



CHILD CARE PROGRAM BUSINESS INFORMATION FORM

Date Completed: ____ / ____ / ____

Completed By: _____

If you would prefer to fill your BIF online, please contact our office to receive your individual link to your profile. Your content will be pre-filled, and you will only need to update the information that has changed.

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 Email (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 regulated to care for: _____ weeks _____ months _____ years

Age of the oldest child you are regulated 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)

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

***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"/> Thursday				
<input type="checkbox"/> Friday			<input type="checkbox"/> Offer AM 4K	Hours_____
<input type="checkbox"/> Saturday			<input type="checkbox"/> Offer PM 4K	Hours_____
<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:

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

Family Child Care Provider Benefits (Check all that apply)		
<input type="checkbox"/> Paid Vacation Days	<input type="checkbox"/> Paid Sick Days	<input type="checkbox"/> Health insurance

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 _____

Total Vacancies as of today (This information is provided to families seeking child care.)

Date of earliest vacancy _____

Full time is more than 20 hours per week, Part time is 20 hours or less per week

	Total Full Time Vacancies	Total Part Time Vacancies
0-23 months		
2+ years		

How many children in each age group could you enroll today?

(This vacancy information is used for reporting purposes and will not be individually identifiable.)

Full time is more than 20 hours per week, Part time is 20 hours or less per week

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

Enrollment

Please complete the following enrollment chart with the number of children enrolled today. Include your own children that are enrolled, if applicable.

	Full Time	Part Time
0-11 months		
1 year		
2 years		
3 years		
4 years		
5 years		
6-8 years		
9+ years		

Expulsion

In the last 12 months, how many children have been asked to leave your program for the following reasons:

_____ **Inability to pay**

_____ **Inability to meet the needs of the child (developmentally or emotionally)**

_____ **Conflict between the parent(s) of the child and a staff member of the program**

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

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!

PLEASE RETURN THIS FORM TO:

**Childcaring, Inc.
850 Hwy 153 Suite F
Mosinee, WI 54455**

715.841.9490 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