



Department of Planning & Community & Economic Development
Community Development Division

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MADISON CHILD CARE ACCREDITATION APPLICATION

Here We Grow Learning Center 10/5/09
Center Name Today's Date
5206 Anton Dr. Fitchburg, WI 53719 (608) 270-9000
Center Address Center Phone
Chris Leatherberry (608) 270-9000
Contact Person at This Address Contact Phone
Chris Leatherberry (608) 270-9000
Director of Child Care Program Director Phone

INFORMATION ABOUT THE CORPORATION:

NON-PROFIT (Chapter 181)

BUSINESS CORPORATION (Chapter 180)

- ☐ Private non-profit single-service child care agency
☐ Service component of a multi-service non-profit
☐ Religiously affiliated child care program

- ☒ Single-service child care business corporation
☐ Service component of a multi-service business corporation

GOVERNMENT OR EDUCATIONAL INSTITUTION

- ☐ Child care program sponsored by or under contract to a public educational or governmental entity

Employer Number: _____

N/A

NAME OF CORPORATION SPONSORING THE CENTER

Corporate Address

Phone

CHIEF EXECUTIVE OFFICER OF THE CORPORATION

Address

Phone

PRESIDENT OF THE CORPORATE BOARD

Address

Phone

OCT 19 2009

BOARD COMPOSITION:

List or attach the information below for the members of the Agency's or Corporation's Board of Directors or, if applicable, your center's Parent Advisory Committee.

	Name	Address	Phone	Board Position	Parent*
1.	N/A				
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					

*Parent of a child enrolled, currently or during the last year, in a children's service of this agency.

INFORMATION ABOUT THE CENTER:

Does the child care program have a Wisconsin child care group license? ☒ Yes ☐ No

If yes, please provide the following information:

- ✓ Licensed Capacity: 110
- ✓ Expiration Date: 7/31/2010
- ✓ Has the program received any forfeitures or orders within the past year? ☐ Yes ☒ No
- ✓ Attach the most recent compliance or non-compliance statement that includes the center's correction plan.

If no, what is the status of the center's license? _____

Is the program located within the City of Madison? ☐ Yes ☒ No

If no, how many children enrolled are from Madison resident families? 65

Total number of children currently enrolled: 98

Percentage of enrollment supported by Wisconsin Shares Funding: 13%.

Full-day child care and education:

- | | | |
|------------------|-----------------|-------------------|
| ○ Infant-Toddler | # of classrooms | <u>24</u> |
| ○ Preschool | # of classrooms | <u>46</u> |
| ○ Kindergarten | # of classrooms | <u>28</u> |
| ○ Summer Camp | # of classrooms | <u> </u> |

Part-day child care and education:

- | | | AM | PM |
|------------------|--------------|----------|----------|
| ○ Infant-Toddler | # of classes | <u>0</u> | <u>0</u> |
| ○ Preschool | # of classes | <u>0</u> | <u>0</u> |
| ○ Summer Camp | # of classes | <u>0</u> | <u>0</u> |

School-age child care:

- | | | |
|-----------------|-----------------|----------|
| ○ Before School | # of classrooms | <u>0</u> |
| ○ After School | # of classrooms | <u>0</u> |
| ○ Summer Camp | # of classrooms | <u>0</u> |

RELIGIOUS AFFILIATION:

- ☐ Yes ☒ No Is the program organized for a religious or sectarian purpose?
- ☐ Yes ☒ No Are any members of your Board or Parent Committee chosen by a religious or sectarian organization, or for any religious or sectarian purpose?
- ☐ Yes ☒ No Does the child care program provide religious instruction, reserve enrollment for children based on religion, or reserve slots on the Board of Directors for a religious institution?

**THIS APPLICATION MUST BE SIGNED BY AN INDIVIDUAL WHO IS AUTHORIZED TO SIGN
FOR THE CORPORATION**

Signature Christine Leatherberry Date 10-5-09

Name Christine Leatherberry

Title Director

Please return application to:

**COMMUNITY SERVICES SUPERVISOR
OFFICE OF COMMUNITY SERVICES
P.O. BOX 2627
MADISON, WI 53701-2627**

OCS STAFF ONLY:

Meets City of Madison Accreditation Eligibility Requirements: ☐ YES ☐ NO

Signature
Jolene Ibeling
Child Care Program Coordinator

Date