



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

2012 Child Care Business Information Form (BIF)

Date Completed: ____/____/____

Completed by: _____

General Information

Name: _____ Title: _____

Business Name: _____

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 any time to have your program included in the referral list.

Please complete this form for statistical purposes.

Location Address: _____

City: _____ **State:** _____ **Zip:** _____ **County:** _____

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

Fax: _____ **Email:** _____

Website: _____

Mailing Address (*if different from above*): _____

City: _____ State: _____ Zip: _____ County: _____

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 | | |

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 Planned activities provided: (*check all that apply*)

- | | | | |
|---|--|--|---|
| <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

Days of Operation	Start Time	End Time	Start Time	End Time
<input type="checkbox"/> 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).	
<input type="checkbox"/> Tuesday				
<input type="checkbox"/> Wednesday				
<input type="checkbox"/> Thursday				
<input type="checkbox"/> Friday				
<input type="checkbox"/> Saturday				
<input type="checkbox"/> Sunday				

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

- Accepts Children:** Full Time Part Time Both
- Duration:** Full Year School Year Summer

Extra Care Services:

- Drop In *(4 hours of care or less on a limited time basis)* Temporary/Emergency
- Before School After School
- Rotating *(care changes from week to week)* 24 hours *(must be regulated for full 24 hrs)*
- Open holidays *(such as Thanksgiving, Christmas, etc.)*

Special Requests: Sick Care *(children who are mildly ill or recuperating)*

Rates

If you only serve children whose care is paid for by Wisconsin Shares and only 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

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

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

Minimum number of hours a child would need to attend to be charged your full time weekly rate? _____

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)

- | | | |
|--|--|--|
| <input type="checkbox"/> No dog/s on premises | <input type="checkbox"/> No cat/s on the premises | <input type="checkbox"/> No pets on the premises |
| <input type="checkbox"/> Smoking is never allowed on the premises (<i>inside or outside center/home</i>) | | |
| <input type="checkbox"/> Adult pool is on the premises | <input type="checkbox"/> Outdoor enclosed play area | <input type="checkbox"/> 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"/> Infant Formula Provided | <input type="checkbox"/> N/A |
| <input type="checkbox"/> Food Program Participant: If you are on a food program please indicate 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)

- | | |
|--|---|
| <input type="checkbox"/> Administrator's Credential | <input type="checkbox"/> Preschool Credential |
| <input type="checkbox"/> Infant Toddler Credential | <input type="checkbox"/> School-Age Credential |
| <input type="checkbox"/> Inclusion | <input type="checkbox"/> Family Service Credential |
| <input type="checkbox"/> CDA (Child Development Associate) | <input type="checkbox"/> 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>i.e. ADD/ADHD, Autism</i>) | <input type="checkbox"/> Training | <input type="checkbox"/> Experience |
| <input type="checkbox"/> Physical Disability (<i>Cerebral Palsy, Spina Bifida, Seizures</i>) | <input type="checkbox"/> Training | <input type="checkbox"/> Experience |
| <input type="checkbox"/> Cognitive Disability (<i>Down's Syndrome, Mental Delay</i>) | <input type="checkbox"/> Training | <input type="checkbox"/> Experience |
| <input type="checkbox"/> Sensory Disability (<i>Hearing/Visual Impairment, Communication Disorder</i>) | <input type="checkbox"/> Training | <input type="checkbox"/> Experience |
| <input type="checkbox"/> Health/Medical Disability (<i>Allergies, Asthma, Diabetes, HIV/AIDS</i>) | <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 (within 2 years) First Aid (within 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 (family providers) Required Certification Courses (family providers)
 Required Infant/Toddler Courses Required Course for Lead/Assistant Teacher (group centers)
 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)

Family Child Care Information Only:

Enrollment Information (Include children on subsidy)

Age Group	Full Time Enrollment	Part Time Enrollment	# 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

- House Mobile Home Apartment Duplex Townhouse Non-residential

Family Provider Benefits (Check all that apply)

- Paid Vacation Days Paid Sick Days 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 2011 on your 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: What is your race? (Optional, for statistical purposes only)

- 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) _____

Group Center Information Only:

Capacity and Enrollment Information *Group Centers please fill in the entire chart by age group as best as you can.*

Please do not combine age groups.

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
 Employer Sponsored For Profit
 Nonprofit
- Employer Sponsored Nonprofit
 Government 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 |

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: _____