Northwest Connection

**CHILD CARE PROGRAM**

**BUSINESS INFORMATION FORM**

****

**Date Completed: \_\_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_**

**Completed By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 Family Resources

**General Information**

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

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

*Northwest Connection Family Resources 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)* [ ]  Feeding Tube

[ ]  Physical Disability *(Cerebral Palsy, Spina Bifida, Seizures)* [ ]  Administer Shots

[ ]  Cognitive Disability *(Down Syndrome, Mental Delay)* [ ]  Food Allergies

[ ]  Sensory Disability *(Hearing/Visual Impairment, Comm. Disorder)* [ ]  Allergies or Asthma

[ ]  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*[ ]* Offer AM Preschool Hours\_\_\_\_\_\_\_\_\_\_\_\_*[ ]* Offer PM Preschool Hours\_\_\_\_\_\_\_\_\_\_\_\_ *[ ]* Offer AM 4K Hours\_\_\_\_\_\_\_\_\_\_\_\_\_*[ ]* Offer PM 4K Hours\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| [ ]  Monday |  |  |
| [ ]  Tuesday |  |  |
| [ ]  Wednesday |  |  |
| [ ]  Thursday |  |  |
| [ ]  Friday |  |  |
| [ ]  Saturday |  |  |
| [ ]  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)*

**[ ]**  Temporary/Emergency

**[ ]**  After School

***[ ]*** 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** | **Hourly** | **Hourly** | **Daily** | **Daily** | **Weekly** | **Weekly** | **Monthly** | **Monthly** |
| **(Age Range)** | **Part Time** | **Full Time** | **Part Time** | **Full Time** | **Part Time** | **Full Time** | **Part Time** | **Full Time** |
| 0-11 months |  |  |  |  |  |  |  |  |
| 1 year |  |  |  |  |  |  |  |  |
| 2 year |  |  |  |  |  |  |  |  |
| 3 year |  |  |  |  |  |  |  |  |
| 4 year |  |  |  |  |  |  |  |  |
| 5 year |  |  |  |  |  |  |  |  |
| 6+ years |  |  |  |  |  |  |  |  |
| Before School |  |  |  |  |  |  |  |  |
| After School |  |  |  |  |  |  |  |  |

#### 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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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)*

[ ]  Health Insurance [ ]  Dental Insurance

[ ]  Paid Family Leave [ ]  Paid Holidays

[ ]  Paid Vacation Days [ ]  Paid Sick Days

[ ]  Paid Preparation/Planning Time [ ]  Paid Staff Meetings/In-services

[ ]  Continuing Education Reimbursement [ ]  Reduced Child Care Rates

###### Wage Information

Position1

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

Lowest Hourly Rate of Pay:\_\_\_\_\_\_\_\_\_\_\_\_ Highest Hourly Rate of Pay:\_\_\_\_\_\_\_\_\_\_\_\_

Position2

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

Lowest Hourly Rate of Pay:\_\_\_\_\_\_\_\_\_\_\_\_ Highest Hourly Rate of Pay:\_\_\_\_\_\_\_\_\_\_\_\_

Position3

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

Lowest Hourly Rate of Pay:\_\_\_\_\_\_\_\_\_\_\_\_ Highest Hourly Rate of Pay:\_\_\_\_\_\_\_\_\_\_\_\_

**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. Northwest Connection Family Resources 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 Northwest Connection Family Resources. We encourage you to continue to advertise through local newspapers, church and other organizations. We ask that you notify Northwest Connection Family Resources 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*\*Northwest Connection Family Resources 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:**

**Northwest Connection Family Resources
15896 W 3rd Street, Hayward, WI 54843**

715.634.2299 OR 1.800.733.KIDS

**Email:** nwchild6@cheqnet.net ⬤ **Website:** www.wisconsinchild.org

Ashland, Barron, Bayfield, Burnett, Douglas, Florence, Forest, Iron, Oneida, Price, Rusk, Sawyer, Washburn, Vilas Counties

Bad River, Forest county Potawatomi, Lac Courte Oreilles, Lac du Flambeau, Red Cliff, Sokaogon and St. Croix Tribes

|  |
| --- |
| **Non Profit OrgU.S, Postage PaidHayward WIPermit #64**  |



 15896 W 3rd St.

 Hayward, WI 54843

 Phone: (715) 634-2299 & (800) 733-KIDS

 Fax: (715) 634-8743

 Email: nwchild6@cheqnet.net

 Website: [www.wisconsinchild.org](http://www.wisconsinchild.org)

 RETURN SERVIC REQUESTED

**Office Hours**

 Monday-Friday 8:00am – 4:00pm **Like us on Facebook**



**IT’S THAT TIME AGAIN…….**



**BUSINESS INFORMATION FORM**

**ENCLOSED!**

Please call us if you have any questions:

800-733-KIDS or 715-634-2299