



CHILD CARE PROGRAM BUSINESS INFORMATION FORM

Date Completed: ____ / ____ / ____

Completed By: _____

General Information

Name: _____ Title: _____

Business Name: _____

Childcaring, Inc. will release your program name and information to families seeking child care by mail and through online referrals unless you instruct us otherwise.

If you do not want your name to be released at this time, please indicate here: **"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: _____ Website: _____

Internal E-Mail (to be used for Childcaring emails only): _____

Referral Email: (to be listed on child care referrals): _____

Mailing Address (if different from above): _____

City: _____ State: _____ Zip: _____

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

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

- English
- American Sign Language
- Hmong
- Spanish
- Arabic
- Other (please list) _____

Special Needs Training or Experience*

Caregiver(s) have had training or experience with the following (check all that apply)

- Emotional/Behavioral Disability (i.e. ADD/ADHD, Autism)
- Physical Disability (Cerebral Palsy, Spina Bifida, Seizures)
- Cognitive Disability (Down Syndrome, Mental Delay)
- Sensory Disability (Hearing/Visual Impairment, Comm. Disorder)
- No training in any of these areas
- Feeding Tube
- Administer Shots
- Food Allergies
- Allergies or Asthma

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

Schedule Information

Days of Operation	Start Time	End Time	Preschool Options	
<input type="checkbox"/> Monday			<input type="checkbox"/> Offer AM Preschool	Hours _____
<input type="checkbox"/> Tuesday			<input type="checkbox"/> Offer PM Preschool	Hours _____
<input type="checkbox"/> Wednesday			<input type="checkbox"/> Offer AM 4K	Hours _____
<input type="checkbox"/> Thursday			<input type="checkbox"/> Offer PM 4K	Hours _____
<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 Care for Children Under 2 Years of Age
 Part Time Care for Children 2 Years of Age or Older

- Duration: Full Year School Year Summer

Extra Care Services:

- Drop In (4 hrs or less on limited time basis) Temporary/Emergency
 Before School After School
 Rotating (care changes week to week) 24 hours (must be regulated for full 24 hrs)
 Open holidays (such as Thanksgiving, Christmas, etc.) Sick Care (children who are mildly ill or recuperating)

Indicate your rates:

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
0-11 months								
1 year								
2 year								
3 year								
4 year								
5 year								
6+ years								
Before School								
After School								

****School age rates for summer full week and vacation days put in Full-time rate.**

When serving children that receive Wisconsin Shares, do you just accept the maximum county reimbursement?

- Yes No

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

- One Time** Enrollment Fee **Yearly** Registration Fee Security Deposit
- Meal/Snack Fee Supply Fee Ask Provider
- Transportation Fee Holding Fee
- Late Pick-up Fee Activity/Field Trip Fee

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):

- No Financial Assistance Sliding fee scale
- Scholarships Family discount (discount for more than one child per family)

Public Elementary School(s) your program is assigned to _____

Vacancies

Date of earliest vacancy _____

Total Vacancies: 0-23 months _____

Total Vacancies: 2+ years _____

**Vacancy updates can easily be made online throughout the year. This will allow us to give parents the most updated information regarding potential openings. Share your email with us to get your online link for updates!*

Part time Vacancies. Check all boxes that apply

- 0-11 months 1 year 2 years 3 years 4 years 5 years 6+ years

Full time Vacancies. Check all boxes that apply

- 0-11 months 1 year 2 years 3 years 4 years 5 years 6+ years

Census Bureau (Optional, for statistical purposes only)

Number of persons on staff whose race is:

(Include yourself in the count)

- _____ White _____ Hmong
- _____ Hispanic or Latino _____ Asian (besides Hmong)
- _____ Black or African American _____ Two or More Races
- _____ American Indian _____ Other race (indicate race) _____
- _____ Southeast Asian

Family Child Care Provider Benefits (Check all that apply)

- Paid Vacation Days Paid Sick Days Health insurance

Wage & Benefits for Group Center Staff

Benefits (Check all benefits currently offered by your program)

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

Wage Information

Position (Please circle one): Director, Assistant Director, Program Coordinator, Lead Teacher, Assistant Teacher, Substitute, Site Supervisor, Group leader

Hourly Wage: _____ Full time
Year Hired: _____ Part Time
Registry Level: _____ Staff Initials: _____

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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. Childcaring 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 Childcaring. We encourage you to continue to advertise through local newspapers, church and other organizations. We ask that you notify Childcaring 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, written, or online) until your file is deleted from the database. I authorize the information in this form to be used as outlined above.

Signature: _____

Date: _____

****Childcaring would like to thank you for your time and cooperation. Our new database will allow you to complete your BIF online. By providing your email on this form we can send you a link to the online BIF that can be updated throughout the year as changes happen. Your information will be prefilled and you will only need to update the information that has changed.**



PLEASE RETURN THIS FORM TO:

Childcaring, Inc., 1500 Merrill Ave. Suite 201, Wausau, WI 54401

715.301.1800 OR 1.800.628.8534

Email: info@childcaring.org • **Website:** www.childcaring.org

Serving: Adams, Clark, Langlade, Lincoln, Marathon,
Marquette, Portage, Taylor, Waushara, and Wood Counties