

DCF 250.07 Program.**(1) PROGRAM PLANNING AND SCHEDULING.**

(a) A provider shall plan activities so that each child may be or do all of the following:

1. Be successful and feel good about himself or herself.
2. Use and develop language.
3. Use large and small muscles.
4. Use materials and take part in activities that encourage creativity.
5. Learn new ideas and skills.
6. Participate in imaginative play.
7. Be exposed to a variety of cultures.
8. Develop literacy skills.

Note: The Wisconsin Model Early Learning Standards are voluntary standards that were designed to help centers develop programs and curriculum to help ensure that children are exposed to activities and opportunities that will prepare them for success in school and into the future. The Standards are primarily intended as guidance on developmentally appropriate expectations and are not intended to be used as a checklist to gauge a child's progress. The Standards are based on scientific research. Copies of the Wisconsin Model Early Learning Standards are available on the Wisconsin Early Childhood Collaborating Partners website at <http://www.collaboratingpartners.com/> or through the Child Care Information Center at 1-800-362-7353.

Wisconsin has an information and referral service for persons with questions or concerns about a child's development called First Step that is available to the public 24 hours a day, 7 days a week. When a call is placed to First Step at 1-800-642-7837, the caller will learn about early intervention services as well as other related services in the area. When a provider or a parent has concerns about a child's growth or development a referral to a Birth-to-Three agency or the local public school should be considered to determine if the child is eligible for special services. With parental consent and consultation, it is recommended that centers who care for children who have an Individualized Family Service Plan (IFSP) or an Individualized Education Program (IEP) coordinate programming activities with the local school district or Birth to Three agency.

(b) A provider shall plan daily activities according to the age and developmental level of each child in care and shall include a flexible balance of all of the following:

A daily activities plan would include a schedule, a summary of the kinds of activities which will be planned such as outdoor play, group and individual activities, field trips, stories and other language development activities, music, art and time for child-selected free play.

If children under two years of age are in care, the plan should also include time for one-on-one interaction between the provider and the infants and toddlers.

The licensing specialist may monitor for compliance by talking with the provider or observation if a written activity plan is not available.

1. Daily indoor and outdoor activities when a child is in care for more than 3 hours except that outdoor activities are not required during inclement weather or when not advisable for health reasons.

There is no definite set of guideline that would prevent a child from going outside for health reasons. Center policies should reflect what would prohibit a child from going outside for health reasons: i.e. a written request by a parent or a written statement by a medical professional.

Children are to have time to play outdoors each day unless the weather is inclement. Consideration must be given to other conditions on the playground and include available shade, drinking water, protection from wind, etc.

See 250.03(15) for definition of "inclement weather." In the written health policy, the center determines the temperatures when children will go outside with no more than a 5 to 10 degree variation of the temperatures included in the definition. No exception is necessary as long as the variation is no more than 5 to 10 degrees.

Center provided and maintained selection of warm outer garments is recommended for children whose parents do not provide appropriate clothing for out-of-doors.

2. Active and quiet play.
3. Protection from excess fatigue and over stimulation.
4. Individual and group activities.

If used, television programs should compliment the daily activities/curriculum. Soap operas, game shows, situation comedies, talk shows, etc. are not appropriate when children are present. Children's videotapes and DVDs may be used, but they may not constitute a major portion of the program for children. Media should be rated to the age and developmental level of the child. See DCF 250.07(1)(b) above.

(c) Television, including videotapes and DVDs, may be used only to supplement the daily plan for children. No child may be required to watch television.

(2) CHILD GUIDANCE.

(a) Each family child care center shall provide positive guidance and redirection for the children and shall set clearly specified limits for the children. A provider shall help each child develop self-control, self-esteem and respect for the rights of others.

(b) If a provider uses time-out periods to deal with unacceptable behavior, time-out periods may not exceed 5 minutes or be used for children under age 3. Time-out procedures shall be included in the center's written child guidance policy.

See Early Years Are Learning Years – Time Out for “Time-Out”. For information on how to obtain this document, see Appendix J Resources List.

(c) Actions that may be psychologically, emotionally or physically painful, discomforting, dangerous or potentially injurious are prohibited. Examples of prohibited actions include all of the following:

1. Spanking, hitting, pinching, shaking, slapping, twisting, throwing, or inflicting any other form of corporal punishment on the child.
2. Verbal abuse, threats or derogatory remarks about the child or the child's family.

"Verbal abuse" includes, but is not limited to, profane, insulting or coarse language sometimes but not always delivered in a loud or threatening manner or language which is ego deflating, causing loss of self-esteem.

3. Physical restraint, binding or tying the child to restrict the child's movement or enclosing the child in a confined space such as a closet, locked room, box or similar cubicle.

See 250.03(23) for definition of “physical restraint.”

“Physical restraint” does not include:

- Briefly holding a child in order to calm or comfort the child
- Holding a child's hand or arm to escort the child from one area to another
- Moving a disruptive child who is putting him/herself/others in danger and is unwilling to leave the area when other methods such as talking to the child have been unsuccessful.
- Intervening or breaking up a fight.

If a child has an outburst that puts him/herself or another person in danger of harm, the center has the responsibility to protect the child and others from danger. Once a child has an outburst, we recommend that the center work with the parents to develop a plan to help manage the child's behavior in a way that does not include the use of a physical restraint. Children may not be confined in high chairs, cribs and/or pack and plays to restrict the child's movement.

4. Withholding or forcing meals, snacks or naps.

Children can be encouraged but not forced to try all of their food or finish one food prior to receiving seconds of a required food.

250.07(2)(c)5.

5. Actions that are cruel, aversive, humiliating or frightening to the child.

Aversive actions could be include imposing an unpleasant event each time the child exhibits inappropriate behavior.

- (d) A child may not be punished for lapses in toilet training.

Note: See s. DCF 250.04(8) for information on reporting suspected child abuse and s. DCF 250.04(3)(i) for rules requiring that inappropriate discipline of a child be reported to the Department within 24 hours after the occurrence.

(3) EQUIPMENT.

- (a) Safe indoor and outdoor play equipment shall be provided and shall be all of the following:

Equipment must be available for the children to play with.

Examples of unsafe play equipment include:

- *Metal toys with sharp edges.*
- *Play housekeeping equipment which is coming apart.*
- *Hard plastic toys which have broken, sharp edges.*
- *Slides or rocking boats with protruding screws.*
- *Swing sets with chains which are rusting through.*
- *Permanently installed outdoor equipment which is not safely anchored.*

Any object that can slide through a tube that is no larger than the size of a cardboard toilet paper roll is considered a choking hazard. It is recommended that providers check small pieces of toys or equipment by using a choke tube.

Certain pull toys may have a cord or string the length of which may present a strangling hazard to a child. Strings on cribs and pull toys should not be longer than 12 inches so that cords cannot be wrapped around necks.

1. Scaled to the size and developmental level of the children.
 2. Of sturdy construction with no sharp, rough, loose, or pointed edges, in good operating condition, and anchored when necessary.
 3. Placed so as to avoid danger of accident or collision and to permit freedom of action.
- (b) Various types of play equipment shall be provided to allow for large and small muscle activity, dramatic play, creative expression and intellectual stimulation.
- (c) Indoor play equipment shall be provided to allow each child a choice of at least 3 activities involving equipment when all children are involved in using equipment.
- (d) Outdoor play equipment shall be provided to allow each child at least one activity when all children are using equipment at the same time.

Outdoor equipment may be permanently installed or equipment may be taken outdoors from the inside or a combination of both.

- (e) Trampolines and inflatable bounce surfaces on the premises shall not be in areas accessible to children and may not be used by the children in care.

Bouncy chairs or inflatable items not intended for bouncing such as inflatable slides may be used. Care should be taken to ensure that children are properly supervised and the item is being used according to the manufacturer's recommendation.

Trampolines not located in areas accessible to children in care may be used by the provider's own children over the age of 7 during the hours of center operation.

Note: Lists suggesting kinds and numbers of equipment for centers are available from the Child Care Information Center by calling 1-800-362-7353.

(4) REST PERIODS.

(a) Children under 5 years of age in care for more than 4 consecutive hours shall have a nap or rest period.

If children who are five years of age and older sleep at the parent's request, the rules on rest periods apply. It is recommendation that the parent's request for a nap period for children age 5 and above be written and kept in the child's file.

(b) A provider shall permit children who do not sleep after 30 minutes and children who wake up early to get up and shall help them to have a quiet time through the use of equipment or activities which do not disturb other children.

Children will be allowed to get up off of their sleeping surface and play in a room which must be reasonably lighted.

(c) Each child who has a nap or rest period shall be provided with a bed, cot, mat at least 2 inches thick, sleeping bag, crib or playpen which is placed at least 2 feet from the next sleeping child.

Cribs and cots may be placed end to end if a solid partition separates the children.

Mats may be stacked to reach the required 2 inch thickness.

Sofas may be used provided the child has a sheet/blanket or sleeping bag so that the child does not sleep directly on the sofa.

All children under 1 year of age must be placed to sleep on his or her back in a crib. If a child falls asleep in a swing or car seat, the child must be removed from the swing or car seat and placed to sleep on his or her back in a crib. Only the child's physician may authorize a sleep position other than the back in a crib or playpen for a child under 1 year of age. Once a child is able to roll over unassisted, the child may assume the sleep position most comfortable to him/her. See DCF 250.09(1)(c) for information about infant and toddler sleep position.

See DCF 250.03(4m) and (31) for the definitions of "crib" and "sleeping bag". See Appendix D for information on safe cribs.

(d) Each child shall be provided with an individually identified sheet and blanket or sleeping bag that may be used only by that child until it is washed. Sleeping bags and bedding shall be stored in a sanitary manner and washed at least after every 5 uses or as soon as possible if wet or soiled.

Each mat, cot or crib mattress shall be covered with the child's individual sheet for exclusive use by that child. No child shall sleep on a bare, uncovered surface. Seasonally appropriate coverings such as sheets or blankets that are sufficient to maintain adequate warmth shall be available and shall be used by each child.

Cots, sleeping bags and 2-inch thick mats shall be long enough so the child's head or feet do not rest off the cot, sleeping bag or mat.

See 250.03(31) for definition of "sleeping bag."

A large adult-size blanket may be used as both sheet and blanket on a bed, cot, mat or sofa used as a bed if it is placed under and over the child.

If family beds are used, the sheet and blanket or sleeping bag should be placed over the family bedding.

(e) Infants shall sleep alone in cribs or playpens. Two related children may share a double bed. No more than one child may occupy a single size bed, cot, mat or sleeping bag.

Note: See also s. DCF 250.06(8)(b)3. and 4. which require that the cot, bed, mat, sleeping bag, crib or playpen be safe and washable.

250.07(5)**(5) MEALS AND SNACKS.**

(a) Food shall be provided based on the amount of time children are present, as specified in Table 250.07.

TABLE 250.07
Meals and Snacks to be Served to Children
in Family Child Care Centers

Time Present	Number of Meals and Snacks
At least 2½ but less than 4 hours	1 snack
At least 4 but less than 8 hours	1 snack and 1 meal
At least 8 but less than 10 hours	2 snacks and 1 meal
10 or more hours	2 meals and 2 or 3 snacks

(b) Food shall be served at flexible intervals, but no child may go without nourishment for longer than 3 hours.

The 3-hour time frame begins when the meal is served, e.g., snack at 9:00 a.m., lunch at noon, afternoon snack at 3:00.

(c) Each meal and snack shall meet the U.S. department of agriculture child and adult care food program minimum meal requirements.

Only beverages that are 100% fruit or vegetable juice may be served to meet USDA requirements for a fruit or vegetable serving. Other beverages may be served (such as water) in addition to the required components.

Note: See Appendices B and C for United States Department of Agriculture child and adult care food program minimum meal requirements. You may also contact the Department of Public Instruction Community Nutrition Services for information on the United States Department of Agriculture child and adult care food program at 608-267-9123.

(d) Accurate records of meals and snacks served to children shall be available for review by parents and the licensing representative. Written records of meals and snacks served to children must be kept for 3 months.

Documentation could be attained through food program records, written menus or a calendar listing meals and snacks served. Menus are not required to be posted. The USDA master plan is acceptable as long as it reflects meals actually served. The record must contain the meal number and the center must have a list of the meal numbers available for review by parents and the licensing staff. If the provider changes items on the plan, those changes must be documented on the meal record. If children bring their own lunch, no documentation is required.

(e) Enough food shall be prepared for each meal so second portions of vegetables, fruit, bread and milk are available to children.

USDA food program regulations specify that the USDA amounts are guides for food preparation and are not "helpings." USDA recommends that small helpings of all items be dished up and that seconds be available.

(f) When food for a child is provided by the child's parent, the licensee shall give the parents information about the requirements for food groups and quantities specified by the U.S. department of agriculture child and adult care food program minimum meal requirements.

Centers may provide parents with a copy of Appendix B. This information may be included in the center's policies.

(g) A child enrolled in school who is in attendance at the center when a meal or snack is served shall be offered the meal or snack.

250.07(5)(h)

(h) A special diet based on a medical condition, excluding food allergies, but including nutrient concentrates and supplements, may be served only upon written authorization of a child's physician and upon the request of the parent.

(i) A special diet based on a food allergy may be served upon the written request of the parent.

(6) HEALTH.

(a) *Contact with others who are ill.*

1. A licensee, provider, household member, employee, volunteer, visitor or parent who has symptoms of illness or of a communicable disease that may be transmitted through normal contact may not be in contact with the children in care.

2.a. A licensee, provider, household member, employee, volunteer, visitor or parent whose behavior with respect to any child, adult, animal or property, on or off the center's premises, raises reasonable concern for the safety of the children, may not be in contact with the children in care.

b. The department may require a licensee, provider, household member or other adult in contact with the children whose behavior gives reasonable concern for the safety of children to submit to an examination by a licensed mental health professional as a condition of licensure or employment.

Note: See also s. DCF 250.11(2)(e) which requires a written statement from a physician or licensed mental health professional when there is reason to believe that the physical and mental health of a person may endanger children in care.

3. No person with a health history of typhoid, paratyphoid, dysentery or other diarrheal disease may work in a center until it is determined by appropriate medical tests that the person is not a carrier of the disease.

Typhoid is a communicable disease caused by bacteria and is marked by fever, diarrhea, headache and intestinal inflammation. Paratyphoid is salmonella that resembles typhoid fever and occurs as a food poisoning. Dysentery is severe diarrhea with blood and is caused by infection.

(b) *Observation of children.*

1. Each child upon arrival at the center shall be observed for symptoms of illness. For a child who appears to be ill, the licensee shall follow the procedure under par. (c).

The daily health check should include individually greeting the child, with some exchange of information about the child's health and behavior between the provider and child's parent if possible.

If the child appears to be ill, the child should not be admitted for care unless the center has been authorized to provide care for mildly ill children. See DCF 250.07(6)(d).

For information on how to obtain Exclusion Guidelines for Ill Children in Child Care, see Appendix J Resources List.

It is recommended that the provider's definition of illness be included in the center's written information to parents as well as the center's expectations for when children can return after illness.

See DCF 250.03(20) for the definition of mildly ill.

2. A provider shall note in a medical log book any injury or evidence of unusual bruises, contusions, lacerations or burns received by a child in or out of the center and any incidents requiring the services of medical personnel.

For information on how to obtain the Medical Log – Directions for Use, see Appendix J Resources List.

Note: See s. DCF 250.04(6)(c) for information on maintaining a medical log book.

(c) *Ill child.* Unless a center has been previously authorized to care for mildly ill children under par. (d), any child who appears to be ill shall be moved to a separate room or area and shall be provided with a bed, crib or cot and a sheet and blanket or sleeping bag. The licensee shall notify the parent or emergency contact and arrange to remove the child from the center as soon as possible.

Children must have a sheet and a blanket or a sleeping bag if the child is placed on a bed, cot or crib—or the center may have the child use just a sleeping bag.

250.07(6)(d)

(d) *Care of a mildly ill child.* A child who is mildly ill may be cared for at the center when all of the following conditions are met:

Children with a communicable disease may not be admitted for care unless the child has passed the period of time for communicability as specified in the Exclusion Guidelines for Ill Children in Child Care. For instructions on how to obtain this document, see Appendix J Resources List. See DCF 250.03(20) for the definition of mildly ill.

1. The space for the care of a mildly ill child is a self-contained room that is separate from children who are well.
2. The parent consents in writing.
3. The written health policy of the center allows a mildly ill child to remain at the center.
4. The center follows and implements procedures in a written plan for the provision of care to mildly ill children that has been approved and signed by a licensed physician, a family nurse practitioner or a pediatric nurse practitioner, and which covers all of the following:
 - a. Admissions and exclusions.
 - b. Staffing.
 - c. Staff training.
 - d. Monitoring and evaluation.
 - e. Programming.
 - f. Infectious disease control.
 - g. Emergency procedures.
5. Medical consultation is available from a physician or local health department in establishing policy for the management of mildly ill children.

(e) *Communicable disease.*

1. When it is determined that a person in contact with children or a child attending the center has a reportable communicable disease under ch. DHS 145, such as German measles, infectious hepatitis, measles, mumps, or meningitis, the local public health officer, the department and parents of all the enrolled children shall be notified.

For instructions on how to obtain the Communicable Disease Chart and the Exclusion Guidelines for Ill Children in Child Care, see Appendix J Resources List.

2. A licensee, provider, household member, employee, volunteer, visitor or parent or a child in care may be readmitted to the family child care center if there is a written statement from a physician that the condition is no longer contagious or if the person has been absent for a period of time equal to the longest usual incubation period for the disease as specified by the department in ch. DHS 145.

Note: The Wisconsin Department of Health Services, Division of Public Health, has developed materials that identify those communicable diseases that are required to be reported to the local public health officer. These materials also provide additional guidance on the symptoms of each disease and information on how long an infected child shall be excluded from the center. The materials include a communicable disease chart and exclusion guidelines for child care centers. Copies of the communicable disease chart or the exclusion guidelines for child care centers are available from the Child Care Information Center 800-362-7353.

(f) *Medications.*

1. A provider may give prescription or non-prescription medications such as pain relievers, teething gels or cough syrup to a child only under the following conditions:

These rules allow prescription and non-prescription medication to be administered by the center under controlled circumstances as specified. The center health policy may be more stringent than the rule—allowing no medication or only prescription medication. This policy should be included in the written health policy that is shared with parents upon admission. A written authorization from the parent is required for each medication and is time limited. The center shall ensure that all requirements of the Americans with Disabilities Act are met. See www.ada.gov for more information.

250.07(6)(f)1. continued

An anti-itch preparation may be applied to children upon authorization from the parent. The parent should supply the preparation. The preparation should be labeled with the child's name. The authorization should include the name of the product and the instructions for administration. The application information does not need to be recorded in the center medical log.

a. A completed written authorization on a form provided by the department, dated and signed by the parent is on file. Authorizations that exceed the period of time specified on the label are prohibited.

Medication used to treat chronic illnesses or conditions such as asthma or diabetes may be authorized by a physician for an unspecified length of time. No separate doctor's authorization for a chronic condition or illness, other than the prescription label, is required. Over-the-counter medications used to treat an on-going condition such as seasonal allergies need to be prescribed by the child's physician or authorized in writing by the child's physician. The written authorization must be in the child's file. The authorization from the parent should be reviewed and re-signed when there are any changes. The parent should include information on the specific triggers that may signify the necessity for the authorized medication on the child's health history form.

Blanket authorizations are not allowed for non-prescription pain relievers, cough and cold remedies, etc. and may not be pre-signed by parents. The medication authorization must be time specific and follow the guidelines given on the medication container.

Note: The department's form, Authorization to Administer Medication — Child Care Centers, is used to obtain the parent's authorization to provide medications. Information on how to obtain the form is available on the department's website, <http://dcf.wisconsin.gov>, or from any regional licensing office in Appendix A.

b. The medication is in the original container and labeled with the child's name and with dosage and administration directions.

The directions on the medication should be followed according to the age group specifications. Center policies may limit administering medication exceeding age group specifications. The rule requires that the dosage instructions must be included on the medication label. For some types of over the counter medications, such as Tylenol or cold syrup, the label instructions indicate that a physician should be consulted for children under a certain age (typically under age 2).

The American Academy of Pediatrics recommends that over-the-counter multi-symptom cold products not to be used for children under the age of 6.

The Authorization to Administer Medication form has been revised to include a statement to be initialed by the child's parent indicating the child's physician has been consulted and the dosage instructions are consistent with the physician's recommendation. A parent's authorization may not exceed the time specified on the label of the medication (usually 7 – 10 days).

c. A written record, including the name of the child, type of medication given, dosage, time, date and the initials or signature of the person administering the medication shall be made in the medical log on the same day that the medication is administered.

Note: See s. DCF 250.04(6)(c) about maintaining a medical log book.

2.a. Sunscreen and insect repellent may only be applied upon the written authorization of the parent. The authorization shall include the brand and ingredient strength of the sunscreen or insect repellent. If parents provide the sunscreen or insect repellent, the sunscreen or repellent shall be labeled with the child's name. Authorizations shall be reviewed periodically and updated as necessary. The recording of the application of sunscreen or insect repellent is not required.

Parents can supply sunscreen or insect repellent or the facility may provide it to all the children. The authorization for the application needs to include the brand name and the ingredient strength. If a new brand or strength is used, a new authorization is required.

250.07(6)(f)2.a. continued

The center health policy should address at what age children will be allowed to self-apply these items and the procedure for ensuring that the application is completed in a way that will protect children.

It is recommended that sunscreen be applied according to application instructions to ensure that children are adequately protected from sunburn.

Sunscreen and insect repellent authorizations should be reviewed at least every 6 months.

b. Children shall be protected from sunburn with protective clothing, if not protected by sunscreen.

3. Medications shall be stored so that they are not accessible to children.

4. Medications requiring refrigeration shall be kept in the refrigerator in a separate, covered container clearly labeled “medications.”

Medications should be stored at temperatures in accordance with label instructions.

5. No medication intended for use by a child in the care of the center may be kept at the center without a current medication administration authorization from the parent.

6. Medication for a child in care shall be administered by the center as directed on the label and as authorized by the parent.

If a medication authorization from the parent is in disagreement with the label instructions, the label instructions take precedence unless there is written authorization from the physician indicating a different dose or time frame.

(g) Personal cleanliness.

1.a. A child’s hands shall be washed with soap and warm running water before meals or snacks and after toileting or diapering. A child’s hands and face shall be washed after meals. Persons working with children shall wash their hands with soap and warm running water before handling food and after assisting with toileting. Towels and washcloths shall be individual to each person and used only once.

Washing in a common bucket or pan is allowed after certain activities, such as finger painting, if this preliminary washing to eliminate excess paint is immediately followed up by individual hand washing under running water with soap.

See DCF 250.09(4)(f) INFANT & TODDLER - PROVIDER HANDWASHING WHEN DIAPERING & TOILETING. and DCF 250.09(4)(i) INFANT & TODDLER - CHILD HANDWASHING AFTER DIAPERING.

For children under one year of age, hands and face may be washed with a fabric wash cloth individual to the child and to that use or with a disposable single-use wash cloth or towel. Use of running water is not required for children under one year of age.

Liquid soap is recommended.

b. If running water is not immediately available when outdoors or on field trips, soap and water-based wet wipes may be used. When running water becomes available, hands shall be washed immediately with soap and running water.

Soap and water based wet wipes are alcohol free; this will be indicated on the product label.

c. Disinfecting hand sanitizers may not replace the use of soap and water for washing hands.

2. Bodily secretions from a child shall be wiped with a disposable tissue. Whoever does the wiping shall wash his or her hands immediately.

Examples of bodily secretions are vomit, blood, nasal discharge, etc.

250.07(6)(g)3.

3. All providers shall use universal precautions when exposed to blood or bodily fluids or discharges containing blood.

4. All persons exposed to blood or bodily fluids containing blood or other types of bodily discharges shall wash their hands immediately with soap and warm running water.

5. Single use disposable gloves shall be worn if there is contact with blood-containing body fluids or tissue discharges. Hands shall be washed with soap and warm water after removal of gloves. Gloves shall be discarded in plastic bags.

“Single use disposable gloves” means non-porous gloves without obvious seams made out of latex, natural rubber or plastic in various forms.

(h) *Disinfecting surfaces.* Surfaces containing bodily secretions shall be washed with soap and water and disinfected with a solution of one tablespoon bleach to one quart of water, made fresh daily, or a quaternary ammonia-based disinfectant prepared according to the label instructions, or a commercially prepared disinfectant containing bleach or a quaternary ammonia product. Hands shall be washed immediately.

(i) *Prohibition against sharing utensils.* Cups, eating utensils, or toothbrushes may not be shared.

Toothbrushes are not required. However, if a center chooses to have children brush their teeth, toothbrushes must be labeled and/or stored so that they do not touch each other, and each child must use his/her own brush each time.

(j) *Clothing and diaper changing.*

1. Wet or soiled clothing or diapers shall be changed promptly from an available supply of clean clothing or diapers.

Changes of clothing may be provided by the parent or may be supplied by the center providing it is clean, gender appropriate and in a variety of sizes. If parents do not supply the clothing, the center is responsible for providing an emergency supply of clothing.

2. Section DCF 250.09(4) shall apply when a child 2 years of age or older needs attention for diapering or toileting.

(k) *Injuries.*

1. Written permission from the parent to call the child’s physician or refer the child for medical care in case of injury shall be on file at the center. A provider shall contact a parent of the injured child as soon as possible after an emergency has occurred or, if the injury is minor, when the child is picked up.

Any head injury is considered an “emergency” and parents should be notified as soon as possible.

Note: See DCF 250.04(3)(a) regarding reporting injuries that require medical attention to the Department within 48 hours after the occurrence.

Note: The department’s form, Child Care Enrollment, includes authorization for the center to obtain emergency medical care for a child. Information on how to obtain forms is available on the department’s website, <http://dcf.wisconsin.gov>, or from any regional licensing office in Appendix A.

2. Superficial wounds shall be cleaned with soap and water only and protected with a bandaid or bandage.

The administration of non-prescription medication must be at the specific direction of the parent. No medication may be given or applied to the child by the center for injuries (e.g. salves and creams) unless the parent supplies and authorizes the medication.

250.07(6)(k)3.

3. Suspected poisoning shall be treated only after consultation with a poison control center.

The statewide poison control number is (800) 222-1222. Calling 911 does not automatically connect the caller with poison control. See Common Plants – What’s Poisonous for a list of poisonous plants. Instructions on how to obtain this document can be found on Appendix J Resources List.

Activated charcoal or any other vomit-inducing substance may only be used with authorization from the poison control center.

4. The licensee shall designate a planned source of emergency medical care, such as a hospital emergency room, clinic or other constantly staffed facility and shall advise parents about that designation.

This should be included in the policies and procedures required under 250.04(2)(e) SUBMIT, IMPLEMENT AND PROVIDE POLICIES TO PARENTS.

5. A daily record of injuries including the child’s name, date and time of injury and a brief description of the facts surrounding the injury shall be kept in the center medical log book.

See commentary under 250.04(6)(c) MEDICAL LOG BOOK – MAINTENANCE and the document, Medical Log – Directions for Use. For information on how to obtain this document, see Appendix J Resources List.

Note: See s. DCF 250.04(6)(c) about maintaining a medical log book.

(L) *Health examination and history.*

1. Each child under 2 years of age, including each provider’s child in care, shall have an initial health examination not more than 6 months prior to nor later than 3 months after being admitted to the center, and a follow-up examination at least once every 6 months thereafter.

2. Each child 2 years of age or older, including a provider’s own children in care, shall have an initial health examination not more than one year prior to nor later than 3 months after being admitted to a center, and a follow-up health examination at least once every 2 years thereafter. School-age children are not required to have a health exam.

Children transferring to a new center are required to have an examination on file dated within the last two years.

Children 5 years old and not enrolled in public or private school must have a physical examination on file at the center.

Home schooled children would require a physical exam.

3. The health examination report shall be on a form provided by the department and shall be signed and dated by a licensed physician, physician assistant or a HealthCheck provider.

Evidence of a health exam may include a form (such as a HealthCheck provider form or the department’s form, Child Health Report) or a printout from a child’s medical record that includes the date of the exam, the child’s name and the name of the health professional who conducted the exam. No exception is required for the use of a form or report that is not the department’s form, Child Health Report.

Doctors of Osteopathy may perform physical examinations. Chiropractors are prohibited by statute from performing physical examinations.

Note: The department’s form, Child Health Report — Child Care Centers, is used to record health examination information. Information on how to obtain the form is available on the department’s website, <http://dcf.wisconsin.gov>, or from any regional licensing office in Appendix A.

4. The health examination requirement under subd. 2. does not apply if the parents of a child request in writing that the department grant an exemption based upon the parents’ adherence to religious belief in exclusive use of prayer or spiritual means for healing in accordance with the teachings of a bona fide religious sect or denomination.

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5. A health history for each child, including school age children and a provider's own children, completed by the parent shall be on file at the center by the child's first day of attendance. Information relating to a child's special health care needs shall be shared with any person caring for children including emergency back-up providers and substitutes. The health history shall be recorded on a form provided by the department.

Note: The department's form, Health History and Emergency Care Plan, is used to record each child's health history. Information on how to obtain the form is available on the department's website, <http://dcf.wisconsin.gov>, or from any regional licensing office in Appendix A.

(m) *Immunization.* The center shall maintain a record of immunizations for each child to document compliance with s. 252.04, Stats., and ch. DHS 144.

Note: The department of health services form, Day Care Immunization Record, is used to record immunization information. An electronic printout from the Wisconsin Immunization Registry, or other registry maintained by a health provider may be used in place of DPH-4192 or DPH-4192S. Information on how to obtain the form is available on the department's website, <http://dcf.wisconsin.gov>, or from any regional licensing office in Appendix A.

Under s. 252.04, Wis. Stats., and ch. DHS 144, the immunization record for each child must be on file no later than 30 school days (6 calendar weeks) after the first day of a child's attendance.

If children are attending a public, parochial or private school and are enrolled in a school-age child care program at the school of attendance, the immunization record will not be required to be on file at the child care center. Immunization records are required to be on file for school-age children unless the child care center is operated on school premises and the child care center has approved access to the school's vaccination records.

The Student Immunization Law s. 252.04(2), Stats., sets minimum immunization requirements for children attending child care centers. The immunization history must indicate that the child has received at least the first dose of each required vaccine or that the immunization requirement is to be waived for that child by a compliance alternative.

If a religious or personal conviction exemption is claimed by the parent, the form must indicate that exemption with a parent signature. Immunization requirements may also be waived upon signature of a physician that the child should not be immunized for health reasons. Providers may wish to use the department of health services form, Day Care Immunization Record, for those children who have a waiver for immunizations.

Children who have not received subsequent doses of vaccine appropriate to their age must receive the required subsequent doses within one year of the first day of attendance and must notify the child care center in writing as each dose is received.

When children are "in the process" of being immunized (i.e., the child has received some DPT and Polio doses but not all that are required for the child's age), the center will request a note from the child's health care provider that the child is "on schedule" for immunizations and the date for the next scheduled dose. This note will be attached to the child's child care center immunization record. A follow up on this scheduled immunization will be completed using the center's health bookkeeping system.

For those children who do not submit an immunization record within 30 school days (6 weeks) of admission; children whose record at 30 school days after admission indicates that they do not have at least the first dose of each required vaccine; and children who fall behind schedule (i.e., do not obtain an immunization which their health care provider has indicated is due on a certain date), there are two courses of action for the child care center:

- *As required by Wisconsin law and administrative rule, the center will notify the district attorney that a child has failed to comply with immunization requirements.*

OR

- *The child who fails to comply with immunization requirements will be discharged (excluded) from the center until such time as immunization requirements are met.*

250.07(7)**(7) PETS AND ANIMALS.**

(a) Animals shall be maintained in good health and appropriately immunized against rabies. Rabies vaccinations shall be documented with a current certificate from a veterinarian.

Dogs and cats must be vaccinated against rabies as documented by a current vaccination certificate. Other immunizations frequently given to dogs and cats are to prevent disease which is not communicable to children. Initial rabies immunization should be administered by five months of age and within one year after the initial immunization. Subsequent immunizations are to be administered at intervals stated on the certificate of vaccination. If no date is specified, the dog shall be vaccinated within three years of the previous vaccination, as specified in s. 95.21 (2) Wis. Stats. Wisconsin law does not allow persons to vaccinate their own animals for rabies.

Pets suspected of being ill or infested with external lice, fleas and ticks or internal worms shall be removed from the center.

Cats, dogs and ferrets are required to have rabies vaccinations. Barn cats which do not come in contact with child care children are not required to be vaccinated.

(b) Animals that pose any risk to the children shall be restricted from the indoor and outdoor areas used by children.

Examples of aggressive behaviors are: showing teeth, growling, hissing, excessive barking, hair standing up on the animals back or tail between legs.

(c) Licensees shall ensure that parents are aware of the presence of pets and animals in the center. If pets and animals are allowed to roam in areas of the center occupied by children, written acknowledgement from the parents shall be obtained. If pets are added after a child is enrolled, parents shall be notified in writing prior to the pets' addition to the center.

Documentation may be a signature sheet on the policies or other form developed by the provider. The sheet should contain the name and breed of the animal and what kind of access the animal will have with the children. The licensee may keep this information with the pet records.

Visits to petting zoos are OK. Having pets or animals brought into the center for the purpose of exposing the children to animals must be handled carefully to ensure that the children and animals are protected.

(d) Reptiles, amphibians, ferrets, poisonous animals, psittacine birds, exotic and wild animals may not be accessible to children.

"Not accessible" means the animal may not have any physical contact with the children, including the children reaching over or through a barrier to touch the animal.

Note: Psittacine birds are hooked bill birds of the parrot family that have 2 toes forward and 2 toes backward, including macaws, grays, cockatoos and lovebirds.

(e) All contact between pets or animals and children shall be under the sight and sound supervision of a provider who is close enough to remove the child immediately if the pet or animal shows signs of distress or aggression or the child shows signs of treating the animal inappropriately.

In the event that an animal bites a child, the parent shall be notified and a veterinarian shall be contacted by center personnel to determine a course of action in the diagnosis of possible rabies in the animal. Procedures for emergency care of children shall be followed. Parents shall be notified of any action taken by the veterinarian, as well as the name, address and telephone number of the veterinarian who was consulted.

250.07(7)(f)

(f) Pets are prohibited in any food preparation or serving area when food is being prepared or served unless the pet is confined in a cage or kennel. Litter boxes are prohibited in any food preparation, storage or serving areas. Litter boxes and animal feeding dishes, excluding water dishes, may not be placed in areas accessible to children.

Bottle feeding an infant is considered "food service" which would prohibit the animal from being unconfined in the room during feeding.

Fish in an aquarium may be located in a kitchen or food service area without an exception.

(g) Indoor and outdoor areas accessible to children shall be free of pet and animal excrement.

All areas accessible to children during hours of operation, including entrance/exit areas, must be free of pet and animal excrement.

(h) Proof of liability insurance on the child care business indicating the number of children covered and the dates of coverage from an insurance carrier specifically covering the presence of dogs and cats shall be on file with the pertinent regional licensing office in appendix A if dogs or cats are allowed in areas of the center accessible to children.

A declaration page, endorsement page, certificate of insurance or a renewal sheet will all be considered "proof of insurance". This can be an e-mail or written correspondence from the insurance agent, but it must show effective dates of insurance.

Some homeowners or rental insurance policies will not cover a business operation such as child care or will not cover the presence of cats or dogs in a child care setting. Other policies limit coverage to 6 or fewer children. The policy must specify that the coverage includes the number of children in the licensed capacity. A copy of the "exclusions" to coverage may be necessary to document that pets are not excluded from coverage.

Note: Documentation could be included as a rider on a homeowner policy or a separate insurance policy on the child care business. A certificate of insurance or other documentation from the insurance company that indicates the number of children covered, dates of coverage and types of pets covered is acceptable. Service animals used to assist persons with disabilities are not considered pets when functioning as a service animal.

(i) Licensees shall ensure that the center is in compliance with all applicable local ordinances regarding the number, types and health status of pets and animals.