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 OptionsOffer 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**

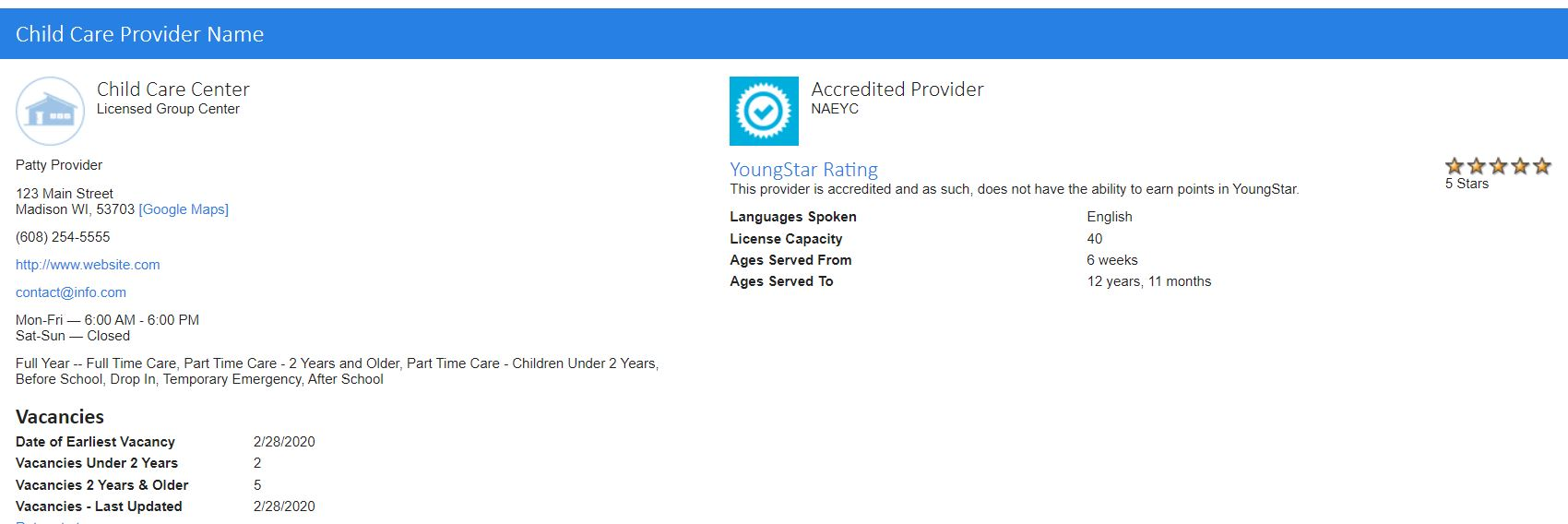
**This information is provided to families seeking child care.**

Date of earliest vacancy \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total Vacancies: 0-23 months\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total Vacancies: 2+ years\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**This is an example of vacancy information provided to families.**



**Expulsion Questions**

**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. \_\_\_\_\_\_\_\_\_\_\_

**The following vacancy information will be used for reporting purposes only and will not be individually identifiable.**

**Open Vacancy Section**

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

***Full time is more than 20 hours/week.***

***Part Time is 20 hours or less/week.***

|  | Full Time | Part Time |
| --- | --- | --- |
| 0-11 months |  |  |
| 1 Year |  |  |
| 2 Years |  |  |
| 3 Years |  |  |
| 4 Years |  |  |
| 5 Years |  |  |
| 6+ Years |  |  |

**TOTAL VACANCY SECTION**

**As of today, how many total vacancies do you have for each age group?**

***Full time is more than 20 hours/week.***

***Part Time is 20 hours or less/week.***

|  |  |  |
| --- | --- | --- |
|  | Total Full Time Vacancies | Total Part Time Vacancies |
| 0-23 months |  |  |
| 2+ Years |  |  |

**Enrollment Information**

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

**Enrollment**

|  | Full Time | Part Time |
| --- | --- | --- |
| 0-11 months |  |  |
| 1 Year |  |  |
| 2 Years |  |  |
| 3 Years |  |  |
| 4 Years |  |  |
| 5 Years |  |  |
| 6-8 Years |  |  |
| 9+ 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



**PLEASE RETURN THIS FORM TO:**

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

715.634.2299 OR 800.733.KIDS

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 Org U.S, Postage Paid Hayward WI Permit #64** |



15896 W 3rd St.

Hayward, WI 54843

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

Fax: (715) 634-8743

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