**Child Care Certification Agency Review Questionnaire**

**Use of form:** This form is completed by the certification agency and the Bureau of Regional Operations (BRO) reviewer as part of the child care certification review process. After completion, this form is used by the BRO reviewer to determine whether individual operators and certifying agencies are in compliance with statutes and administrative codes and whether certifying agencies are meeting the requirements of the DCF Administration of Child Care Programs Contract / Scope of Services and implementing effective policies and procedures. **\*\***Indicates an item is required by administrative rule, statute, or contract / scope of services.

**Instructions – Certification agency staff:** Complete CERTIFICATION AGENCY sections and return the completed form electronically to the BRO child care coordinator by the date requested. Do not write in the shaded areas—those areas are completed by BRO staff.

**Instructions – BRO staff:** Use the following questions during your review with the certifying agency representative(s) to gather information, assess compliance, and/or identify areas for additional technical assistance.

**Child Care Certification Policy Manual:** The [policy manual](https://dcf.wisconsin.gov/manuals/cc-cert-manual/) can be accessed at <https://dcf.wisconsin.gov/manuals/cc-cert-manual/> or by logging into [WISCCRS](https://wisccrs.wisconsin.gov/) (<https://wisccrs.wisconsin.gov/>) and going to the [Wisconsin Child Care Certification SharePoint site](https://share.dcf.wisconsin.gov/childcarecertification/) (<https://share.dcf.wisconsin.gov/childcarecertification/>).

**Child Care Contract and Scope of Services Information:** [Wisconsin Shares Child Care Subsidy Administration SharePoint site](https://share.dcf.wisconsin.gov/cca/SiteAssets/home.aspx) (<https://share.dcf.wisconsin.gov/cca/SiteAssets/home.aspx>)

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| **SECTION 1 – REVIEW INFORMATION** | | | | | | | | | | | | | | | | | | |
| A. | CERTIFICATION AGENCY | | | | | | | | | | | | | | | | | |
|  | Certification Agency Name | | | | | | | | | | Certification Agency Director Name | | | | | | | |
|  | Certification Agency Address | | | | | | | | | | | | | | | Certification Agency Phone | | |
|  | Certification Agency Email | | | | | | | | | | | | | | | | | |
| B. | REVIEWER | | | | | | | | | | | | | | | | | |
|  | BRO Staff Person Conducting the Interview | | | | | | | | | | | | | | | | | |
|  | Name | | | | | | | | | | Title / Region | | | | | | | |
|  | County / Tribal Agency Name(s) | | | | | | | | | | | | | | | | | |
|  | Person(s) Attending Interview | | | | | | | | | | | | | | | | | |
|  | Name | | | | | | | | | | Title | | | | | | | |
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|  | Interview Date | | | | | | | | | | Date of Last Interview | | | | | | | |
| **SECTION 2 – \*\*PURCHASED CC SERVICES** | | | | | | | | | | | | | | | | | | |
| A. | CERTIFICATION AGENCY | | | | | | | | | | | | | | | | | |
|  | Yes  No Are CC services purchased for the certification contract function?  If “Yes,” list the name(s) of the person(s) monitoring the subcontract. If multiple counties subcontract with one certification agency, list the person(s) monitoring the subcontract in each county.  Note: Other CC contract functions (Eligibility, Authorization, and Fraud) are monitored on the *CC Subsidy Agency Review Questionnaire*. | | | | | | | | | | | | | | | | | |
| B. | REVIEWER | | | | | | | | | | | | | | | | | |
|  | 1. | Reviewed  Not Reviewed | | | | | | | | | | | | | | | | |
|  | 2. | Review the subcontract monitoring completed by the agency in the last closed contract year. | | | | | | | | | | | | | | | | |
|  |  | a. | What was the last closed contract year? | | | | | | | | | | | | | | | |
|  |  | b. | What subcontract monitoring did the agency complete in the last closed contract year? | | | | | | | | | | | | | | | |
|  | 3. | Yes, agency is in compliance. | | | | | | | | | | | | | | | | |
|  |  | No, agency is not in compliance. Include explanation of any violations related to this section and their corresponding requirement(s) in administrative code, statute, or contract / scope of services: | | | | | | | | | | | | | | | | |
|  | 4. | Review the county / tribal monitoring plan for the current contract year. | | | | | | | | | | | | | | | | |
|  |  | a. | | What portion(s) of the plan have been completed year-to-date? | | | | | | | | | | | | | | |
|  |  | b. | | What portion(s) of the plan are yet to be completed this year? | | | | | | | | | | | | | | |
|  | 5. | Recommendations: | | | | | | | | | | | | | | | | |
|  | 6. | Agency Strengths / Innovative Practices: | | | | | | | | | | | | | | | | |
|  | 7. | General Comments: | | | | | | | | | | | | | | | | |
| **SECTION 3 – AGENCY INFORMATION** | | | | | | | | | | | | | | | | | | |
| A. | CERTIFICATION AGENCY | | | | | | | | | | | | | | | | | |
|  | 1. | Number of Certified Operators: | | | | | | | | | | | | | | | | |
|  |  | Regular: | | | | Provisional:       Date(s) When Initial 6 Months Expires: | | | | | | | | | | | | |
|  |  | In-Home Regular: | | | | In-Home Provisional:       Date(s) When Initial 6 Months Expires: | | | | | | | | | | | | |
|  | 2. | How does the agency ensure continuity and accurate implementation of the certification program during extended leave of certification worker(s) or turnover of certification worker(s)? Please explain in detail. | | | | | | | | | | | | | | | | |
|  | 3. | Additional job responsibilities of the certification worker(s) not related to certification: | | | | | | | | | | | | | | | | |
| B. | REVIEWER | | | | | | | | | | | | | | | | | |
|  | 1. | Reviewed  Not Reviewed | | | | | | | | | | | | | | | | |
|  | 2. | Recommendations: | | | | | | | | | | | | | | | | |
|  | 3. | Agency Strengths / Innovative Practices: | | | | | | | | | | | | | | | | |
|  | 4. | General Comments: | | | | | | | | | | | | | | | | |
| **SECTION 4 – \*\*FEE STRUCTURE** | | | | | | | | | | | | | | | | | | |
| Sections 48.651(2) of the Wisconsin Statutes and DCF 202.04(4)(d) of the Wisconsin Administrative Codes state that a certification agency may charge a fee for family child care certification not to exceed 150 percent of the licensing fee for a family child care center that provides care and supervision for 4-8 children under s 48.65(3)(a), Wis. Stat.  The licensing fee for a family child care center is $60.50 charged every two years. Therefore, the fee for family child care certification may not exceed $90.75 ($60.50 x 150 percent). | | | | | | | | | | | | | | | | | | |
| A. | CERTIFICATION AGENCY | | | | | | | | | | | | | | | | | |
|  | 1. | Yes  No Does your agency charge an initial certification fee? If “Yes,” how much? $ | | | | | | | | | | | | | | | | |
|  | 2. | Yes  No Does your agency charge a re-certification fee? If “Yes,” how much? $ | | | | | | | | | | | | | | | | |
|  | 3. | Yes  No Does your agency charge a relocation fee? If “Yes,” how much? $ | | | | | | | | | | | | | | | | |
|  | 4. | Yes  No Does your agency charge any other fees? If “Yes,” please describe: | | | | | | | | | | | | | | | | |
|  | 5. | Yes  No Does your agency waive any fees or offer payment plans? If “Yes,” please describe: | | | | | | | | | | | | | | | | |
|  | 6. | Yes  No If your agency waives fees or offers payment plans, do you find it eliminates a barrier to application? If “Yes,” please describe: | | | | | | | | | | | | | | | | |
| B. | REVIEWER | | | | | | | | | | | | | | | | | |
|  | 1. | Reviewed  Not Reviewed | | | | | | | | | | | | | | | | |
|  | 2. | Yes, agency is in compliance. | | | | | | | | | | | | | | | | |
|  |  | No, agency is not in compliance. Include explanation of any violations related to this section and their corresponding requirement(s) in administrative code, statute, or contract / scope of services: | | | | | | | | | | | | | | | | |
|  | 3. | Recommendations: | | | | | | | | | | | | | | | | |
|  | 4. | Agency Strengths / Innovative Practices: | | | | | | | | | | | | | | | | |
|  | 5. | General Comments: | | | | | | | | | | | | | | | | |
| **SECTION 5** *NEW* **– \*\*CERTIFICATION ACTIVITIES AND EXPENSE REPORTING** | | | | | | | | | | | | | | | | | | |
| Per the [Child Care Contract](https://share.dcf.wisconsin.gov/cca/SiteAssets/home.aspx), Exhibit 1: Scope of Services, child care certification funds are to be used by the certifying agency for providing orientation information to prospective applicants, screening child care certification applications and renewals, site visits, compliance monitoring, complaint investigations, issuing certificates of approval, and outreach and marketing materials. The [Child Care Contract](https://share.dcf.wisconsin.gov/cca/SiteAssets/home.aspx) provides information on submitting reimbursement claims using the [SPARC](https://dcfsparc.wisconsin.gov/) portal (<https://dcfsparc.wisconsin.gov/>), pursuant to DCF requirements. | | | | | | | | | | | | | | | | | | |
| A. | CERTIFICATION AGENCY | | | | | | | | | | | | | | | | | |
|  | 1. | Please indicate how frequently these services were provided in the past contract year. | | | | | | | | | | | | | | | | |
|  |  | Service | | | | | | Service Provided in the Past Contract Year? | | | | | [Optional] If “Yes,” Describe and/or Provide the Number Completed for the Past Contract Year | | | | | |
|  |  | Providing outreach to promote the certification program (community events, marketing materials, etc.): | | | | | | Yes  No | | | | |  | | | | | |
|  |  | Responding to certification / regulation inquiries: | | | | | | Yes  No | | | | |  | | | | | |
|  |  | Processing new applications: | | | | | | Yes  No | | | | |  | | | | | |
|  |  | Certifying new operators: | | | | | | Yes  No | | | | |  | | | | | |
|  |  | Denying certifications: | | | | | | Yes  No | | | | |  | | | | | |
|  |  | Providing orientation information to prospective applicants: | | | | | | Yes  No | | | | | In-person:    Virtual:    Online/Self-Paced: | | | | | |
|  |  | Completing certification renewals: | | | | | | Yes  No | | | | |  | | | | | |
|  |  | Conducting site visits and compliance monitoring (include new, relocation, technical assistance, annual monitoring, etc.): | | | | | | Yes  No | | | | |  | | | | | |
|  |  | Investigating complaints: | | | | | | Yes  No | | | | |  | | | | | |
|  | 2. | Yes  No Were expenses submitted using the correct SPARC code? | | | | | | | | | | | | | | | | |
| B. | REVIEWER – Run year-to-date expenditure report for verification. See [DCF TEAMS folder](file:///S:\TEAMS\DECE%20with%20BRO\CC%20BRO%20Certification\Certification%20Review%20Tools\Review%20tools,%20Summary%20report,%20Letters%20template\2021%20Tools) for instructions. | | | | | | | | | | | | | | | | | |
|  | 1. | Reviewed  Not Reviewed | | | | | | | | | | | | | | | | |
|  | 2. | Yes, agency is in compliance. | | | | | | | | | | | | | | | | |
|  |  | No, agency is not in compliance. Include explanation of any violations related to this section and their corresponding requirement(s) in administrative code, statute, or contract / scope of services: | | | | | | | | | | | | | | | | |
|  | 3. | Recommendations: | | | | | | | | | | | | | | | | |
|  | 4. | Agency Strengths / Innovative Practices: | | | | | | | | | | | | | | | | |
|  | 5. | General Comments: | | | | | | | | | | | | | | | | |
| **SECTION 6 – \*\*CERTIFICATION WORKER TRAINING** | | | | | | | | | | | | | | | | | | |
| A. | CERTIFICATION AGENCY | | | | | | | | | | | | | | | | | |
|  | 1. | In the table below, identify the individuals your agency has assigned as certification worker(s), including backup for the certification worker(s). Has the worker / backup completed the required DCF New Certification Worker Training? Has the worker / backup been granted system access to WebI / WISCCRS? [[WebI Child Care Access Request Form DCF-F-5200-E](https://dcf.wisconsin.gov/files/forms/doc/5200.docx) (<https://dcf.wisconsin.gov/files/forms/doc/5200.docx>); [WISCCRS Access Request Form DCF-F-2666-E](https://dcf.wisconsin.gov/files/forms/doc/2666.docx) (<https://dcf.wisconsin.gov/files/forms/doc/2666.docx>)] | | | | | | | | | | | | | | | | |
|  |  | Worker / Backup  Name and Direct  Telephone Number | | | Assignment  Date | | Certification Worker or Backup? | | Percent of Time Spent on Certification | | | | | DCF-Approved New Certification Worker Training | | | Systems Access | |
|  |  | Completed Date | Completed within 6 months of assignment? | | WebI | WISCCRS |
|  |  | a. | | |  | | Worker  Backup | | % | | | | |  | Yes  No | | Yes  No | Yes  No |
|  |  | b. | | |  | | Worker  Backup | | % | | | | |  | Yes  No | | Yes  No | Yes  No |
|  |  | c. | | |  | | Worker  Backup | | % | | | | |  | Yes  No | | Yes  No | Yes  No |
|  |  | d. | | |  | | Worker  Backup | | % | | | | |  | Yes  No | | Yes  No | Yes  No |
|  | 2. | For each worker / backup in the table above who has not completed the DCF-approved New Certification Worker Training within 6 months of assignment, describe the training that was provided and for whom it was provided. | | | | | | | | | | | | | | | | |
|  | 3. | What is your plan to provide the required services in the absence of an identified certification worker? | | | | | | | | | | | | | | | | |
|  | 4. | Yes  No  Do Not Know Does your agency attend the Bureau of Early Care Regulation (BECR) Regional Child Care Networking and Certification Round Table Meetings? | | | | | | | | | | | | | | | | |
| B. | REVIEWER | | | | | | | | | | | | | | | | | |
|  | 1. | Reviewed  Not Reviewed | | | | | | | | | | | | | | | | |
|  | 2. | Yes, agency is in compliance. | | | | | | | | | | | | | | | | |
|  |  | No, agency is not in compliance. Include explanation of any violations related to this section and their corresponding requirement(s) in administrative code, statute, or contract / scope of services: | | | | | | | | | | | | | | | | |
|  | 3. | Recommendations: | | | | | | | | | | | | | | | | |
|  | 4. | Agency Strengths / Innovative Practices: | | | | | | | | | | | | | | | | |
|  | 5. | General Comments: | | | | | | | | | | | | | | | | |
| **SECTION 7 – \*\*DCF SYSTEMS SECURITY** | | | | | | | | | | | | | | | | | | |
| A. | CERTIFICATION AGENCY | | | | | | | | | | | | | | | | | |
|  | 1. | Identify the individual your agency has designated as the systems security officer who signs systems access request forms for certification workers and then forwards to DCF Security.  [WebI Child Care Access Request Form DCF-F-5200-E](https://dcf.wisconsin.gov/files/forms/doc/5200.docx) (<https://dcf.wisconsin.gov/files/forms/doc/5200.docx>)  [WISCCRS Access Request Form DCF-F-2666-E](https://dcf.wisconsin.gov/files/forms/doc/2666.docx) (<https://dcf.wisconsin.gov/files/forms/doc/2666.docx>) | | | | | | | | | | | | | | | | |
|  |  | Name | | | | | | | | | | Title | | | | | | |
|  | 2. | Does your agency contact DCF Security when an employee leaves or is no longer assigned certification duties, in order to end system access to: | | | | | | | | | | | | | | | | |
|  |  | Yes  No WISCCRS? | | | | | | | | | | | | | | | | |
|  |  | Yes  No WebI? | | | | | | | | | | | | | | | | |
|  |  | Yes  No Certification SharePoint? | | | | | | | | | | | | | | | | |
|  | 3. | Identify the individual responsible for submitting requests to terminate systems access for former certification workers. | | | | | | | | | | | | | | | | |
|  |  | Name | | | | | | | | | | Title | | | | | | |
| B. | REVIEWER – Run security report for verification. See [DCF TEAMS folder](file:///S:\TEAMS\DECE%20with%20BRO\CC%20BRO%20Certification\Certification%20Review%20Tools\Review%20tools,%20Summary%20report,%20Letters%20template\2021%20Tools) for instructions. | | | | | | | | | | | | | | | | | |
|  | 1. | Reviewed  Not Reviewed | | | | | | | | | | | | | | | | |
|  | 2. | Yes, agency is in compliance. | | | | | | | | | | | | | | | | |
|  |  | No, agency is not in compliance. Include explanation of any violations related to this section and their corresponding requirement(s) in administrative code, statute, or contract / scope of services: | | | | | | | | | | | | | | | | |
|  | 3. | Recommendations: | | | | | | | | | | | | | | | | |
|  | 4. | Agency Strengths / Innovative Practices: | | | | | | | | | | | | | | | | |
|  | 5. | General Comments: | | | | | | | | | | | | | | | | |
| **SECTION 8 – COLLABORATION WITH OTHER AGENCIES** | | | | | | | | | | | | | | | | | | |
| A. | CERTIFICATION AGENCY | | | | | | | | | | | | | | | | | |
|  | 1. | With what other agencies does your agency communicate / collaborate? (Check all that apply, and for each agency checked, please explain in detail how your agency communicates / collaborates with that agency.)  Yes  No County / tribal child care subsidy agency:  Yes  No County / tribal child care subsidy fraud unit:  Yes  No Child care licensing agency:  Yes  No DCF Child Care Background Unit (CBU):  Yes  No Child Care Resource & Referral (CCR&R) agency:  Yes  No YoungStar agency:  Yes  No Other | | | | | | | | | | | | | | | | |
|  | 2. | Yes  No Are all certification workers subscribed to the [DCF Child Care Email List](https://dcf.wisconsin.gov/childcare/email-signup)? | | | | | | | | | | | | | | | | |
|  | 3. | Yes  No Are all certification workers subscribed to the [DHS DMS Operations Memos Email List](https://dhs.wisconsin.gov/dms/memos/ops/index.htm)? | | | | | | | | | | | | | | | | |
|  | 4. | What is your agency’s procedure for referring complaints (pertaining to licensed or unregulated providers) to child care licensing? ([Child Care Licensing Contacts](https://dcf.wisconsin.gov/cclicensing/contacts): <https://dcf.wisconsin.gov/cclicensing/contacts>) | | | | | | | | | | | | | | | | |
|  | 5. | What procedures does your agency follow if a certification worker has discovered an operator is in possession of a parent’s MyWIChildCare EBT card / information? | | | | | | | | | | | | | | | | |
|  | 6. | Yes  No Does your agency report YoungStar-participating, certified child care operators with current authorizations who are found to be caring for more than the allowable number of children? If “Yes,” provide the name and title of the individual at the local county / tribal subsidy agency to whom you report the over-numbers violations. Note: The [PTT Learning Center](https://wss.ccdet.uwosh.edu/stc/dcf/) (<https://wss.ccdet.uwosh.edu/stc/dcf/>) offers a *Number of Children in Care* computer-based training course. | | | | | | | | | | | | | | | | |
|  |  | Name | | | | | | | | | | Title | | | | | | |
|  | 7. | What other types of information have you reported, or would you report, to the local county / tribal subsidy or fraud unit? | | | | | | | | | | | | | | | | |
|  | 8. | Yes  No Does your agency use WebI WISCCRS reports for certification monitoring and/or quality assurance? | | | | | | | | | | | | | | | | |
|  |  | If “Yes,” identify the reports you use. | | | | | | | | | | | | | | | | |
| B. | REVIEWER | | | | | | | | | | | | | | | | | |
|  | 1. | Reviewed  Not Reviewed | | | | | | | | | | | | | | | | |
|  | 2. | Recommendations: | | | | | | | | | | | | | | | | |
|  | 3. | Agency Strengths / Innovative Practices: | | | | | | | | | | | | | | | | |
|  | 4. | General Comments: | | | | | | | | | | | | | | | | |
| **SECTION 9 – \*\*ORIENTATION MATERIALS AND INFORMATION PROVIDED TO APPLICANTS** | | | | | | | | | | | | | | | | | | |
| DCF 202.04(3)(b)3. Provide to prospective applicants prior to initial certification a copy of the applicable requirements of this chapter and information on child care certification, including information on all the following:  a. Preservice training requirements, including Cardiopulmonary Resuscitation (CPR) and Child Abuse and Neglect (CAN).  b. Reducing the incidence of sudden infant death syndrome (SIDS).  c. Preventing shaken baby syndrome (SBS) and abusive head trauma (AHT).  d. Child development, positive child guidance, and health and safety, including pediatric first aid and nutrition.  e. The child care subsidy program.  f. The child care quality rating and improvement system.  Note: The [PTT Learning Center](https://wss.ccdet.uwosh.edu/stc/dcf/) (<https://wss.ccdet.uwosh.edu/stc/dcf/>) offers two computer-based training courses for child care certification: *Informational Materials for Prospective Operators* and *Number of Children in Care*. | | | | | | | | | | | | | | | | | | |
| A. | CERTIFICATION AGENCY | | | | | | | | | | | | | | | | | |
|  | 1. | Yes  No Does your agency use the [free materials for certified family child care providers](https://dcf.wisconsin.gov/ccic/free-materials/certifiers) (<https://dcf.wisconsin.gov/ccic/free-materials/certifiers>) from the [Child Care Information Center](https://dcf.wisconsin.gov/ccic) ([CCIC](https://dcf.wisconsin.gov/ccic); <https://dcf.wisconsin.gov/ccic>)? | | | | | | | | | | | | | | | | |
|  | 2. | How does your agency provide orientation information to potential certified operators? Check all that apply. | | | | | | | | | | | | | | | | |
|  |  | Refer prospective providers to the CCIC or agency website.  Print materials and distribute to prospective providers.  Distribute materials during certification orientation meetings.  Other: | | | | | | | | | | | | | | | | |
|  | 3. | Which informational items does your agency provide to potential operators? (Check all that apply.)  Note: For more information, see the [Child Care Certification Policy Manual](https://dcf.wisconsin.gov/manuals/cc-cert-manual/). | | | | | | | | | | | | | | | | |
|  |  | DCF 202 Certification Rules  Certification Application Form  Background Check Request Form  Regulatory Agency Approval Form (if applicable)  Standards and Checklist Form  Child Care Subsidy / Wisconsin Shares Information  Wisconsin Shares Participation Contract  YoungStar Contract | | | | | | | | Pre-Service Training Requirements (including infant/child CPR and child abuse and neglect)  SIDS Reduction Training Requirements  SBS and AHT Prevention Training  Health and Safety Information (including information on pediatric first aid and nutrition)  Child Development Information  Positive Discipline / Child Guidance Information  Other: | | | | | | | | |
| B. | REVIEWER | | | | | | | | | | | | | | | | | |
|  | 1. | Reviewed  Not Reviewed | | | | | | | | | | | | | | | | |
|  | 2. | Yes, agency is in compliance, and content of information materials and/or orientation sessions is accurate. Check how agency demonstrated compliance:  Agency provides URL for the Child Care Information Center (CCIC) or agency website.  Agency supplies a packet of required, accurate information.  Evidence of agency procedures or communication that refers potential providers to the CCIC website. | | | | | | | | | | | | | | | | |
|  |  | No, agency is not in compliance. Include explanation of any violations related to this section and their corresponding requirement(s) in administrative code, statute, or contract / scope of services: | | | | | | | | | | | | | | | | |
|  | 3. | Recommendations: | | | | | | | | | | | | | | | | |
|  | 4. | Agency Strengths / Innovative Practices: | | | | | | | | | | | | | | | | |
|  | 5. | General Comments: | | | | | | | | | | | | | | | | |
| **SECTION 10 – \*\*BACKGROUND CHECK PROCEDURES** | | | | | | | | | | | | | | | | | | |
| Wis. Stat. s.48.686 specifies background check requirements. The [Child Care Certification Policy Manual](https://dcf.wisconsin.gov/manuals/cc-cert-manual/) and [background check procedure manual](https://dcf.wisconsin.gov/manuals/ccbackgroundcheck/) (<https://dcf.wisconsin.gov/manuals/ccbackgroundcheck/>) outline procedures and policy for certification workers. Background Check Request (BCR) Form DCF-F-5296 can be downloaded in [English](https://dcf.wisconsin.gov/files/forms/doc/5296.docx) (<https://dcf.wisconsin.gov/files/forms/doc/5296.docx>), [Hmong](https://dcf.wisconsin.gov/files/forms/pdf/5296h.pdf) ([5296h.pdf](https://dcf.wisconsin.gov/files/forms/pdf/5296h.pdf)), and [Spanish](https://dcf.wisconsin.gov/files/forms/pdf/5296s.pdf) ([5296s.pdf](https://dcf.wisconsin.gov/files/forms/pdf/5296s.pdf)). | | | | | | | | | | | | | | | | | | |
| A. | CERTIFICATION AGENCY | | | | | | | | | | | | | | | | | |
|  | 1. | Does your agency: | | | | | | | | | | | | | | | | |
|  |  | Yes  No Distribute and collect BCR forms for individuals age 10+?  Yes  No Upload BCR forms into the Individuals Module, if submitted to certification agency?  Yes  No Review and process background check-related messages in Dashboard?  Yes  No Review background check results when making “fit” determinations under DCF 202.04(e)?  Yes  No Know how to contact the DCF CBU with questions regarding background check results / determinations?  Yes  No Issue noncompliance and other enforcement actions as appropriate for violations of the background check law? | | | | | | | | | | | | | | | | |
|  | 2. | Yes  No Does your agency recommend existing operators use the Child Care Provider Portal to submit BCRs for new / prospective household members and prospective employees (not mandatory)? [[Accessing the Child Care Provider Portal (CCPP)](https://dcf.wisconsin.gov/childcare/provider-portal/ccpp-access): <https://dcf.wisconsin.gov/childcare/provider-portal/ccpp-access>] | | | | | | | | | | | | | | | | |
|  | 3. | Yes  No Does your agency verify an individual has received DCF CBU-issued notices for both preliminary and final eligibility prior to granting certification and/or preliminary approval for residency or working in a child care program? Note: Certification workers are responsible for verifying an individual has met qualifications related to training and TB screening prior to work commencing. | | | | | | | | | | | | | | | | |
| B. | REVIEWER | | | | | | | | | | | | | | | | | |
|  | 1. | Reviewed  Not Reviewed | | | | | | | | | | | | | | | | |
|  | 2. | Yes, agency is in compliance. | | | | | | | | | | | | | | | | |
|  |  | No, agency is not in compliance. Include explanation of any violations related to this section and their corresponding requirement(s) in administrative code, statute, procedure manual, or contract / scope of services: | | | | | | | | | | | | | | | | |
|  | 3. | Recommendations: | | | | | | | | | | | | | | | | |
|  | 4. | Agency Strengths / Innovative Practices: | | | | | | | | | | | | | | | | |
|  | 5. | General Comments: | | | | | | | | | | | | | | | | |
| **SECTION 11 – \*\*SITE VISITS AND DOCUMENTATION OF MONITORING RESULTS** | | | | | | | | | | | | | | | | | | |
| As part of the [Child Care Development Fund](https://dcf.wisconsin.gov/childcare/ccdbg) ([CCDF](https://dcf.wisconsin.gov/childcare/ccdbg); <https://dcf.wisconsin.gov/childcare/ccdbg>) and as stated in the [Child Care Certification Policy Manual](https://dcf.wisconsin.gov/manuals/cc-cert-manual/), agencies are required to conduct annual unannounced health and safety monitoring visits. At least one unannounced visit must be conducted annually (as defined by policy) to each certified program to monitor specific health and safety standards. In order to certify an operator who relocates, a relocation visit is required to ensure the environment meets requirements. After initial certification (or relocation) is granted, subsequent monitoring results (Met and Unmet rules) must be documented in WISCCRS and on the Standards and Checklist.  Note: In-home child care operators shall be monitored annually; however, in-home operators are exempt from the unannounced monitoring requirement.  Note for 2020: DCF’s request to the federal Office of Child Care to waive annual health and safety monitoring requirements in 45 CFR §98.42(b)(2)(i)(B) for child care programs affected by COVID-19 was approved effective March 24, 2020, through September 30, 2021. | | | | | | | | | | | | | | | | | | |
| A. | CERTIFICATION AGENCY | | | | | | | | | | | | | | | | | |
|  | 1. | Yes  No Agency conducts at least one unannounced visit annually (as defined by policy) to each certified child care program to monitor health and safety standards. | | | | | | | | | | | | | | | | |
|  |  | If “Yes,” describe how your agency ensures all health and safety standards are monitored annually through at least one unannounced visit to each certified child care program. | | | | | | | | | | | | | | | | |
|  | 2. | Yes  No All met and unmet certification rules as outlined in DCF 202 and the [Child Care Certification Policy Manual](https://dcf.wisconsin.gov/manuals/cc-cert-manual/) are documented in WISCCRS. (Note: Monitoring results are not entered into WISCCRS for initial and relocation visits.) | | | | | | | | | | | | | | | | |
|  | 3. | Describe your agency’s procedure for documenting the results of site visits. | | | | | | | | | | | | | | | | |
|  | 4. | Describe your agency’s use of the “Health and Safety (HS) Results” monitoring page in WISCCRS (not mandatory). | | | | | | | | | | | | | | | | |
|  | 5. | Yes  No Does your agency receive, review, approve, verify, and upload operator-submitted Plans of Correction, as outlined in DCF 202 and the [Child Care Certification Policy Manual](https://dcf.wisconsin.gov/manuals/cc-cert-manual/)? | | | | | | | | | | | | | | | | |
|  | 6. | Yes  No Does your agency use the form [*Child Record Checklist – Certified Child Care*, DCF-F-242](https://dcf.wisconsin.gov/files/forms/pdf/242.pdf) (<https://dcf.wisconsin.gov/files/forms/pdf/242.pdf>), when reviewing children’s files (not mandatory)? | | | | | | | | | | | | | | | | |
|  |  | If “No,” what is your agency’s procedure for documenting a review of children’s files? | | | | | | | | | | | | | | | | |
| B. | REVIEWER | | | | | | | | | | | | | | | | | |
|  | 1. | Reviewed  Not Reviewed | | | | | | | | | | | | | | | | |
|  | 2. | Yes, agency is in compliance. | | | | | | | | | | | | | | | | |
|  |  | No, agency is not in compliance. Include explanation of any violations related to this section and their corresponding requirement(s) in administrative code, statute, or contract / scope of services: | | | | | | | | | | | | | | | | |
|  | 3. | Recommendations: | | | | | | | | | | | | | | | | |
|  | 4. | Agency Strengths / Innovative Practices: | | | | | | | | | | | | | | | | |
|  | 5. | General Comments: | | | | | | | | | | | | | | | | |
| **SECTION 12 – ONGOING AGENCY TRAINING AND TECHNICAL ASSISTANCE FOR CERTIFIED OPERATORS** | | | | | | | | | | | | | | | | | | |
| A. | CERTIFICATION AGENCY | | | | | | | | | | | | | | | | | |
|  | 1. | Yes  No Does your agency provide ongoing training, continuing education, or technical assistance to certified child care operators? | | | | | | | | | | | | | | | | |
|  |  | If “Yes,” what type of training, education, or technical assistance is offered, and how often is it offered? | | | | | | | | | | | | | | | | |
|  |  | If “No,” where do you refer certified operators for training, education, or technical assistance? | | | | | | | | | | | | | | | | |
|  | 2. | Which of the following benefits and supports for regulated child care providers does your agency share with operators and prospective operators? (Check all that apply.)  [T.E.A.C.H. Scholarship Program](https://wisconsinearlychildhood.org/programs/t-e-a-c-h/) (<https://wisconsinearlychildhood.org/programs/t-e-a-c-h/>)  [REWARD Wisconsin Stipend Program](https://wisconsinearlychildhood.org/programs/reward/) (<https://wisconsinearlychildhood.org/programs/reward/>)  [YoungStar on-site technical assistance](https://dcf.wisconsin.gov/youngstar/program/localoffice) (<https://dcf.wisconsin.gov/youngstar/program/localoffice>)  [Child Care Counts: Stabilization Payment Program](https://dcf.wisconsin.gov/covid-19/childcare/payments) (<https://dcf.wisconsin.gov/covid-19/childcare/payments>)  [Child and Adult Care Food Program](https://dpi.wi.gov/community-nutrition/cacfp) ([CACFP](https://dpi.wi.gov/community-nutrition/cacfp); <https://dpi.wi.gov/community-nutrition/cacfp>)  [The Wisconsin Registry Statewide Training Calendar](https://go.wiregistry.org/v7/trainings/search) (<https://go.wiregistry.org/v7/trainings/search>)  Other benefits and supports. Please describe: | | | | | | | | | | | | | | | | |
| B. | REVIEWER | | | | | | | | | | | | | | | | | |
|  | 1. | Reviewed  Not Reviewed | | | | | | | | | | | | | | | | |
|  | 2. | Recommendations: | | | | | | | | | | | | | | | | |
|  | 3. | Agency Strengths / Innovative Practices: | | | | | | | | | | | | | | | | |
|  | 4. | General Comments: | | | | | | | | | | | | | | | | |
| **SECTION 13 – DCF SUPPORT AND AGENCY INNOVATIVE PRACTICES** | | | | | | | | | | | | | | | | | | |
| A. | CERTIFICATION AGENCY | | | | | | | | | | | | | | | | | |
|  | 1. | Identify and describe any ways in which DCF could help you advance your agency’s administration of the child care certification program. | | | | | | | | | | | | | | | | |
|  | 2. | Yes  No Does your agency have additional innovative practices to share with the reviewer? | | | | | | | | | | | | | | | | |
|  |  | If “Yes,” describe these innovative practices. | | | | | | | | | | | | | | | | |
| B. | REVIEWER | | | | | | | | | | | | | | | | | |
|  | 1. | Reviewed  Not Reviewed | | | | | | | | | | | | | | | | |
|  | 2. | Recommendations: | | | | | | | | | | | | | | | | |
|  | 3. | General Comments: | | | | | | | | | | | | | | | | |
| **SECTION 14 – ADDITIONAL REVIEWER COMMENTS** | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |