fellow provider <input type="checkbox"/> Newsletter or training catalog <input type="checkbox"/> Online		
Have you attended a Parent Aware Information Session? <input type="checkbox"/> No <input type="checkbox"/> Yes		

*For data collection purposes only

***Number of children served program-wide:** _____ ***Of these children, the number who are:**
 American Indian/Alaskan Native _____ Asian/Pacific Islander _____ Black/African American _____
 Hispanic/Latino _____ Bi/Multi-Race _____ White _____

***Of these children, the number who speak English as a second language:** _____

Children served in the program by age group:

	Infants	Toddlers	Preschoolers	School-Age*
For FCC Programs	6 weeks-11 months	12-23 months	24 months-Kinder. entry	Kindergarten-10 yrs.
For CCC Programs	6 weeks-15 months	16-32 months	33 months-Kinder. entry	Kindergarten-12 yrs.
Total number by age group:	Number of infants:	Number of toddlers:	Number of preschoolers:	Number of school-age* children:

Indicate below how many children currently enrolled in the program meet the definition of High Needs, defined by children from birth to kindergarten entry who are from low-income families (at or below 200% poverty rate) or otherwise in need of special assistance and support, including children with disabilities or developmental delays, who are English language learners, who reside on "Indian lands," who are migrant, homeless, or in foster care.

Total number of children who meet the criteria above:	Number of infants who meet the criteria:	Number of toddlers who meet the criteria:	Number of preschoolers who meet the criteria:	Number of school-age* children who meet the criteria above:
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For Child Care Centers Only
Total number of classrooms: _____

Does any portion of the program operate bilingually or in a language other than English? No Yes
If yes, share language(s): _____

Would the program like language interpretation services? No Yes
If yes, for which language(s) would you like service: _____

Which pathway to Rating is the program interested in pursuing?
 Full-Rating with Building Quality Full-Rating Accelerated Rating Expedited Rating

X _____
 Authorized Program Representative Signature

 Date