



Child Care Partnership Resource & Referral  
 418 Wisconsin Street  
 Eau Claire, WI 54703  
 715-831-1700 or 800-782-1880  
 www.ChildCarePartnership.org

## Child Care Business Information Form (BIF)

### General Information:

Date Completed: \_\_\_\_/\_\_\_\_/\_\_\_\_ Completed By: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Business Name: \_\_\_\_\_

CCR&R 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 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: \_\_\_\_\_

### I want my email address shared with: (check all that apply)

- Parent who contact Child Care Partnership looking for child care referrals
- Child Care Partnership to send informative updates (training events, annual surveys, reports, etc.)

*You can list separate email addresses to use.*

Email address to use for parent referrals: \_\_\_\_\_

Email address to use for information directly from CCP: \_\_\_\_\_

Website: \_\_\_\_\_

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)* \_\_\_\_\_

**Schedule Information:**

Days of Operation	Start Time	End Time	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).	Start Time	End Time
<input type="checkbox"/> Monday					
<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 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)*
- Before School
- Rotating *(care changes week to week)*
- Open holidays *(Thanksgiving, Christmas, etc.)*
- Temporary/Emergency
- After School
- 24 hours *(must be regulated for full 24 hrs)*
- Sick Care *(children who are mildly ill or recuperating)*

**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, Communication Disorder)*
- Allergies or Asthma
- Feeding Tube
- Administer Shots
- Food Allergies
- No training in any of these areas

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

**Rates:**

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 and check week or full day. DO NOT put before and after school rates 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)

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

**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)

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

**Number of persons on staff whose race is:**

(Include yourself in the count)

- \_\_\_\_\_ White
- \_\_\_\_\_ Hispanic or Latino
- \_\_\_\_\_ Black or African American
- \_\_\_\_\_ American Indian or Alaska Native
- \_\_\_\_\_ Native Hawaiian and Other Pacific Islander
- \_\_\_\_\_ Hmong
- \_\_\_\_\_ Asian (besides Hmong)
- \_\_\_\_\_ Two or More Races
- \_\_\_\_\_ Other race (indicate 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: \_\_\_\_\_

Child Care Partnership would like to thank you for your time and cooperation!

## **PLEASE RETURN THIS FORM TO:**

**Child Care Partnership**  
**418 Wisconsin Street, Eau Claire, WI 54703**

715-831-1700 or (800) 782-1880 • **Fax:** 715-836-7580

**Email:** [Kristin.Enos@wdeoc.org](mailto:Kristin.Enos@wdeoc.org) • **Website:** [www.ChildCarePartnership.org](http://www.ChildCarePartnership.org)

*Serving: Buffalo, Chippewa, Dunn, Eau Claire, Jackson, Pierce, Pepin, Polk, St. Croix,  
and Trempealeau Counties including the Ho Chunk nation!*