Business Information Form for Centers, Preschool and School Age Care Programs

4753 N. Broadway, Ste. 1200, Chicago, IL 60640 ● Ph: 312-823-1347 ● Fx: 312-823-1200

Please fill-in your program's current information by typing in the purple form fields or by clicking in the check boxes that apply to your program.

Please review and provide information for **all** fields.

Provider ID: _____

1. **Basics About Your Child Care Program** – *Provider General: (please print)* Date Completed: _____

Business Name *(if licensed, as it appears on license)*: _____

Contact Person: _____ Title: _____

Street Address: _____

City: _____ ZIP Code _____ ZIP+4: _____ County: _____ Region: _____

Mailing Address *(if different than above)*: _____

City: _____ ZIP Code: _____

Business Phone Number: _____ Ext.: _____

Other Phone Number: _____ Ext.: _____

Fax Number *(if applicable)*: _____ E-mail Address *(if applicable)*: _____

Business Website Address *(if applicable)*: _____

Type Of Care – *Provider General:* Which is your primary purpose of your program *(check only one)*?

☐ Child Care Center ☐ Preschool Center Only ☐ School-Age Care Program Only ☐ ISBE-Pre-K Only

☐ Head Start/Early Head Start Only ☐ Special Needs Care Only ☐ Before/After School Only ☐ Park/Recreation Program Only

First Provided Care – Enter date the provider/program began care with current license, if licensed: _____

Source:

☐ Phone Book ☐ Organization/Agency ☐ Friend/Provider ☐ DCFS ☐ IDHS ☐ CCRR Promotional

☐ CCRR Publicity Paid ☐ CCRR Publicity Free ☐ Internet ☐ Other

Care Setting – *Provider Specifics:* Our program is located in a *(check only one)*:

☐ Non-Residential ☐ Faith-Based ☐ Workplace ☐ Public School Setting ☐ College Setting ☐ Hospital Setting

☐ Chain Center ☐ None of the above *(please explain)*: _____

Our program is: ☐ Employee Sponsored ☐ Employee Restricted ☐ Center with Preschool program

Please name employer: _____

Total Center Staff – *Provider General (Other Info):* How many staff are currently employed in your program? Please include staff in these positions only: Administrative Director, Director/Teacher, Teacher, Assistant Teacher, School-Age Worker, and Assistant School-Age Worker who are permanent, full-time and part-time staff in the child care program. Do not include temporary, substitute or seasonal employees. Staff #: _____

Computer

Do you have a computer on–site? ☐ Yes ☐ No *(If No, skip the next question about Internet Service.)*

Does this on-site computer have Internet Service? ☐ Yes ☐ No

License Information – *Provider General (check only one)*:

☐ Our program is License-Exempt

☐ Our program is licensed by the Department of Children & Family Services (DCFS)

Regulation Status: _____ **License ID Number:** _____ **Expiration Date:** _____

License Type – *Provider General (check all that apply):*

☐ Day ☐ Overnight ☐ Center

Capacity – *Provider General:*

Day-time Capacity

Total day-time license *or* exempt capacity: _____

Total desired day-time capacity *(maximum # of children you plan to care for at any one time):* _____

Total day-time vacancies you currently have: _____as of_____ (general vacancy date)

Night-time Capacity

Night Capacity *(total overnight capacity listed on license or exempt capacity):* _____

Total desired night-time capacity *(maximum # of children you plan to care for at any one time)*: _____

Total night-time vacancies you currently have _____as of_____(general vacancy date)

Ages – Ages of children you are willing to accept *(enter the number and circle weeks/months or years)*:

Age of youngest child: _____weeks _____months _____years

Age of oldest child: _____weeks _____months _____years

Funding – *Provider General: (check all that apply)*

☐ Our program receives Head Start funding.

☐ Our program receives Illinois Board Of Education Pre-K funding.

☐ We are a non-profit organization.

2. **Referral Status** – *Provider General: (check all that apply)* Referral Status means you are willing to have your name given to parents looking for child care:

☐ We want to be part of the referral service *(regardless of current openings)*.

☐ We do not wish to be part of the referral service.

☐ We are willing to take calls from parents who need care over 3 months from now *(accepts advance calls)*.

☐ We are willing to be included in the Internet services.

3. **School Information** – *Provider General:*

Elementary school district you are assigned to: _____ District #: _____

Elementary school(s) your address is assigned to: _____

Our program is within walking distance of the school(s) listed above: ☐ Yes ☐ No

We provide regular *transportation*. ☐ Yes ☐ No If Yes, see below.

☐ May provide, on family to family basis

☐ To/From Home ☐ To/From Preschool ☐ To/From School ☐ To/From Activity

☐ To/From Other *(please explain)*: _____

☐ We are located near public transportation. *(example: bus line, train, etc.)*

☐ We are willing to reserve a slot for Teen Parents in need of child care. *(Provider Attributes)*

4. **Program Information** – *Provider General:*

☐ Montessori Teacher Training Certificate from an organization affiliated with Montessori Accreditation Council (MACTE), American Montessori Society (AMS), or Association Montessori International (AMI).

☐ We incorporate religious curriculum or practices into our program.

☐ We have a kindergarten on-site.

☐ We have a grade school on-site.

☐ We provide a parent co-op service singly or as part of other services.

☐ We provide respite care. *Enter in Provider Attributes (occasional care for children with disabilities)*

5. **Program Environment** – *Provider Attributes: (check all that apply)*

☐ We have pets. ☐ Indoor ☐ Outdoor *(do not include fish aquariums)*

☐ We maintain a smoke-free environment *(no smoking allowed at any time)*.

☐ We have a fenced yard *(outdoor play area used for child care is completely fenced in)*.

☐ Our program is wheelchair accessible.

☐ Our program has an indoor/outdoor pool.

☐ Our program is located on waterfront property.

6. **Safety** – *Provider Attributes:*

☐ Provider has valid CPR (Cardiac Pulmonary Resuscitation) certification.

☐ Provider has valid certification in First Aid Training.

☐ Provider/program has an on-site nurse.

7. **Special Needs** – *Provider Attributes:*

Enter the number of children with Special Needs currently enrolled in your program: _____
(A child with special needs/disabilities is a child who has been diagnosed by a professional and is receiving special services from a public school, community agency, or regular care by a physician for a medical condition.)

☐ Provider/staff have experience w/caring for a child w/special emotional needs and/or behaviors i.e. ADD, ADHD, etc.

☐ Provider/staff have experience with caring for a child with physical needs i.e. allergies, diabetes, asthma, etc.

☐ Provider/staff have experience in caring for a child with developmental delays.

☐ Provider/staff can sign fluently to communicate on a daily basis.

☐ Provider/staff have experience or training in caring for a child who has asthma and uses a nebulizer or inhaler or has life-threatening allergies.

☐ Provider/staff have experience or training in working with a child with visual/hearing impairments.

☐ Provider/staff have experience or training in working with children who have sensory disabilities (tactile deficiency, over-stimulation due to environment).

☐ Provider/staff have experience or training for a condition, which requires medical procedure to be performed by the provider such as tube feedings, diabetes, monitor or seizures.

☐ Provider/staff have experience or training of a child diagnosed with autism.

☐ Provider/staff have experience or training in caring for a child(ren) who are gifted.

☐ Provider/staff have experience or training in caring for premature infant(s).

☐ Provider/staff have experience caring for a child with other types of special needs.

8. **Meals** – *Provider Attributes:*

☐ We are a member of the USDA food program. ☐ We provide breakfast. ☐ We provide AM snacks.

☐ We provide lunch. ☐ We provide PM snacks. ☐ We provide dinner. ☐ Parents are asked to furnish child's own meals/snacks. ☐ We accommodate special diet such as health, religious and/or cultural.

9. **Child Care Assistance** (Accept Subsidy) – *Provider Attributes: (check all that apply)*

☐ We will consider accepting IL Department of Human Services certificate payment, administered by the CCR&R subsidy unit, to serve children eligible for subsidized care.

☐ Our program has an annual IL DHS contract to serve a specified number of children eligible for DHS subsidized care.

☐ We will consider accepting IL DCFS Vouchers for foster children, protective services, or special needs children.

☐ We offer scholarships to parents to help cover the cost of care.

☐ We charge tuition on a sliding fee scale based on family income.

☐ We are an employer-sponsored program, which offers some form of financial assistance to employees of a designated employer.

☐ We give a discount for additional children in one family.

10. **Program Policies** – *Provider Attributes: (check all that apply)*

☐ Our rates may be given out to parents. ☐ We charge when a child is absent due to illness.

☐ We charge when a child is absent due to vacation or a holiday. ☐ We ask families to sign written contracts.

☐ We have written policies for families. ☐ Exempt to License

☐ We provide contracts, policies or other business materials in languages other then English.

Which languages? _____

11. **Languages** - *Provider General: (check all that apply)*

Mark below the <u>fluent</u> languages of your staff used to communicate with the children and parents.

☐ English ☐ Spanish ☐ Native American (Ojibwe, Lakota, etc.) Please specify: _____

☐ Asian language Please Specify: _____

☐ African language. Please specify: _____

☐ European language. Please specify: _____

☐ Other: Please Specify: _____

12. **Accreditation/Credential/Affiliations** – *Provider Attributes:*

Our program is accredited by:

☐ NAEYC National Association for the Education of Young Children, expiration date: _____

☐ NAA National AfterSchool Association, expiration date: _____

☐ NAC National Accreditation Commission, expiration date: _____

☐ NECPA National Early Childhood Program Accreditation, expiration date: _____

☐ Other Accreditation *(specify)*: _____, expiration date: _____

☐ IDC Director has earned his/her Illinois Directors Credential. ☐ Head START partnership

☐ Other Partnership (with another entity not Head START or ISBE Pre-K) *(please list)*: _____

☐ Great START ☐ We are a member of IL AEYC.

☐ We are a member of NAEYC. ☐ We are a member of a local center directors association.

Information Requested:

☐ We would like more information on the above organizations.

☐ We would like more information on becoming accredited.

13. **Professional Interests/Skills** – *Provider Attributes:*
Getting involved with other child care professionals is an important way to gain and share knowledge and skills that can improve the quality of child care for all children in our community. CCR&R's offer several opportunities for involvement, including becoming a trainer or member of a committee. Please indicate yours or your staffs interest in the following opportunities (check all that apply):

☐ We have staff that are willing to be on CCR&R committees.

☐ We have staff that are interested in being a trainer for early childhood training.

☐ We have a Provider/staff willing to be a grant reviewer.

☐ We have staff willing to volunteer at community events. *(example: parent fairs, conferences, etc.)*

☐ We have staff that are willing to be mentors to other child care programs.

☐ Provider gives consent to release their name for networking purposes.

14. **Hours of Operation** – *Enter in Provider Shift One:*

Number of shifts you are open: _____ *(For each shift, please fill in the table below indicating AM and/or PM.)*

DAY			**EVENING**			**OTHER**		
Days	**Start Time**	**End Time**	**Days**	**Start Time**	**End Time**	**Days**	**Start Time**	**End Time**
Monday	_____A _____P	_____A _____P	Monday	_____A _____P	_____A _____P	Monday	_____A _____P	_____A _____P
Tuesday	_____A _____P	_____A _____P	Tuesday	_____A _____P	_____A _____P	Tuesday	_____A _____P	_____A _____P
Wednesday	_____A _____P	_____A _____P	Wednesday	_____A _____P	_____A _____P	Wednesday	_____A _____P	_____A _____P
Thursday	_____A _____P	_____A _____P	Thursday	_____A _____P	_____A _____P	Thursday	_____A _____P	_____A _____P
Friday	_____A _____P	_____A _____P	Friday	_____A _____P	_____A _____P	Friday	_____A _____P	_____A _____P
Saturday	_____A _____P	_____A _____P	Saturday	_____A _____P	_____A _____P	Saturday	_____A _____P	_____A _____P
Sunday	_____A _____P	_____A _____P	Sunday	_____A _____P	_____A _____P	Sunday	_____A _____P	_____A _____P

A=AM P=PM

Additional Comments Regarding Schedules:

☐ Our hours of operation are flexible to ☐ one hour earlier then normal hours and/or ☐ 1 hour after normal closing.

Schedules Accepted – *Select in Provider Shift One:*

We are open ***(check all that apply)***: ☐ Full-time (more then 35 hours/week) ☐ Part-time (34 hours or less/week) ☐ Both

We are open ***(check only one)***: ☐ Full Year ☐ School Year Only ☐ Summer Only

We accept the following schedule(s): *(check all that apply)*

☐ Drop-in *(used infrequently)* ☐ Temporary/emergency *(short-term, back-up care, space permitting)*

☐ Before School ☐ After School

☐ 24-hour ☐ Holidays/Vacation *(open holidays and/or during school breaks)*

☐ Rotating *(varying schedules, example: Monday/Wednesday one week, Tuesday/Thursday next week)*

15. **Rates** – *Enter in Provider Shift One:*

If you provide childcare during weekdays (Monday-Friday) please list the **three** most common full-time and/or part-time rates you charge to parents for each age group you serve in the box below.

Example Types of Rates:

Weekly Full-time (WFT)
Daily Full-time (DFT)
Hourly Full-time (HFT)
Monthly Full-time (MFT)
Other Full-time (OFT)

Weekly Part-time (WPT)
Daily Part-time (DPT)
Hourly Part-time (HPT)
Monthly Part-time (MPT)
Other Part-time (OPT) *(Please explain "other" rates.)*: _____

WEEKDAY RATES

Age Group	Example Rate	Rate #1	Rate #2	Rate #3
Type of Rate	HFT			
Infant	$2.50			
Toddler (ages 15 months to 2 years)	$2.25			
2 Year Olds	$2.25			
3-4 Year Olds	$2.00			
5 Year Olds & Kindergarten	$2.00			
School-Age *Before and After Rates Only*	$2.00			
School-Age Care *Summer Care Only*	$2.00			

If you offer non-standard hour care (evenings, overnights, and weekends), please list your rate for each age group you serve. (See the Example Types of Rates.)

NON-STANDARD HOUR RATES

Age Group	Example Rate	Evening	Overnight	Weekend
Type of Rate	Hourly FT			
Infant	$2.50			
Toddler (ages 15 months to 2 years)	$2.25			
2 Year Olds	$2.25			
3-4 Year Olds	$2.00			
5 Year Olds & Kindergarten	$2.00			
School-Age *Before and After Rates Only*	$2.00			
School-Age Care *Summer Care Only*	$2.00			

16. **Other Fees** – *Enter in Provider Shift One*:

We charge a registration/application fee ☐ Yes Specify amount $_____ ☐ No
We charge a deposit ☐ Yes Specify amount $_____ ☐ No
We charge a meal/snack fee ☐ Yes Specify amount $_____ ☐ No
We charge for materials/supplies ☐ Yes Specify amount $_____ ☐ No
We charge for field trips ☐ Varies ☐ No
We charge for transportation ☐ Yes Specify amount $_____ ☐ No

17. **Capacity and Vacancies** *(Please enter appropriate number of children where applicable for each shift that you are open.)*

DAY

Age Group	*Desired Capacity	**License Capacity	Full-time Vacancy	Part-time Vacancy	Earliest Vacancy Date	Current Enrollment	Child/ Adult Ratio	Group Size
Infant								
Toddler (ages 15 months to 2 years)								
2 Year Olds								
3-4 Year Olds								
5 Year Olds & Kindergarten								
School-Age *Before and After Only*								
School-Age Care *Summer Care Only*								

* Desired capacity is the number of children in each age group you prefer to have.
** Total day-time capacity stated by licensure or if license-exempt number of children allowable to be legal.

EVENING

Age Group	*Desired Capacity	**License Capacity	Full-time Vacancy	Part-time Vacancy	Earliest Vacancy Date	Current Enrollment	Child/ Adult Ratio	Group Size
Infant								
Toddler (ages 15 months to 2 years)								
2 Year Olds								
3-4 Year Olds								
5 Year Olds & Kindergarten								
School-Age *Before and After Only*								
School-Age Care *Summer Care Only*								

* Desired capacity is the number of children in each age group you prefer to have.
** Total day-time capacity stated by licensure or if license-exempt number of children allowable to be legal.

OTHER

Age Group	*Desired Capacity	**License Capacity	Full-time Vacancy	Part-time Vacancy	Earliest Vacancy Date	Current Enrollment	Child/ Adult Ratio	Group Size
Infant								
Toddler (ages 15 months to 2 years)								
2 Year Olds								
3-4 Year Olds								
5 Year Olds & Kindergarten								
School-Age *Before and After Only*								
School-Age Care *Summer Care Only*								

* Desired capacity is the number of children in each age group you prefer to have.
** Total day-time capacity stated by licensure or if license-exempt number of children allowable to be legal.

18. **How many staff are currently employed in your program**? _____
(Please include the total number of staff in DCFS defined licensing positions (administrative director, director/teacher, teacher, assistant teacher, school-age worker and assistant school-age worker) who are permanent, full-time and part-time staff members in the child care program. Do not include temporary, substitute, seasonal staff or employees not in DCFS defined positions.)

19. **Wages and Benefits (Optional) –** Provider Specifics: *(Please fill in the table for applicable positions. Do not include the names of staff)* The wage and benefits information you provide will be combined with information submitted by others who work in child care in Illinois that support the efforts to improve wages and access to benefits for the child care profession. Your confidentiality will be protected, and the information on wages and benefits will not be released in any way that identifies your staff or program.

*For salaried employees, please calculate an hourly wage. If the employee receives an annual salary, please calculate the hourly wage by dividing the annual salary by the # of hours worked per week and the # of weeks worked per year.

Staff Title	Highest Hourly Wage Offered*	Lowest Hourly Wage Offered*	Benefits (check all that are offered)
Aide or School-age Worker	$ _____	$ _____	☐ Sick Pay ☐ Vacation pay ☐ Holiday pay ☐ Partial Medical Ins. ☐ Full Medical ☐ Dental Insurance ☐ Retirement ☐ Discounted child care ☐ Disability Ins. ☐ Training /education scholarships
Assistant Teacher	$ _____	$ _____	☐ Sick Pay ☐ Vacation pay ☐ Holiday pay ☐ Partial Medical Ins. ☐ Full Medical ☐ Dental Insurance ☐ Retirement ☐ Discounted child care ☐ Disability Ins. ☐ Training /education scholarships

Teacher	$ _____	$ _____	☐ Sick Pay ☐ Vacation pay ☐ Holiday pay ☐ Partial Medical Ins. ☐ Full Medical ☐ Dental Insurance ☐ Retirement ☐ Discounted child care ☐ Disability Ins. ☐ Training /education scholarships
Assistant Director	$ _____	$ _____	☐ Sick Pay ☐ Vacation pay ☐ Holiday pay ☐ Partial Medical Ins. ☐ Full Medical ☐ Dental Insurance ☐ Retirement ☐ Discounted child care ☐ Disability Ins. ☐ Training /education scholarships
Director	$ _____	$ _____	☐ Sick Pay ☐ Vacation pay ☐ Holiday pay ☐ Partial Medical Ins. ☐ Full Medical ☐ Dental Insurance ☐ Retirement ☐ Discounted child care ☐ Disability Ins. ☐ Training /education scholarships
Other (please specify)	$ _____	$ _____	☐ Sick Pay ☐ Vacation pay ☐ Holiday pay ☐ Partial Medical Ins. ☐ Full Medical ☐ Dental Insurance ☐ Retirement ☐ Discounted child care ☐ Disability Ins. ☐ Training /education scholarships

20. **Ethnicity – (Optional)** *Enter in Provider Specifics:*

We are committed to creating and promoting a culturally responsive childcare system. The information collected below is important in helping us track the entry and participation of people of different cultures and ethnic groups in the child care field. It will also help us provide funding, training, and outreach to childcare providers of all cultural backgrounds. This information will not be provided to parents seeking childcare referrals.

Number of staff that are Spanish/Hispanic/Latino:

- ☐ Mexican, Mexican American, Chicano
- ☐ Puerto Rican
- ☐ Cuban
- ☐ Other Spanish/Hispanic/Latino, please specify: _____

Number of persons on staff whose race is:

- ☐ White
- ☐ Black or African American
- ☐ American Indian or Alaska Native, please specify tribe: _____
- ☐ Asian Indian
- ☐ Native Hawaiian
- ☐ Chinese
- ☐ Filipino
- ☐ Japanese
- ☐ Vietnamese
- ☐ Other Asian, please specify: _____
- ☐ Guamanian or Chamorro
- ☐ Samoan
- ☐ Other Pacific Islander, please specify: _____
- ☐ Other Race, please specify: _____

Number of persons on staff who speak a language other than English at home: _____

Staff #1:
What Languages: _____
How well does this person speak English?
☐ Very Well ☐ Well ☐ Not Well ☐ Does not speak English

Staff #2:
What Languages: _____
How well does this person speak English?
☐ Very Well ☐ Well ☐ Not Well ☐ Does not speak English

Staff #3:
What Languages: _____
How well does this person speak English?
☐ Very Well ☐ Well ☐ Not Well ☐ Does not speak English

21. **Special Description** – *Provider Specifics*:
Use the lines below to describe additional information you would like parents to know about your program. This information may be shared with parents as written. (Maximum of 5 lines allowed.)

Our program is unique because:

_____

_____

_____

_____

_____

Your Privacy Rights and Data Release Agreement

The purpose of collecting this information is to:

1) Provide referrals to parents who are looking for childcare. Only providers who have indicated their participation in # 2 of this survey will be included. This may be through mail, phone or other means;
2) Provide training and technical assistance to meet your program needs;
3) Report and gather statistics on child care supply and demand. This data influences planning, policy development, funding levels. Statistical information, which does not include provider names, may be shared with the Department of Human Services, Department of Children & Family Services, communities, foundations and others;
4) Provide mailing labels to approved organizations or agencies offering professional development or funding opportunities to child care providers (such as conferences, grants, Great START, TEACH, etc.) We do not provide mailing labels for solicitation purposes.
5) By completing this survey your program may be eligible for funding to expand or improve your program.

Note: You are not required to provide this information, but without it, we will not be able to fully meet the duties outlined above. This notice covers all changes you make in your file (by phone, in person, or written form) until your file is deleted from the database.

I authorize the information in this form to be used as outlined above and all information is true to the best of my knowledge.

Print Name: _____ **Title:** _____

Signature: _____ **Date:** _____

Thank you for your dedicated work for Illinois children and families!

Please make a copy of this form for your records and return the original to:
Illinois Action for Children
Attn: Provider Programs, Referral Database Team
4753 N. Broadway, Suite 1200
Chicago, IL 60640