



Resource & Referral
418 Wisconsin Street
Eau Claire, WI 54703
(800) 782-1880
www.ChildCareReferral.org

2011 Child Care Business Information Form (BIF)

Date Completed: ____/____/____

Completed by: _____

General Information

Name: _____ Title: _____

Business Name: _____ Providing Care Since: ____/____/____

Region (Eau Claire only: North, South, etc...) _____ Elementary School Area: _____

DWD Number: _____ Facility ID Number: _____ Cert. Expiration Date: ____/____/____

Program Licensed Capacity: _____

Type of Facility: Group Child Care Center

Family Child Care Home

Preschool

School Age

CCR&R will release your program name and information to families seeking child care by mail and thru on-line referrals unless you instruct us otherwise. If you do not want your name to be released at this time, please check: NO

You may call at anytime to have your program included in the referral list.

Please complete this form for statistical purposes.

Location Address: _____

City: _____ State: _____ Zip: _____

County: _____

Mailing Address (if different from above): _____

City: _____ State: _____ Zip: _____

Phone # 1: _____ Ext. _____ Phone # 2: _____ Ext. _____

Fax: _____ Email: _____

Website: _____

Regulation Type

- | | |
|------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|
| <input type="checkbox"/> State Licensed Group Center | <input type="checkbox"/> State Licensed Home |
| <input type="checkbox"/> County Certified Home | <input type="checkbox"/> Provisional Certified Home |
| <input type="checkbox"/> State Licensed Preschool Program | <input type="checkbox"/> State Licensed Head Start Program |
| <input type="checkbox"/> State Licensed School-Age Program
<i>(exclusively for school-age children)</i> | <input type="checkbox"/> State Licensed Camp |

Ages of Children Served

Age of the youngest child you are willing to care for: _____ weeks _____ months _____ years

Age of the oldest child you are willing to care for: _____ weeks _____ months _____ years

Children are transported to area schools by: *(check all that apply)*

- | | | |
|--------------------------------------------------|-----------------------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> Transportation Provided | <input type="checkbox"/> Walking Distance to School | <input type="checkbox"/> Near Public Transportation |
| <input type="checkbox"/> Program Van/Car | <input type="checkbox"/> Taxi Service | <input type="checkbox"/> School Bus |
| <input type="checkbox"/> Other | | |

List all the schools transportation is provided to:

_____	_____	_____
_____	_____	_____
_____	_____	_____

Language *Languages spoken by you or your staff (check as many as apply)*

- | | | |
|----------------------------------|-------------------------------------------------|-----------------------------------------------------------|
| <input type="checkbox"/> English | <input type="checkbox"/> American Sign Language | <input type="checkbox"/> Hmong |
| <input type="checkbox"/> Spanish | <input type="checkbox"/> Arabic | <input type="checkbox"/> Other <i>(please list)</i> _____ |

Program *(check all that apply)*

Planned activities provided:

- | | | | |
|-------------------------------------------|--------------------------------------------------|--------------------------------------------------|---------------------------------------------|
| <input type="checkbox"/> Art Activities | <input type="checkbox"/> Large Muscle Activities | <input type="checkbox"/> Small Muscle Activities | <input type="checkbox"/> Story Time |
| <input type="checkbox"/> Music Activities | <input type="checkbox"/> Walking Field Trips | <input type="checkbox"/> Driving field trips | <input type="checkbox"/> Science Activities |
| <input type="checkbox"/> Indoor play-area | <input type="checkbox"/> Other Activities | | |

Schedule Information

Special Schedules:

- Daytime Care *(care that is provided before 6:00 pm)*
- Evening Care *(care that is provided after 6:00 pm)*
- Overnight Care *(care that is provided between the hours of 12:00 am and 6:00 am)*
- Weekend Care *(care that is provided on Saturday and/or Sunday)*

Days of Operation	Start Time	End Time		Start Time	End Time
Monday			Fill in right hand side if you have two different start times (example, preschool morning session 9:00a – 11:00p and afternoon session 1:00p – 3:00p).		
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					

Types of schedules/ programs available (check as many of the following as apply)

- | | | |
|------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|---------------------------------|
| <input type="checkbox"/> Full Time | <input type="checkbox"/> Part Time | <input type="checkbox"/> Both |
| <input type="checkbox"/> Full Year | <input type="checkbox"/> School Year | <input type="checkbox"/> Summer |
| <input type="checkbox"/> Drop In (4 hours of care or less on a limited time basis) | <input type="checkbox"/> Temporary/Emergency | |
| <input type="checkbox"/> Before School | <input type="checkbox"/> After School | |
| <input type="checkbox"/> Rotating (care changes from week to week) | <input type="checkbox"/> 24 hours (must be regulated for the full 24 hours) | |
| <input type="checkbox"/> Sick Care (children who are mildly ill or recuperating) | <input type="checkbox"/> Open holidays (such as Thanksgiving, Christmas, etc.) | |

Scheduling Comments:

Rates

If you only serve children whose care is paid for by Wisconsin Shares and just accept the maximum county reimbursement rate check here

When filling out the rates section below: Our 1st choice would be to have you attach a copy of your rates sheet and skip the below chart. If you don't have a printed rates sheet, please fill out the below chart School age rates for summer full week and vacation days put in Full-time rate DO NOT put before and after school rates in full-time rate

Age Group (Age Range)	Hourly Part Time	Hourly Full Time	Daily Part Time	Daily Full Time	Weekly Part Time	Weekly Full Time	Monthly Part Time	Monthly Full Time	Other PT	
Infant 1 (0-12 months)										
Toddler 1 1 year										
Toddler 2 2 year										
Preschool 1 3 year										
Preschool 2 4 year										
Kindergarten 5 year										
School-Age 1 6-8 years					After School	Summer Care			Weekly Before School	
School-Age 2 9 + years					After School	Summer Care			Weekly Before School	

What is the minimum number of hours a child would need to attend to be charged your full time weekly rate? _____

When will your program next change its rates? _____ (month) _____ (year)

Do you accept Wisconsin Shares payments? Yes No

Additional Fees *(check as many of the following as apply)*

- | | | |
|---------------------------------------------------------|---------------------------------------------------------|---------------------------------------------|
| <input type="checkbox"/> Yearly Registration Fee | <input type="checkbox"/> One Time Enrollment Fee | <input type="checkbox"/> Security Deposit |
| <input type="checkbox"/> Supply Fee | <input type="checkbox"/> Activity/Field Trip Fee | <input type="checkbox"/> Transportation Fee |
| <input type="checkbox"/> Holding Fee | <input type="checkbox"/> Meal/Snack Fee | <input type="checkbox"/> Late Pick-up Fee |
| <input type="checkbox"/> Ask Provider | | |

Environment *(check as many of the following as apply)*

- No** dog/s on premises
- No** cat/s on the premises
- No** pets on the premises
- Smoking is never allowed on the premises *(inside or outside center/home)*
- Adult pool is on the premises
- Outdoor enclosed play area
- Building is wheelchair accessible

Meals *(check as many of the following as apply)*

- | | | |
|------------------------------------------|---------------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> Breakfast | <input type="checkbox"/> AM Snack | <input type="checkbox"/> Lunch |
| <input type="checkbox"/> PM Snack | <input type="checkbox"/> Dinner | <input type="checkbox"/> Evening Snack |
| <input type="checkbox"/> Parents Provide | <input type="checkbox"/> Food Program Participant | <input type="checkbox"/> Infant Formula Provided |
| <input type="checkbox"/> N/A | If you are on a food program, which one: _____ | |

Financial Assistance *In addition to enrolling children receiving the state's Child Care Subsidy, your program offers the following types of financial assistance for families. (check as many as apply):*

- | | |
|--------------------------------------------------|-----------------------------------------------------------------------------------------------|
| <input type="checkbox"/> No Financial Assistance | <input type="checkbox"/> Sliding fee scale |
| <input type="checkbox"/> Scholarships | <input type="checkbox"/> Family discount <i>(discount for more than one child per family)</i> |

Policies *(Check as many of the following as apply)*

- | | |
|-------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| <input type="checkbox"/> Your program requires payment before care will be provided | <input type="checkbox"/> Require parents to sign a contract |
| <input type="checkbox"/> Payment is required when a child is absent | <input type="checkbox"/> Maintain liability insurance |
| <input type="checkbox"/> Have written policies or parent handbook | <input type="checkbox"/> Willing to hold a spot for a fee |
| <input type="checkbox"/> Child must be toilet trained before entering program | <input type="checkbox"/> Have a substitute for sick/vacation days |

Special Skills *(place a check mark next to each of the following that you or your staff have COMPLETED)*

- Administrator's Credential
- Preschool Credential

- Infant Toddler Credential
- School-Age Credential
- Inclusion
- Family Service Credential
- CDA (Child Development Associate)
- RN/LPN/CNA (Registered Nurse/ Licensed Practical Nurse/ Certified Nursing Assistant)

Special Needs Training/ Experience

Caregiver(s) have had training or experience with the following (check as many as apply)

- | | | |
|-------------------------------------------------------------------------------------------------|-----------------------------------|-------------------------------------|
| <input type="checkbox"/> Emotional/Behavioral Disability (i.e. ADD/ADHD, Autism) | <input type="checkbox"/> Training | <input type="checkbox"/> Experience |
| <input type="checkbox"/> Physical Disability (Cerebral Palsy, Spina Bifida, Seizures) | <input type="checkbox"/> Training | <input type="checkbox"/> Experience |
| <input type="checkbox"/> Cognitive Disability (Down's Syndrome, Mental Delay) | <input type="checkbox"/> Training | <input type="checkbox"/> Experience |
| <input type="checkbox"/> Sensory Disability (Hearing/Visual Impairment, Communication Disorder) | <input type="checkbox"/> Training | <input type="checkbox"/> Experience |
| <input type="checkbox"/> Health/Medical Disability (Allergies, Asthma, Diabetes, HIV/AIDS) | <input type="checkbox"/> Training | <input type="checkbox"/> Experience |
| <input type="checkbox"/> Feeding Tube | <input type="checkbox"/> Training | <input type="checkbox"/> Experience |
| <input type="checkbox"/> Monitor | <input type="checkbox"/> Training | <input type="checkbox"/> Experience |
| <input type="checkbox"/> Administer Shots | | |
| <input type="checkbox"/> Provide Special Diets | | |
| <input type="checkbox"/> No training or experience in any of these areas | | |

*All providers have an obligation to reasonably accommodate children with disabilities in their programs.

Training (place a check mark next to each of the following that you or your staff has COMPLETED)

- Infant/Child CPR (class has been completed within the last 2 years)
- First Aid (class has been completed within the last 2 years)
- SIDS Training
- Shaken Baby Syndrome
- Child Abuse and Neglect
- Wisconsin Model Early Learning Standards (WMELS)

Education (place a check mark next to each of the following that you or your staff have COMPLETED)

- Required Licensing Courses (for family providers only)
- Required Certification Courses (for family providers only)
- Required Infant/Toddler Courses
- Required Course for Lead/Assistant Teacher (for group centers only)
- 1 Year Diploma (child related)
- 2 Year Degree (child related)
- 4 Year Degree (child related)
- Master Degree (child related)
- 2 Year Degree (non child related)
- 4 Year/Masters Degree (non child related)

Group Center

Capacity and Enrollment Information

Group Centers please fill in the entire chart by age group.

Age Group	Full Time Enrollment	Part Time Enrollment	# Children on Subsidy Enrolled	Full Time Vacancies	Part Time Vacancies	Capacity	Ratio [Staff: Child]
0-12 months							:
1 years							:
2 years							:
3 years							:
4 years							:
5 years							:
6-8 years							:
9+ years							:

Group Center Setting

- Faith-based
 Non-residential
 Workplace-based

Affiliation

- For Profit
 Nonprofit
 Government Sponsored Nonprofit
 Employer Sponsored For Profit
 Employer Sponsored Nonprofit

Preschool/ Kindergarten Programs *(check as many of the following as apply)*

- Provide a separate Preschool program on-site for 3 year olds
 Provide a separate Preschool program on-site for 4 year olds
 Provide 4-year old Kindergarten on-site with a DPI certified teacher
 Provide Kindergarten on-site with a DPI certified teacher

Census Bureau Questions *(Optional, for statistical purposes only)*

Number of persons on staff whose race is:

- | | | |
|--------------------|------------------------------|----------------------------------------|
| _____ White | _____ Black | _____ American Indian or Alaska Native |
| _____ Asian Indian | _____ Native Hawaiian | _____ Chinese |
| _____ Filipino | _____ Japanese | _____ Vietnamese |
| _____ Hispanic | _____ Hmong | _____ Guamanian or Chamorro |
| _____ Samoan | _____ Other Pacific Islander | _____ Other race (print race) _____ |

Wage & Benefits for Group Center Staff

** Directors

Lowest Hourly Rate of Pay\$ _____

Highest Hourly Rate of Pay\$ _____

Benefits (Check all benefits currently offered to Directors)

- | | |
|-------------------------------------------------------------|----------------------------------------------------------|
| <input type="checkbox"/> Health Insurance | <input type="checkbox"/> Dental Insurance |
| <input type="checkbox"/> Paid Family Leave | <input type="checkbox"/> Paid Holidays |
| <input type="checkbox"/> Paid Vacation Days | <input type="checkbox"/> Paid Sick Days |
| <input type="checkbox"/> Paid Preparation/Planning Time | <input type="checkbox"/> Paid Staff Meetings/In-services |
| <input type="checkbox"/> Continuing Education Reimbursement | <input type="checkbox"/> Reduced Child Care Rates |

** Assistant Directors

Lowest Hourly Rate of Pay\$ _____

Highest Hourly Rate of Pay\$ _____

Benefits (Check all benefits currently offered to Assistant Directors)

- | | |
|-------------------------------------------------------------|----------------------------------------------------------|
| <input type="checkbox"/> Health Insurance | <input type="checkbox"/> Dental Insurance |
| <input type="checkbox"/> Paid Family Leave | <input type="checkbox"/> Paid Holidays |
| <input type="checkbox"/> Paid Vacation Days | <input type="checkbox"/> Paid Sick Days |
| <input type="checkbox"/> Paid Preparation/Planning Time | <input type="checkbox"/> Paid Staff Meetings/In-services |
| <input type="checkbox"/> Continuing Education Reimbursement | <input type="checkbox"/> Reduced Child Care Rates |

** Teachers

Lowest Hourly Rate of Pay\$ _____

Highest Hourly Rate of Pay\$ _____

Benefits (Check all benefits currently offered to Teachers)

- | | |
|-------------------------------------------------------------|----------------------------------------------------------|
| <input type="checkbox"/> Health Insurance | <input type="checkbox"/> Dental Insurance |
| <input type="checkbox"/> Paid Family Leave | <input type="checkbox"/> Paid Holidays |
| <input type="checkbox"/> Paid Vacation Days | <input type="checkbox"/> Paid Sick Days |
| <input type="checkbox"/> Paid Preparation/Planning Time | <input type="checkbox"/> Paid Staff Meetings/In-services |
| <input type="checkbox"/> Continuing Education Reimbursement | <input type="checkbox"/> Reduced Child Care Rates |

** Assistant Teachers

Lowest Hourly Rate of Pay\$ _____

Highest Hourly Rate of Pay\$ _____

Benefits (Check all benefits currently offered to Assistant Teachers)

- | | |
|-------------------------------------------------------------|----------------------------------------------------------|
| <input type="checkbox"/> Health Insurance | <input type="checkbox"/> Dental Insurance |
| <input type="checkbox"/> Paid Family Leave | <input type="checkbox"/> Paid Holidays |
| <input type="checkbox"/> Paid Vacation Days | <input type="checkbox"/> Paid Sick Days |
| <input type="checkbox"/> Paid Preparation/Planning Time | <input type="checkbox"/> Paid Staff Meetings/In-services |
| <input type="checkbox"/> Continuing Education Reimbursement | <input type="checkbox"/> Reduced Child Care Rates |

Family Home

Enrollment Information

Age Group	Full Time Enrollment (include children on subsidy)	Part Time Enrollment (include children on subsidy)	# Children on Subsidy Enrolled	Full Time Vacancies	Part Time Vacancies	# of your own children
0-12 months						
1 years						
2 years						
3 years						
4 years						
5 years						
6-8 years						
9+ years						

Family Home Setting

- | | |
|------------------------------------|------------------------------------------|
| <input type="checkbox"/> House | <input type="checkbox"/> Mobile Home |
| <input type="checkbox"/> Apartment | <input type="checkbox"/> Duplex |
| <input type="checkbox"/> Townhouse | <input type="checkbox"/> Non-residential |

Family Provider Benefits *(Check all that apply)*

- | | | |
|---------------------------------------------|-----------------------------------------|-------------------------------------------|
| <input type="checkbox"/> Paid Vacation Days | <input type="checkbox"/> Paid Sick Days | <input type="checkbox"/> Health Insurance |
|---------------------------------------------|-----------------------------------------|-------------------------------------------|

Family Wage Information

Wages *(A report will be compiled and sent to all providers who answer this question)*

What was your taxable income from 2009 Federal Tax Return Form 1040, Schedule C, Line 31\$ _____
(This is just the income for the family provider services, not the overall family income)

Census Bureau Questions *(Optional, for statistical purposes only)*

What is your race?

- | | | |
|---------------------------------------|-------------------------------------------------|-----------------------------------------------------------|
| <input type="checkbox"/> White | <input type="checkbox"/> Black | <input type="checkbox"/> American Indian or Alaska Native |
| <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Native Hawaiian | <input type="checkbox"/> Chinese |
| <input type="checkbox"/> Filipino | <input type="checkbox"/> Japanese | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Hispanic | <input type="checkbox"/> Hmong | <input type="checkbox"/> Guamanian or Chamorro |
| <input type="checkbox"/> Samoan | <input type="checkbox"/> Other Pacific Islander | <input type="checkbox"/> Other race (print race) _____ |

YOUR PRIVACY RIGHTS

Our mission is to provide parents with objective information about child care programs in their community and information on selecting quality child care. CCR&R does not endorse or recommend any particular child care program. Parents are strongly encouraged to visit each site and ask questions about policies and procedures of the program before making a final decision. We will not guarantee that you will receive prospective parents from CCR&R. We encourage you to continue to advertise through local newspapers, church and other organizations. We ask that you notify CCR&R of any vacancies or changes in your program (hours of operation, phone number, address, etc.)

The purpose of collecting the information in this form is to:

1. Effectively provide referrals to parents who are looking for child care and provide appropriate program information.
2. Report and gather statistics on child care needs.
3. Provide training and technical assistance to meet your needs as a child care provider.

You are not required to provide this information, but without it, we will not be able to help parents locate your program. In addition, the information is used for statistical reporting that influences planning, policy development, and funding levels. Statistical information never includes provider names, and may be shared with community groups, etc. At times, we receive requests for a mailing list of providers from outside sources that have a legitimate provider interest, such as a public health alert, etc. This information (name, address) is public information. Other information about your program is not provided to outside vendors.

This notice covers all changes you make in your file (by phone, in person, or written) until your file is deleted from the database. I authorize the information in this form to be used as outlined above.

Signature: _____

Date: _____