

MINNESOTA CHILD CARE BUSINESS UPDATE FOR CHILD CARE CENTERS

SECTION A: CONTACT INFORMATION

BUSINESS NAME _____ Date Completed _____

License # _____ County _____ Phone Number _____

Mailing Address _____ City _____ Zip _____

Phone Number For Texting _____ ☐ I authorize to receive SMS text messages from Child Care Aware of MN

Email address (for parents looking for childcare) _____

Preferred Business Name _____

Are you currently providing childcare? ☐ YES ☐ NO IF NO: Are you planning on returning to childcare?

☐ Not planning to return ☐ YES: Date of expected return? _____

Because the participation of every licensed child care provider is so important, Child Care Aware of Minnesota staff will contact you regarding the Update until you complete and return the questionnaire or **indicate that you do not wish to participate**. To indicate that you do not wish to participate, please **complete the contact information above and check the box marked "I decline to participate in the Provider Business Update,"** and return the first page to us. You may also call 888-291-9811 or e-mail UpdateTool@ChildCareAwareMN.org and indicate that you do not wish to complete the Update. If you reach voice mail, please leave your name and phone number so that the Child Care Aware staff can identify your program.

☐ I decline to participate in the Provider Business Update

Please return the Provider Business Update:

Via email: UpdateTool@ChildCareAwareMN.org

Via mail: Child Care Aware of Minnesota

Attn: CCIS Team

10 River Park Plaza Suite #820

Saint Paul, MN 55107

Privacy Notice: In accordance with the Minnesota Government Data Practices Act (Minnesota Statutes chapter 13), Child Care Aware of Minnesota (CCAoMN), a grantee of the State of Minnesota, is providing you with this privacy notice. To collect and use private/confidential data and personal information, we must tell you why we need the data, how we use it, and the outcomes you may experience if you provide the information or not. You may refuse to provide any or all this information. You are not legally required to provide information about yourself or your child care program as a part of the CCAoMN Business Update process, whether completed online or on paper. However, if you do not provide sufficient information, it may limit our ability to provide services to you, the accuracy of your Parent Aware profile (if any), or the information available about you and your program online. The information is also used to compare child care costs and subsidy rates in the Child Care Assistance Program. Your information may be shared with State of Minnesota agencies, with contractors who need this information to do their jobs, with researchers conducting evaluations of this program, in response to court orders, as required by the State or Legislative Auditor, and as otherwise authorized or allowed.

SECTION B: ENROLLMENT INFORMATION

1. What ages are you willing to care for?

Example: 6 weeks to 12 years

_____ to _____

2. How many children are currently enrolled in your childcare program (include full and part time?)

3. How many children do you want enrolled in your childcare program at one time (desired enrollment?)

4. What is your total desired enrollment? _____

SECTION C: RATES & FEES

For each question below, if your program charges different rates, please enter the HIGHEST rate. For example, if your program charges a lower rate for school-age care during the school year and regular rates for school-age care in the summer, enter the summer rate if it is the highest rate.

1. HOURLY RATES: Does your program charge hourly rates?

☐ YES ☐ NO ☐ DECLINE TO ANSWER

If YES, please list highest hourly rates below

Infants	Toddler	Preschooler	KG-School age
\$	\$	\$	\$
☐ No rate for this age group	☐ No rate for this age group	☐ No rate for this age group	☐ No rate for this age group

2. DAILY RATES: Does your program charge daily rates?

☐ YES ☐ NO ☐ DECLINE TO ANSWER

If YES, please list highest daily rates below

Infants	Toddler	Preschooler	KG-School age
\$	\$	\$	\$
☐ No rate for this age group	☐ No rate for this age group	☐ No rate for this age group	☐ No rate for this age group

3. WEEKLY RATES: Does your program charge weekly rates?

☐ YES ☐ NO ☐ DECLINE TO ANSWER

If YES, please list highest weekly rates below

Infants	Toddler	Preschooler	KG-School age
\$	\$	\$	\$
☐ No rate for this age group	☐ No rate for this age group	☐ No rate for this age group	☐ No rate for this age group

4. Does your program charge any rate besides Hourly, Daily or Weekly (such as Before/After School, Monthly, etc.)?

☐ YES ☐ NO ☐ DECLINE TO ANSWER

If yes, explain:

5. Does your program have a registration fee? (non-refundable)

☐ YES ☐ NO ☐ DECLINE TO ANSWER

If Yes, HIGHEST amount charged \$ _____

6. Can we share your rates with parents looking for care through our phone and online referral services?

☐ YES ☐ NO

7. Are you currently caring for children on childcare assistance (CCAP) or subsidy?

☐ YES, currently caring for CCAP children

☐ NO, not currently caring for CCAP children but willing to

☐ NO, and not willing to care for CCAP children

8. If yes, and the rate reimbursed by CCAP is not your full private pay rate, do you charge families the difference in addition to collecting their copay?

☐ YES ☐ NO

9. What are the barriers your program faces in caring for children on childcare subsidy? (Check all that apply.)

☐ Payment rates are too low

☐ There is too much paperwork to get approved

☐ I need to get paid before caring for children

☐ Payment rules are too complicated

☐ Billing form is hard to use

☐ Electronic billing is hard to use

☐ My county does not offer the electronic billing option

☐ It takes too long to get paid

☐ Not enough absent days are paid

☐ Too hard to reach a family's worker when I have questions

SECTION D: BUSINESS PRACTICES/OTHER

1. What are your business hours? *Please enter your earliest start time and latest closing time.*

Day	Start Time	End Time
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

2. During what part of the year is your business open? (Check one of the following)

☐ Full year ☐ School year only ☐ Summer only

3. On what time basis do you accept children? (check one of the following)

☐ Full-time basis (more than 30 hours/week)
☐ Part-time basis (30 hours/week or less)
☐ Both

4. What schedules do you accept? (check all that apply)

☐ Drop-in (infrequent care)
☐ Temporary/emergency (short-term, back-up care)
☐ Before school
☐ After school
☐ Open Holidays
☐ 24 Hour (occasional basis)
☐ Rotating (Example: M-W one week, T-TH next week)
☐ None of the above

5. Does your program have indoor or outdoor pets?

☐ YES ☐ NO

6. Does your program have an outdoor play area that is completely fenced in? ☐ YES ☐ NO

7. Is your program wheelchair accessible?

☐ YES ☐ NO

8. Do you limit your enrollment to a specific group? (for example: employees of a specific business or tenants of a specific building.)

☐ YES ☐ NO

9. Are at least 50% of the children enrolled in your program of American Indian heritage? ☐ YES ☐ NO

If yes, you may be contacted by MNTRECC to offer tribal specific services.

10. Do you currently serve children experiencing homelessness?

This includes families living in shelters, cars, outside, public spaces, or motels due to lack of accommodation and families doubling up temporarily due to hardship.

☐ YES ☐ NO

11. Select all languages used to speak with families and children in your program.

☐ English ☐ Spanish ☐ Hmong ☐ Somali
☐ Karen ☐ Arabic ☐ Oromo
☐ American Sign Language ☐ Ojibwe
☐ Dakota ☐ Other _____

SECTION E: TRAINING & EXPERIENCE

1. Select all special needs trainings or experience earned by all program staff.

☐ Developmental Delay (such as autism, speech, cognitive, social and/or motor delays)
☐ Emotional/behavioral (such as ADHD/ADD)
☐ Hearing Impaired

☐ Special Health Needs (such as asthma, special diet or Hepatitis B)

☐ Physically Challenged

☐ Visually Impaired

☐ I do not have special needs training and/or experience

Thank you for completing the Provider Business Update.