

**Child Care Provider of the Month
Nomination Form**

Nominee's Name:

Nominees must be listed with the Child Care HELPLine

Address:

City, State, Zip:

Home Phone:

Work Phone:

Person submitting the nomination:

Address:

City, State, Zip:

Phone:

Email:

Please attach a 1 page (no more than 500 words) narrative and include the following information:

- 1) Length of time the nominee has been in the child care business.
- 2) Why you feel the nominee provides exceptional quality care to children.
- 3) Any additional information you want the selection committee to know about the nominee.

Mail completed nominations to:
Child Care HELPLine
1000 N. West Ave. Ste. 310
Sioux Falls, SD 57104

Or fax: 332-1333, attention Nicole

Or e-mail: child@helplinecenter.org