**Individual Operator Records Review**

**Use of form:** This form is completed by BRO staff as part of the certification review process. It is used to obtain information about individual ACTIVE OPERATORS and to help determine whether certifying agencies are in compliance with statutes, administrative codes, and policy; are meeting the requirements of the DCF Administration of Child Care Programs Contract; and are implementing effective policies and procedures. This form may also be used by certification agencies or certification workers to ensure that operator files are accurate and up to date.

**Instructions:** Use the following questions to gather information, assess compliance, and/or identify areas for additional technical assistance. For each section reviewed, complete the “Compliance” fields to indicate whether the agency is in compliance and to explain any violations related to that section.

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **A. Review Information** | | | | | | | | | | |
| 1. | | County / Tribal Name | | | | | | |
| 2. | | Subcontracted Agency Name | | | | | | |
| 3. | | Certification Worker Name | | | | | | |
| 4. | Person Conducting Review | | | | | | | | | |
|  | Name | | | | | | Title | | | |
| 5. | Date of Review | | | | | | | | | |
|  |  | | | | | | | | | |
| 6. | Operator Record Reviewed | | | | | | | | | |
|  | Operator Name and Alias | | | | | | Provider or Applicant No. / Location No.        / 000 | | | |
|  | Address Where Care is Provided (location address in WISCCRS) | | | | | | | | | |
| 7. | The location address in WISCCRS coincides with the address on the application form and Standards & Checklist form. | | | | | | | Yes  No | | |
| 8. | | The location address in WISCCRS is a physical address (not a PO Box). | | | | | | Yes  No | | |
| 9. | | Regulation (check all that apply)  Regular Certified  Provisional Certified (6 months max) [Date of 6-Month Expiration:      ] | | | | | |  | | |
| 10. | | Is the operator an in-home provider? | | | | | | Yes  No | | |
|  | | If “Yes,” is the category granted correctly? | | | | | | Yes  No | | |
|  | | If “Yes,” are the location and alternate mailing addresses accurate in WISCCRS? | | | | | | Yes  No | | |
| 11. | Hours of Operation | | | | 11. | Ages Served | | | | |
|  | to       days of week:        to       days of week: | | | |  | Years       Months       Weeks — to —        Years       Months       Weeks | | | | |
| 12. | Certification Period Reviewed | | | | | | | | | |
|  | * Current or Previous Certification Period  Current  Previous | | | | | | | | | |
|  | * Certification Period Begin Date (mm/dd/yyyy)       through Certification Period End Date (mm/dd/yyyy) | | | | | | | | | |
|  | * Application Mode Reviewed  Initial  Relocation  Recertification | | | | | | | | | |
| Section A Compliance | | | | | | | | | | |
| Yes The agency is in compliance.  No The agency is not in compliance. Explain any violation(s) related to Section A, and cite requirement in policy, rule, and/or statute. | | | | | | | | | | |
| Section A Recommendations: | | | | | | | | | | |
| Section A General Comments: | | | | | | | | | | |
| **B. Application Materials  Reviewed  Not Reviewed** | | | | | | | | | | |
| 1. | Application Materials Received Date (may enter into WISCCRS when partial application received). | | | | | | | Date: | | |
| 2. | Application Entered Date (system-generated date). | | | | | | | Date: | | |
| 3. | Complete application received: | | | | | | | Yes  No | | |
|  | Application form. | | | | | | | Date: | | |
|  | BCR for each individual age 10+. | | | | | | | Date: | | |
|  | Fees if applicable. | | | | | | | Date:       /  N/A | | |
|  | SBS/AHT training completion date. If SBS/AHT is not completed, the application cannot be backdated without a restriction on ages served. | | | | | | | Date: | | |
| 4. | Initial / relocation / recertification form is complete, signed, and on file. | | | | | | | Yes  No | | |
| 5. | Date Applicant Determined Fit or Unfit. (Effective 10/01/2018, date may appear as “decision date” for initial certifications.) | | | | | | | Date: | | |
| 6. | WISCCRS accurately reflects the date(s) application materials were received. | | | | | | | Yes  No | | |
| 7. | There is a date stamp on all documents. (best practice) | | | | | | | Yes  No | | |
| Section B Compliance | | | | | | | | | | |
| Yes The agency is in compliance.  No The agency is not in compliance. Explain any violation(s) related to Section B, and cite requirement in policy, rule, and/or statute. | | | | | | | | | | |
| Section B Recommendations: | | | | | | | | | | |
| Section B General Comments: | | | | | | | | | | |
| **C. Water Test  Reviewed  Not Reviewed  N/A – water is from a public water system** | | | | | | | | | | |
| 1. | Bacteria: | | | | | | |  | | |
|  | 1. Test results documenting absence of bacteria are on file prior to certification. | | | | | | | Yes  No | | |
|  | 1. Verification of water test results documenting the water is bacteriologically safe is done annually. Agencies must monitor for compliance via desk review or in person, requiring the provider to submit updated test results by annual test due date. | | | | | | | Yes  No | | |
| 2. | Nitrates: | | | | | | |  | | |
|  | 1. Test results documenting safe nitrate levels (“ND” or 10 mg/L or less) are on file prior to certification (required only for operators certified to care for children under 6 months of age). | | | | | | | Yes  No | | |
|  | 1. Verification of water test results documenting safe nitrate levels is done annually (required only for operators certified to care for children under 6 months of age). Agencies must monitor for compliance via desk review or in person, requiring the provider to submit updated test results by annual test due date. | | | | | | | Yes  No | | |
| 3. | WISCCRS (location page) “Date of Water Test” field reflects date the most recent tests were conducted. | | | | | | | Yes  No | | |
| Section C Compliance | | | | | | | | | | |
| Yes The agency is in compliance.  No The agency is not in compliance. Explain any violation(s) related to Section C, and cite requirement in policy, rule, and/or statute. | | | | | | | | | | |
| Section C Recommendations: | | | | | | | | | | |
| Section C General Comments: | | | | | | | | | | |
| **D. Rabies** (cats, dogs, ferrets) **Reviewed  Not Reviewed  N/A – no pets on premises** | | | | | | | | | | |
| 1. | Certification Application or Standards & Checklist indicates if there are pets in the home. | | | | | | | Yes  No | | |
| 2. | Current rabies certificates from a veterinarian are:  on file, or  documented using case comments, the WISCCRS Pets screen, or the Standards & Checklist form (documentation required by policy).  Agencies may monitor for compliance at the next scheduled monitoring visit or via desk review, requiring the provider to submit documentation by the vaccination due date. | | | | | | | Yes  No | | |
|  | | Name of Pet:       Vaccination Due Date: | | Name of Pet:       Vaccination Due Date: | | | |  | |
|  | | Name of Pet:       Vaccination Due Date: | | Name of Pet:       Vaccination Due Date: | | | |  | |
| Section D Compliance | | | | | | | | | | |
| Yes The agency is in compliance.  No The agency is not in compliance. Explain any violation(s) related to Section D, and cite requirement in policy, rule, and/or statute. | | | | | | | | | | |
| Section D Recommendations: | | | | | | | | | | |
| Section D General Comments: | | | | | | | | | | |
| **E. Training – Operators and Other Providers  Reviewed  Not Reviewed**  Note: If monitoring includes the **Initial Certification Period**, monitor **items** **1 – 5**. If monitoring a **Recertification Period AND there were no findings** related to training at the time of the last monitoring review, monitor only **items** **5 – 6** (these two items require annual/bi-annual completion). | | | | | | | | | | |
| 1. | Regular operator’s verification of completion and date(s) of completion of department-approved, preservice training are on file. Effective 04/01/2018, pre-service training documentation shall be uploaded into WISCCRS in the Individuals Module. Entry-level requirements for regular certification can be met by one of the following options outlined in 1 through 3 below: | | | | | | | Yes  No  N/A | | |
|  | Non-credit training: Department-approved courses *Introduction to the Child Care Profession (Module A)* **AND** *Fundamentals of Family Child Care.* (Effective 06/01/2024, a new *Certification Principles* course is available and meets requirements of *Intro Module A* and *Fundamentals of Family Child Care*.) | | | | | | | Date:  Date: | | |
|  | Non-credit training: If the applicant completed the 15-hour or 40-hour course prior to 2003 (*Early Childhood 1*, the certification or licensing course), the provider is grandfathered to have met the certification training requirements equivalent to the *Introduction to the Child Care Profession* and *Fundamentals of Family Child Care*. | | | | | | | Date: | | |
|  | For-credit training: A two-or-more-credit, broad-based university or technical college course in early childhood / child development (equivalent to *Introduction to the Child Care Profession*) **AND** the department-approved course *Fundamentals of Family Child Care.* | | | | | | | Date:  Date: | | |
|  | For-credit training: Operators granted regular certification prior to January 2014, may be grandfathered in with the 2-credit course without *Fundamentals of Family Child Care*. | | | | | | | Date: | | |
|  | College degree in Early Care and Education (ECE): The ECE degree meets the requirements of *Introduction to the Child Care Profession*. Effective November 2018: If the degree also included a business / administration course, that course meets the requirements for *Fundamentals of Family Child Care*. A transcript must be reviewed to determine if the applicant / provider has completed a business / administration course. | | | | | | | Date: | | |
|  | College degree in education: A BA / BS degree in education meets requirements described in the “for-credit training” options. A two-or-more credit, broad-based university or technical college course in early childhood / child development can be completed in place of *Introduction to the Child Care Profession (Module A)*. The individual also needs to complete *Fundamentals of Family Child Care* and CPR training in order to meet preservice training requirements. | | | | | | | Date: | | |
|  | High School Child Development Curriculum / Coursework: Wisconsin Department of Public Instruction (DPI) completion certificate for the Child Care Teacher (CCT) certification course through a high school. | | | | | | | Date: | | |
|  | High School Child Development Curriculum / Coursework: DPI completion certificate for the Assistant Child Care Teacher (ACCT) certification course through a high school (equivalent to the *Introduction to the Child Care Profession* course) **AND** the department-approved course *Fundamentals of Family Child Care*. | | | | | | | Date:  Date: | | |
|  | Explain if training is met / verified in a manner other than the courses listed above (ex. through the [Wisconsin Registry](https://wiregistry.org/), at <https://wiregistry.org/>). | | | | | | | Date: | | |
| 2. | Child Abuse and Neglect (CAN) training date completed. Notes: CAN training is included in *Introduction to the Child Care Profession* and can be self-study. See the “Training in Child Abuse and Neglect” drop-down menu on the [*Department-Approved Preservice Training Requirements – Certified Child Care*](https://dcf.wisconsin.gov/cccertification/training) webpage (<https://dcf.wisconsin.gov/cccertification/training>). | | | | | | | Date: | | |
| 3. | If approved to care for children under age 5, certificate of completion for Shaken Baby Syndrome/Abusive Head Trauma (SBS/AHT) prevention training is on file and documented in WISCCRS Training Screen.   * If no certificate of completion is on file, how was training verified?   Note: Certificate shall be signed by a DCF-approved trainer and include date of completion. SBS component is included in *Introduction to the Child Care Profession (Module A)* completed after July 1, 2005; AHT is included after September 1, 2020. The free, online, department-approved [*AHT Prevention Training for CC Providers*](https://dcf.wisconsin.gov/ccic/aht-training) course is also acceptable (<https://dcf.wisconsin.gov/ccic/aht-training>). | | | | | | | Yes  No  N/A  Date: | | |
| 4. | If approved to care for children under age 1, completion date of Sudden Infant Death Syndrome (SIDS) reduction training is documented in the WISCCRS Training Screen.   * If no certificate of SIDS completion is on file, how was training verified?   Note: SIDS component is included in *Introduction to the Child Care Profession (Module A)* completed after September 2001. | | | | | | | Yes  No  N/A  Date: | | |
| 5. | CPR training (infant/child) was completed prior to granting Regular certification and remains current/valid. Note: Any infant/child CPR course that results in a certificate meets this requirement. | | | | | | | Yes  No  N/A  Date: | | |
| 6. | Starting in 2019, verification of at least 5 hours of continuing education (or prorated hours based on date Regular certification is granted) is documented in WISCCRS training module for regular certified operators. This is required the year after a provider has been granted Regular certification.  Note: These 5 hours of continuing education can be self-study and documented by the operator or by each provider. Continuing education hours completed in excess of the 5-hour requirement may be used to meet the continuing education requirement for the following year. Continuing education hours completed in excess of the 5-hour requirement that are used for the following year must be entered into WISCCRS using Option 1 or Option 2 as outlined in the Child Care Certification Manual section 5.1.  COVID-19 Update: There was an emergency executive order in place from March through May 2020. During the COVID-19 pandemic, certification agencies may choose to prorate the number of continuing education hours required in 2020, regardless of whether the operator was in temporary closed status during the emergency. If the certification agency chooses to prorate the number of hours required, this information should be entered in the General Comments Screen in WISCCRS. | | | | | | | Yes  No  N/A  If desired, use this space to track continuing education hours: | | |
| Section E Compliance | | | | | | | | | | |
| Yes The agency is in compliance.  No The agency is not in compliance. Explain any violation(s) related to Section E, and cite requirement in policy, rule, and/or statute. | | | | | | | | | | |
| Section E Recommendations: | | | | | | | | | | |
| Section E General Comments: | | | | | | | | | | |
| **F. Tuberculosis (TB) Test or Screening  Reviewed  Not Reviewed** | | | | | | | | | | |
| Documentation that operator and any other provider is free from TB is on file prior to initial certification or when granting approval of other providers. A TB screening and statement from a health professional indicating the individual is free from TB is acceptable. An optional form can be found at <https://www.dhs.wisconsin.gov/forms/f02314.pdf>. | | | | | | | | Yes  No | | |
| Section F Compliance | | | | | | | | | | |
| Yes The agency is in compliance.  No The agency is not in compliance. Explain any violation(s) related to Section F, and cite requirement in policy, rule, and/or statute. | | | | | | | | | | |
| Section F Recommendations: | | | | | | | | | | |
| Section F General Comments: | | | | | | | | | | |
| **G. Substitutes, Employees, Volunteers  Reviewed  Not Reviewed  N/A – no substitutes, employees, or volunteers** | | | | | | | | | | |
| 1. | All substitutes, employees and volunteers are approved by the certification agency, and the following are on file before work commences: | | | | | | | Yes  No | | |
|  | Background Check Request (BCR) Forms  Preliminary and Final Background Check Eligibility  Sudden Infant Death Syndrome (SIDS) if serving children under age 1 | | Shaken Baby Syndrome/Abusive Head Trauma (SBS/AHT) if serving children under age 5  Tuberculosis (TB) screening or test | | | | |  | | |
| 2. | Note – effective 04/01/2018: For other caregivers / providers, preservice training is required within 3 months after employment or volunteer work commences. For substitutes, preservice training is required when the substitute has worked a cumulative 240 hours.  How does your agency document the number of hours worked? | | | | | | |  | | |
| Section G Compliance | | | | | | | | | | |
| Yes The agency is in compliance.  No The agency is not in compliance. Explain any violation(s) related to Section G, and cite requirement in policy, rule, and/or statute. | | | | | | | | | | |
| Section G Recommendations: | | | | | | | | | | |
| Section G General Comments: | | | | | | | | | | |
| **H. Background Check Request (BCR) Forms  Reviewed  Not Reviewed**  Note: See “Background Check Worksheet for Reviewers,” at the end of this document. | | | | | | | | | | |
| 1. | BCR forms are completed at initial application, signed, dated, and on file for operators, non-client residents aged 10 and older (effective 10/01/2018), employees, volunteers, and substitutes. | | | | | | | Yes  No | | |
| 2. | BCR forms received after 10/01/18 shall be uploaded under the individual documents in WISCCRS for all individuals aged 10 and older **OR** operator submitted the BCR information using the CC Provider Portal (no form uploaded). | | | | | | | Yes  No | | |
| 3. | WISCCRS Individual Detail Screen is completed for each individual. | | | | | | | Yes  No | | |
| 4. | Fingerprint instruction letter has been generated for each case (age 18+) (located under batch documents). | | | | | | | Yes  No | | |
| Section H Compliance | | | | | | | | | | |
| Yes The agency is in compliance.  No The agency is not in compliance. Explain any violation(s) related to Section H, and cite requirement in policy, rule, and/or statute. | | | | | | | | | | |
| Section H Recommendations: | | | | | | | | | | |
| Section H General Comments: | | | | | | | | | | |
| **I. Monitoring  Reviewed  Not Reviewed**  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 has been approved effective March 24, 2020, through September 30, 2021. | | | | | | | | | | |
| **Initial and Relocation** | | | | | | | | | | |
| 1. | Documentation of on-site visit / inspection conducted prior to initial certification or relocation is on file and entered into WISCCRS. Standards & Checklist accurately reflects date of visit (virtual and the on-site visit) and monitoring results.  Note: A portion of an initial visit may be done virtually during the pandemic. Virtual visits must be entered into WISCCRS, in addition to the required on-site visit. | | | | | | | Yes  No | | |
| 2. | The agency records the time the visit occurred. (best practice) | | | | | | | Yes  No | | |
| **Recertification** | | | | | | | | | | |
| 3. | Documentation of on-site visit / inspection conducted prior to recertification is on file and entered into WISCCRS. Standards & Checklist accurately reflects date of visit and monitoring results. Note: Due to COVID-19, DCF had a federal waiver allowing agencies to recertify a provider without a recertification visit, from January 2020 – September 2021. Even after the waiver expired, agencies continued to have discretion regarding how and when to conduct monitoring at recertification. | | | | | | | Yes  No | | |
| 4. | Is recertification visit date after certification expiration date? If yes, what is the reason?  Provider failed to submit recertification materials timely.  Agency did not send recertification application materials 30-60 days in advance of expiration.  Other: | | | | | | | Yes  No | | |
| 5. | The agency enters monitoring results into WISCCRS, indicating both violations and rules met. | | | | | | | Yes  No | | |
| 6. | Violations identified by the agency during a monitoring visit are documented on the Standards & Checklist and entered correctly into WISCCRS. A Non-Compliance Statement (DCF-F-CFS294) is issued to the operator, and a copy is on file (294s are not to be issued for new and relocation visits). | | | | | | | Yes  No  N/A | | |
| 7. | Plans of correction are uploaded into WISCCRS and visible on the YoungStar [Child Care Search](http://childcarefinder.wisconsin.gov/Search/Search.aspx) public website (<https://childcarefinder.wisconsin.gov/>; best practice: check website to ensure orientation of document is correct). | | | | | | | Yes  No  N/A | | |
| 8. | When no violations are cited during a monitoring visit, the agency issues a Compliance Statement (DCF-F-2664) to the operator, which is completed and saved in WISCCRS and is visible on the YoungStar [Child Care Search](http://childcarefinder.wisconsin.gov/Search/Search.aspx) public website for active providers (<https://childcarefinder.wisconsin.gov/>; best practice: check website to ensure orientation of document is correct). Starting 01/01/2020, workers should click Save and Upload after entering Rules Met in WISCCRS to upload the Compliance Statement to the Child Care Search page. | | | | | | | Yes  No  N/A | | |
| 9. | The agency records the time the visit occurred. (best practice) | | | | | | | Yes  No | | |
| 10. | The agency records attempted visits in WISCCRS. | | | | | | | Yes  No | | |
| **Annual Unannounced Monitoring Visits** | | | | | | | | | | |
| 11. | The agency conducts timely visits to verify compliance with DCF 202.  Date of most recent visit if certified less than 1 year.  Dates of two most recent visits if certified one year or longer. | | | | | | | Yes  No  Date:  Date: | | |
| 12. | Starting 11/19/2016, documentation of the annual unannounced visit is on file (Standards and Checklist and in WISCCRS), along with evidence that health and safety standards were monitored using the most recent Standards & Checklist. The federal Administration for Children and Families (ACF) waiver was January 1, 2020, through September 30, 2021. | | | | | | | Yes  No | | |
| 13. | Starting 01/01/2020, the agency enters monitoring results into WISCCRS, indicating both violations and rules met. | | | | | | | Yes  No | | |
| 14. | Violations identified by the agency during a monitoring visit are documented on the Standards & Checklist and entered correctly into WISCCRS. A Non-Compliance Statement (DCF-F-CFS294) is issued to the operator, and a copy is on file (294s are not to be issued for new and relocation visits). | | | | | | | Yes  No  N/A | | |
| 15. | Plans of correction are uploaded into WISCCRS and visible on the YoungStar [Child Care Search](http://childcarefinder.wisconsin.gov/Search/Search.aspx) public website (<https://childcarefinder.wisconsin.gov/>; best practice: check website to ensure orientation of document is correct). | | | | | | | Yes  No  N/A | | |
| 16. | When no violations are cited during a monitoring visit, the agency must issue a Compliance Statement (DCF-F-2664) to the operator, which is completed and saved in WISSCRS and is visible on the YoungStar [Child Care Search](http://childcarefinder.wisconsin.gov/Search/Search.aspx) public website for active providers (<https://childcarefinder.wisconsin.gov/>; best practice: check website to ensure orientation of document is correct). Starting 01/01/2020, workers should click Save and Upload after entering Rules Met in WISCCRS to upload the Compliance Statement to the Child Care Search page. | | | | | | | Yes  No  N/A | | |
| 17. | The agency records the time each visit occurred. (best practice) | | | | | | | Yes  No | | |
| 18. | The agency records attempted visits in WISCCRS. | | | | | | | Yes  No | | |
| Section I Compliance | | | | | | | | | | |
| Yes The agency is in compliance.  No The agency is not in compliance. Explain any violation(s) related to Section I, and cite requirement in policy, rule, and/or statute. | | | | | | | | | | |
| Section I Recommendations: | | | | | | | | | | |
| Section I General Comments: | | | | | | | | | | |
| **J. Complaints  Reviewed  Not Reviewed  N/A – no complaints on file** | | | | | | | | | | |
| 1. | The agency begins the complaint investigation within 10 working days after receiving a complaint. | | | | | | | Yes  No | | |
| 2. | All complaints or self-reported incidents that suggest imminent danger may exist to the health, safety or welfare of children in care are responded to no later than the next day after the agency receives the complaint. Any complaints alleging child abuse or neglect are referred to the local CPS agency. | | | | | | | Yes  No | | |
| 3. | The agency properly utilizes the “Requires Immediate Attention” checkbox in WISCCRS. | | | | | | | Yes  No | | |
| 4. | Self-reports of child injury requiring medical attention are correctly entered into WISCCRS: | | | | | | | Yes  No | | |
|  | Tags.  Investigation details if warranted.  Investigation results.  Violations if warranted. Starting 03/01/2021, certifiers must indicate if a child injury meets the definition of a serious injury:   |  |  | | --- | --- | | a. Death or substantial risk of death | d. Any other injury that requires medical treatment from a physician, dentist, registered nurse, licensed practical nurse, paramedic, physician assistant, or emergency medical technician. | | b. A broken or fractured bone | | c. A concussion | | | | | | | |  | | |
| 5. | Investigation end date and complaint closed date are entered into WISCCRS. | | | | | | | Yes  No | | |
| 6. | Substantiated complaints have violations attached. Non-compliance statements are issued to the operator (exception: impending revocations). | | | | | | | Yes  No | | |
| 7. | All complaints and self-reports are closed within 20 business days of the investigation end date.   * Received date: * Investigation start date: * Investigation end date: * Closed date: * Total days the complaint / self-report remained open after investigation end date: | | | | | | | Yes  No  Received Date:  Start Date:  End Date:  Closed Date:  Days Open: | | |
| Section J Compliance | | | | | | | | | | |
| Yes The agency is in compliance.  No The agency is not in compliance. Explain any violation(s) related to Section J, and cite requirement in policy, rule, and/or statute. | | | | | | | | | | |
| Section J Recommendations: | | | | | | | | | | |
| Section J General Comments: | | | | | | | | | | |
| **K. Sanctions / Enforcements  Reviewed  Not Reviewed  N/A–agency has not issued sanctions to this operator** | | | | | | | | | | |
| 1. | Sanctions / enforcements are entered into the WISCCRS enforcement module and closed out within 30 days if no appeal. | | | | | | | Yes  No | | |
| 2. | Sanctions / enforcements in the WISCCRS enforcement module include the correct tags. | | | | | | | Yes  No | | |
| 3. | Sanction / enforcement notices are uploaded into the WISCCRS enforcement module and include information regarding the applicant / operator’s right to appeal. | | | | | | | Yes  No | | |
| 4. | Sanctions / enforcements in the WISCCRS enforcement module include documentation of the appeal if applicable. | | | | | | | Yes  No  N/A | | |
| Section K Compliance | | | | | | | | | | |
| Yes The agency is in compliance.  No The agency is not in compliance. Explain any violation(s) related to Section K, and cite requirement in policy, rule, and/or statute. | | | | | | | | | | |
| Section K Recommendations: | | | | | | | | | | |
| Section K General Comments: | | | | | | | | | | |
| **L. Additional Reviewer Comments** | | | | | | | | | | |
|  | | | | | | | | | | |

| **Background Check Worksheet for Reviewers** | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | | |
| **Add names indicated on the application and/or entered into WISCCRS:** | | | | | | | |
| **Name** | **Date of Birth** | **Individual Entered into WISCCRS?** | **BCR Uploaded or Submitted by Operator in the CC Provider Portal?** | **Individual Detail Screen Completed for the BCR?** | **Fingerprint Letter Issued for Ages 18+?**  *(located in batch documents)* | **Preservice Training Completed?** | **Training Documentation Uploaded?**  ***(Effective 04/01/2018)*** |
| **OPERATOR & OTHER PROVIDERS (SUBSTITUTES / ASSISTANTS / EMPLOYEES / VOLUNTEERS)** | | | | | | | |
|  | mm/dd/yy | Yes  No | Yes  No | Yes  No | Yes  No | Yes  No | Yes  No |
|  | mm/dd/yy | Yes  No | Yes  No | Yes  No | Yes  No | Yes  No | Yes  No |
|  | mm/dd/yy | Yes  No | Yes  No | Yes  No | Yes  No | Yes  No | Yes  No |
|  | mm/dd/yy | Yes  No | Yes  No | Yes  No | Yes  No | Yes  No | Yes  No |
|  | mm/dd/yy | Yes  No | Yes  No | Yes  No | Yes  No | Yes  No | Yes  No |
| **HOUSEHOLD MEMBERS WHO ARE AGE 10+:** | | | | | | | |
|  | mm/dd/yy | Yes  No | Yes  No | Yes  No | Yes  No  N/A | Yes  No  N/A | Yes  No  N/A |
|  | mm/dd/yy | Yes  No | Yes  No | Yes  No | Yes  No  N/A | Yes  No  N/A | Yes  No  N/A |
|  | mm/dd/yy | Yes  No | Yes  No | Yes  No | Yes  No  N/A | Yes  No  N/A | Yes  No  N/A |
|  | mm/dd/yy | Yes  No | Yes  No | Yes  No | Yes  No  N/A | Yes  No  N/A | Yes  No  N/A |
|  | mm/dd/yy | Yes  No | Yes  No | Yes  No | Yes  No  N/A | Yes  No  N/A | Yes  No  N/A |
|  | mm/dd/yy | Yes  No | Yes  No | Yes  No | Yes  No  N/A | Yes  No  N/A | Yes  No  N/A |
|  | mm/dd/yy | Yes  No | Yes  No | Yes  No | Yes  No  N/A | Yes  No  N/A | Yes  No  N/A |

|  |  |
| --- | --- |
| **Reviewer Comments on Background Check Worksheet** | |
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