

Licensing Checklist – Family Child Care Centers DCF 250

Use of form: Use of this form by family child care licensees is mandatory under DCF 250 and constitutes one portion of a complete application for continuation of, or advancement to, a family child care center license. Failure to comply may result in issuance of a noncompliance statement or enforcement action. This checklist contains only selected portions of DCF 250 Family Child Care Centers. Refer to the rule book for the complete rule. Licensing Specialists also use this form to review a family child care center's compliance with DCF 250. Personal information you provide may be used for secondary purposes [Privacy Law, s.15.04(1)(m), Wisconsin Statutes].

Instructions: The applicant for license continuation, or the applicant for advancement to licensed status from probationary status, completes the "Applicant" column and submits the completed form to the department along with any other materials necessary for continuation of the family child care center license. The Licensing Specialist completes the "Licensing Specialist" column during the subsequent monitoring visits(s).

Name – Center		Name – Licensee		Name – Primary Provider (if not the licensee)	
Physical Address – Center (Street, City, Zip Code)			Mailing Address – Center (if different from physical address)		Facility ID Number
Telephone Number – Center	Licensed Capacity	Ages Accepted		Hours of Operation	

For Department Use Only

License Continuation Date	Exceptions / Stipulations	Monitoring Plan:
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Additional Programming:

Care of Mildly Ill Children
 Night Care
 Infant / Toddler Care
 Licensee not primary provider (50%)
 Collaborative Agreement (4K / HS)

Code Section (Subsection)	Page	Date Reviewed	Code Section (Subsection)	Page	Date Reviewed
Operational requirements	250.04	1	Program	250.07	17
Staffing	250.05	6	Program planning & scheduling; Child guidance	(1); (2)	17
Physical plant and equipment	250.06	10	Equipment; Rest periods	(3); (4)	18
Building	(1)	10	Meals and snacks	(5)	19
Protective measures; Emergencies	(2); (3)	11	Health	(6)	20
Fire protection; Sanitation	(4); (5)	12	Pets and animals	(7)	23
Water; Exits, doors and windows	(6); (7)	12	Transportation	250.08	24
Furnishings	(8)	13	Infant & toddler care	250.09	26
Kitchens	(9)	14	Licensee not providing care 50% of operating hours	250.095	28
Washrooms & toilet facilities	(10)	14	Night Care	250.10	29
Outdoor space	(11)	14	Licensing Administration	250.11	30
Swimming areas	(12)	15	Complaints	250.12	32

Date(s) – Licensing Visit(s):

COMMENTS:

LICENSEE INSTRUCTIONS

1. If the center is in compliance with the specific rule, check "Met." Note: Some situations may have not yet occurred [e.g., 250.04(3)(a) regarding submitting a report to the department within 48 hours of the death or serious injury of a child in the care of the center]. However, check "Met" if you understand what your responsibilities are if the situation would arise.
2. If a specific rule does not apply to the center, check "N/A" for not applicable.
3. The center representative shall sign and date the completed checklist.
4. All items must be marked either "Met" or "N/A." If any items are left blank, your application will be considered incomplete.
5. If you have questions, contact your regional licensing office.

LICENSING SPECIALIST INSTRUCTIONS

1. If the center is in compliance with the specific rule, check "Met."
2. If the center is not in compliance with the specific rule, check "Not Met."
3. If a specific rule does not apply to the center, check "N/A" for not applicable.
4. Write the date the rules were reviewed and the dates of the monitoring visits in the corresponding fields on the cover page.
5. Starred or asterisked (*) items are items that are on the Initial Licensing Checklist. Since these items must have been in compliance before the probationary license was issued, these items may or may not be specifically reviewed during the first probationary period.

DEPARTMENT OF CHILDREN AND FAMILIES	Applicant		Licensing Specialist			COMMENTS
	Met	N/A	Met	Not Met	N/A	
DCF 250.04 Operational requirements						
(1) TERMS OF LICENSE.						
(a) LICENSED CAPACITY The number of children in the care of a family child care center at any time may not exceed the number for which the center is licensed.						
(b) AGE RANGE OF CHILDREN The age of children served by a center may not be younger or older than the age range specified in the license issued.						
(c) HOURS, DAYS, MONTHS OF OPERATION The hours, days and months of a center's operation may not exceed those specified in the license.						
(2) ADMINISTRATION. A licensee shall do all of the following:						
* (a) COMPLIANCE WITH LAWS Comply with all laws governing the facility and its operation.						
(b) COMPLIANCE WITH RULES Comply with all requirements in this chapter.						
(c) CURRENT, ACCURATE INFORMATION Ensure that all information provided to the department is current and accurate.						
(d) APPLICATION MATERIALS, FEES Prior to receiving or continuing a license, complete all application forms and pay all fees and forfeitures due to the department.						
* (e) SUBMIT, IMPLEMENT & PROVIDE POLICIES TO PARENTS Develop, submit to the department for compliance review, implement and provide to the parents written policies and procedures related to all of the following:						
* 1. POLICY SUBMITTED & IMPLEMENTED – ENROLLMENT & DISCHARGE Enrollment and discharge of enrolled children.						
* 2. POLICY SUBMITTED & IMPLEMENTED – FEES Fee payment and refunds.						
* 3. POLICY SUBMITTED & IMPLEMENTED – ABSENCES Child and provider absences, including a procedure to contact a parent if a child is absent from the center without prior notification from the child's parent.						
* 4. POLICY SUBMITTED & IMPLEMENTED – HEALTH Children's and staff's health care, including those policies and procedures pertaining to SIDS risk reduction, if the center is licensed to care for children under one year of age.						
* 5. POLICY SUBMITTED & IMPLEMENTED – NUTRITION Nutrition.						
* 6. POLICY SUBMITTED & IMPLEMENTED – DAILY ACTIVITIES Daily activities of the children.						
* 7. POLICY SUBMITTED & IMPLEMENTED – CHILD GUIDANCE Child guidance, including appropriate ways to manage crying, fussing or distraught children.						
* 8. POLICY SUBMITTED & IMPLEMENTED – TRANSPORTATION Transportation of children for any purpose including field trips. The policy shall include a procedure to ensure that no child has been left unattended in a vehicle.						
* 9. POLICY SUBMITTED & IMPLEMENTED – RELIGIOUS INSTRUCTION, PRACTICES Religious instruction or practices, if any.						
* 10. POLICY SUBMITTED & IMPLEMENTED – PETS Information related to the numbers, types and location of pets or other animals located on the premises of the center and the type of access the children will have to the pets.						

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	Met	N/A	Met	Not Met	N/A	
250.04(2)(f)						
* (f) ADMINISTRATION – STAFF ORIENTATION PLAN Develop, submit to the department for approval and implement a written orientation plan for any employees, substitutes and emergency back-up providers. The orientation plan shall cover all the items described in s. DCF 250.05(2)(a) and (b). (Note: Changes to policies must be submitted to the department immediately.)						
* (g) INSURANCE INFORMATION TO PARENTS Provide written information to parents on whether a licensee has insurance coverage on the premises, on the child care operation and on vehicles if transportation is provided. Liability insurance on the child care business is required if cats or dogs are allowed in areas accessible to children during the hours of operation as specified in s. DCF 250.07(7)(h).						
(h) LICENSE POSTED & VISIBLE Post the child care license in a location where parents can see it during the hours of operation.						
(i) MONITORING RESULTS, STIPULATIONS, CONDITIONS, EXCEPTIONS POSTED Post next to the child care license the results of the most recent licensing inspection, including any rule violations cited by the department, any notice of enforcement action, including revocation or denial, and any stipulations, conditions, exceptions or exemptions that affect the license. Items posted shall be visible to parents.						
(j) ADMINISTRATION – HEALTH, SAFETY, WELFARE OF CHILDREN Ensure that any action, by commission or omission, or any condition or occurrence relating to the operation or maintenance of the child care center does not adversely affect the health, safety or welfare of any child under the care of the licensee.						
(k) ADMINISTRATION – MEET WITH LICENSING REPRESENTATIVE Meet, upon request of the department, with a licensing representative on matters pertaining to the license.						
(L) BACKGROUND INFORMATION DISCLOSURE FORM – ADDITION TO HOUSEHOLD Submit to the department by the department’s next business day a completed Background Information Disclosure form and appropriate caregiver background check fees when a person aged 10 and above becomes a household member.						
(m) BACKGROUND INFORMATION DISCLOSURE FORM – CURRENT RESIDENT TURNS 10 Submit to the department by the department’s next business day a completed Background Information Disclosure form for each current household member who turns age 10.						
* (3) WRITTEN REPORT TO THE DEPARTMENT The licensee shall report to the department all of the following. If the report is made by telephone, the licensee shall submit a written report to the appropriate regional licensing office within 5 business days of the incident. Fax, e-mail and letter are acceptable ways of filing a written report:						
(a) REPORT – INCIDENT OR ACCIDENT Any death of a child in care, or any incident or accident that occurs while the child is in the care of the center that results in an injury that requires professional medical treatment, within 48 hours of the licensee becoming aware of the medical treatment. (<i>Incident Report – Child Care Centers</i> may be used to report accidents and deaths.)						
(b) REPORT – DAMAGE TO PREMISES Any damage to the premises that may affect compliance with this chapter, within 24 hours after the occurrence.						
(c) REPORT – CONSTRUCTION, REMODELING Any construction or remodeling on the premises that has the potential to affect an area accessible to children or a condition of the license. Notification shall be provided in writing before the construction or remodeling begins.						

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	Met	N/A	Met	Not Met	N/A	
250.04(3)(d)						
(d) REPORT – PLAN OF CORRECTION If requested by the department, a plan of correction for cited violations of this chapter or ch. 48, Stats., in a format specified by the department. The department shall receive the plan of correction by the date the department specifies and be approved by the department licensing representative.						
(e) REPORT – CONVICTIONS, PENDING CHARGES, OTHER OFFENSES Any known convictions, pending charges or other offenses of the licensee, a provider, household member or other person subject to a caregiver background check which could potentially relate to the care of children at the center or activities of the center by the department's next business day.						
(f) REPORT – LOST OR MISSING CHILD Any incident related to a child who leaves the premises of the center without the knowledge of a provider or any incident that results in a provider not knowing the whereabouts of a child in attendance at the center within 24 hours of the incident.						
(g) Any incident involving law enforcement within 24 hours after the occurrence that:						
1. REPORT – LAW ENFORCEMENT CONTACT – HARM Involves a licensee, a household resident or an employee of the center in an incident that causes, or threatens to cause, physical or serious emotional harm to an individual, including a child in the care of the center.						
2. REPORT – LAW ENFORCEMENT CONTACT – TRAFFIC Involves any traffic-related incident where a person responsible for the violation transports children in the care of the center.						
(h) REPORT – CHANGE IN ROOM USAGE Any change in room usage, such as using rooms not previously approved for use at least 20 working days prior to the change. Changes in room usage shall be approved by the department prior to the change.						
(i) REPORT – ABUSE, NEGLECT, INAPPROPRIATE DISCIPLINE Any suspected abuse or neglect of a child by a provider, volunteer or household member that was reported under sub. (8)(a) or any inappropriate discipline of a child by a provider, volunteer or household member including any incident that results in a child being forcefully shaken or thrown against a hard or soft surface during the child's hours of attendance within 24 hours after the incident.						
(j) REPORT – CHANGE IN TRANSPORTATION SERVICES A change in transportation services at least 5 calendar days prior to the change. A change in transportation services shall be approved by the department.						
(k) REPORT – STATISTICAL DATA Statistical data required by the department on forms provided by the department.						
(L) REPORT – SEASONAL CLOSINGS Seasonal closings at least 5 calendar days before the closing.						
(m) REPORT – COMMUNICABLE DISEASE Any confirmed case of a communicable disease reportable under ch. DHS 145 in a child enrolled in the child care center or a person in contact with children at the center within 48 hours.						
(4) PARENTS.						
(a) PARENT VISITS The center shall permit parents to visit and observe the center's operations at any time during the center's hours of operation unless parental access is prohibited or restricted by court order.						
(b) SUMMARY OF RULES The licensee shall give parents of each enrolled child a summary of this chapter.						

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	Met	N/A	Met	Not Met	N/A	
250.04(4)(c)						
* (c) The licensee shall notify a parent of a child in care of all of the following circumstances:						
* 1. PARENT NOTIFICATION – COMMUNICABLE DISEASE The child is or has been exposed to a diagnosed or suspected communicable disease reportable under ch. DHS 145 as specified under s. DCF 250.07(6).						
* 2. PARENT NOTIFICATION – SERIOUS ILLNESS OR INJURY The child becomes ill or is injured seriously enough to require professional medical treatment. Notification shall be made immediately.						
* 3. PARENT NOTIFICATION – MINOR INJURY The child has sustained a minor injury that does not appear to require professional medical treatment. Notification may be made when the child is picked up at the center or delivered to the parent or other authorized person.						
* 4. PARENT NOTIFICATION – FIELD TRIP The date, time and destination of any field trip as specified in sub. (6)(a)2.						
* (5) STAFF FILE – MAINTENANCE & AVAILABILITY The licensee shall maintain a file for each provider, employee, or substitute and make the file available for review by the licensing representative. The file shall contain all of the following:						
* (a) STAFF FILE – STAFF RECORD FORM A completed staff record form provided by the department. (Use <i>Staff Record</i> .)						
* (b) STAFF FILE – BACKGROUND INFORMATION DISCLOSURE FORM A completed Background Information Disclosure form provided by the department that does not reveal any information that may preclude the person's contact with children under s.48.685, Stats., or ch. DHS 12 prior to the first day of work and every 4 years thereafter. (Use <i>Background Information Disclosure</i> .)						
(c) STAFF FILE – CAREGIVER BACKGROUND CHECK RESULTS The results of the complete caregiver background check including any report of any investigation required under ch. DHS 12 within 60 days after hire and every 4 years thereafter. Note: If the licensee is a provider, the department is responsible for collecting the completed Background Information Disclosure form and conducting the necessary caregiver background check on the licensee.						
(d) STAFF FILE – DAYS, HOURS WORKED Documentation of the actual hours a provider, substitute, employee or volunteer has worked and whose time is used to meet the applicable staff-to-child ratio under Table DCF 250.05.						
* (e) STAFF FILE – PHYSICAL EXAMINATION – FORM Except as provided under par. (f), a physical examination report on a form provided by the department that was completed within 12 months prior to or 30 days after the person became licensed or began working with children. The report shall be dated and signed by a licensed physician, physician's assistant or HealthCheck provider. (Use <i>Staff Health Report</i> .) The report shall indicate all of the following:						
* 1. STAFF FILE – PHYSICAL EXAMINATION – ILLNESS That the person is free from illness detrimental to children, including tuberculosis.						
* 2. STAFF FILE – PHYSICAL EXAMINATION – PHYSICAL ABILITY That the person is physically able to work with young children.						
* (f) STAFF FILE – PHYSICAL EXAMINATION – RELIGIOUS EXEMPTION The health examination requirement under par. (e) does not apply to a provider who requests an exemption from par. (e) based on the provider's adherence to religious belief in exclusive use of prayer or spiritual means for healing in accordance with a bona fide religious sect or denomination.						

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	Met	N/A	Met	Not Met	N/A	
250.04(5)(g)						
(g) STAFF FILE – ENTRY-LEVEL TRAINING REQUIREMENTS Documentation of the entry-level training requirements under s. DCF 250.05(1)(b).						
(h) STAFF FILE – SHAKEN BABY SYNDROME PREVENTION TRAINING Documentation of the training required under s. DCF 250.05(1)(b)7. in shaken baby syndrome prevention.						
(i) STAFF FILE – DRIVER'S LICENSE & RECORD For persons who transport children, a copy of the person's driver's license and driving record that is obtained by the licensee under s. DCF 250.08(3)(b).						
(j) STAFF FILE – CONTINUING EDUCATION Documentation of the continuing education required under s. DCF 250.05(1)(b)4. and 5.						
* (k) STAFF FILE – REGISTRY CERTIFICATE For persons licensed or beginning work with children on or after January 1, 2009, a certificate from The Registry. Substitutes are not required to have a Registry certificate until they have worked for 240 hours.						
(6) CHILDREN'S RECORDS.						
(a) CHILD RECORD – MAINTENANCE, AVAILABILITY The licensee shall maintain a current written record at the center on each child enrolled, including the provider's own children under age 7, and shall make the record available to the licensing representative on request. Each record shall include all of the following:						
1. CHILD RECORD – ENROLLMENT & HEALTH HISTORY FORMS Enrollment information and health history on a form provided by the department. The enrollment information and health history shall be on file prior to the child's first day of attendance. (Use <i>Child Care Enrollment and Health History and Emergency Care Plan.</i>)						
2. CHILD RECORD – FIELD TRIP PERMISSION Parental authorization for the child to participate in and be transported for field trips and other activities if these are part of the program. (<i>Field Trip or Other Activity Notification / Permission</i> may be used for securing parental authorization.)						
3. CHILD RECORD – ALTERNATE ARRIVAL / RELEASE AGREEMENT A written agreement, signed by the parent, outlining the plan for a child to come to the center from school, home or other activities and to go from the center to school, home or other activities unless the child is accompanied by a parent or other authorized person or the child is transported by the center. (<i>Alternate Arrival / Release Agreement</i> may be used to secure the parent's signed agreement.)						
4. CHILD RECORD – IMMUNIZATION HISTORY, PHYSICAL EXAM Documentation of each child's immunization history and, except for a school-aged child, the most recent physical examination.						
5. CHILD RECORD – CONSENT FOR EMERGENCY MEDICAL TREATMENT Written permission from the parents under s. DCF 250.07(6)(k) for medical attention to be sought for the child if the child is injured.						
6. CHILD RECORD – INFANT / TODDLER INFORMATION For an infant or toddler, a current statement from the parent on a form provided by the department about the infant or toddler's habits of eating, sleeping, toileting and communication, and specific techniques that appear to comfort the child. (Use <i>Intake for Child Under 2 Years.</i>)						
* (b) CURRENT, ACCURATE DAILY ATTENDANCE RECORD The licensee shall maintain a current, accurate written record of the daily attendance on a form prescribed by the department that includes the actual time of arrival and departure for each child for the length of time the child is enrolled in the program.						

DEPARTMENT OF CHILDREN AND FAMILIES	Applicant		Licensing Specialist			COMMENTS
	Met	N/A	Met	Not Met	N/A	
250.04(6)(c)						
* (c) MEDICAL LOG BOOK – MAINTENANCE The licensee shall maintain a medical log book with pages that are lined and numbered and a stitched binding. A provider shall record in ink any injuries received by a child, evidence of unusual bruises, contusions, lacerations or burns received by a child in or out of center care or medication dispensed to a child in the medical log and sign or initial each entry. Pages may not be removed or lines skipped.						
(7) CONFIDENTIALITY.						
(a) CONFIDENTIALITY – COMPLIANCE WITH STATUTES & RULES The licensee is responsible for compliance by the center with s.48.78, Stats., and this subsection.						
(b) The licensee shall ensure that all of the following occur:						
1. DISCLOSURE OF PERSONAL INFORMATION Persons having access to children's records do not discuss or disclose personal information regarding the children and facts learned about the children and their relatives. This subdivision does not apply to any of the following: a. The parent or person authorized in writing by the parent to receive the information. b. Any agency assisting in planning for the child when informed written parental consent has been given. c. Agencies authorized under s.48.78, Stats.						
2. ACCESS TO RECORDS & REPORTS – PARENTS A parent, upon request, has access to all records and reports maintained on his or her child.						
3. ACCESS TO RECORDS – LICENSING REPRESENTATIVE All records required by the department under this chapter for licensing purposes are available to the licensing representative.						
(8) REPORTING CHILD ABUSE.						
* (a) MANDATED REPORTING – CHILD ABUSE & NEGLECT A licensee or provider who knows or has reasonable cause to suspect that a child has been abused or neglected as defined in ss.48.02(1) and 48.981(1), Stats., shall immediately contact the county department of social services or human services or local law enforcement agency in compliance with s.48.981, Stats.						
* (b) BIENNIAL TRAINING – CHILD ABUSE & NEGLECT The licensee shall document that each provider and substitute has received training at least every 2 years in all of the following:						
* 1. CHILD ABUSE & NEGLECT TRAINING – LAWS Child abuse and neglect laws.						
* 2. CHILD ABUSE & NEGLECT TRAINING – IDENTIFICATION How to identify children who have been abused or neglected.						
* 3. CHILD ABUSE & NEGLECT TRAINING – REPORTING PROCEDURES The procedure for ensuring that all known or suspected cases of child abuse or neglect are immediately reported to the proper authorities.						
DCF 250.05 Staffing						
(1) RESPONSIBILITIES AND QUALIFICATIONS OF STAFF.						
* (a) PROVIDER – MINIMUM AGE & COMPETENCE A family child care provider shall be physically, mentally and emotionally able to provide responsible care to all children, including children with disabilities and shall be at least 18 years of age.						
* (b)1.a. PROVIDER ENTRY-LEVEL TRAINING – EARLY CHILDHOOD A provider shall have satisfactorily completed 3 credits of broad-based early childhood training or a non-credit course in caring for children approved by the department before receiving a license or working with children.						

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	Met	N/A	Met	Not Met	N/A	
250.05(1)(b)1.b.						
* b. PROVIDER ENTRY-LEVEL TRAINING – BUSINESS A person licensed or beginning to work with children after January 1, 2009, shall have satisfactorily completed a non-credit course in operating a child care business approved by the department or its equivalent before becoming licensed or working with children.						
* 2. PROVIDER TRAINING – ADDITIONAL REQUIRED PROVIDER If more than one provider is required to meet the staff-to-child ratios, each additional provider shall meet the training requirements as specified under this paragraph.						
3. PROVIDER TRAINING – SUBSTITUTES & VOLUNTEERS A substitute or volunteer used to meet staff-to-child ratios need not meet the training requirements specified in this section until the substitute or volunteer has worked in the center for 240 hours, except that the substitute or volunteer used to meet staff-to-child ratios shall complete department-approved training in shaken baby syndrome prevention before providing care and supervision to children under age 5.						
4. PROVIDER TRAINING – CONTINUING EDUCATION A provider shall receive and document having received 15 hours of continuing education each year in child growth and development, early childhood education, caring for children with disabilities, or first aid, as approved by the department. This training may include attendance at training events, workshops, conferences, consultation with community resource people or observation of child care programs. Up to 5 hours of independent reading or watching educational materials may be used to meet continuing education requirements. (<i>Continuing Education Record - Child Care Centers</i> may be used to document the completion of continuing education.)						
* 5. PROVIDER TRAINING – CARDIOPULMONARY RESUSCITATION A provider shall obtain within 6 months of licensure or date of hire and maintain a current certificate of completion for a department-approved course in infant and child cardiopulmonary resuscitation including training in the use of an automated external defibrillator. The time spent obtaining or renewing cardiopulmonary resuscitation training may be counted towards the required continuing education hours.						
* 6. PROVIDER TRAINING – INFANT & TODDLER CARE Within 6 months of becoming licensed or working in a center licensed to care for children under age 2, a provider shall have completed at least 10 hours of department-approved training in the care of infants and toddlers.						
* 7. PROVIDER TRAINING – SHAKEN BABY SYNDROME PREVENTION Before becoming licensed or providing care and supervision to children under age 5, a provider, substitute, volunteer, emergency back-up or any other person providing care and supervision to children in a family child care center shall have completed department-approved training in shaken baby syndrome prevention unless the person has documentation of completion of one of the non-credit, department-approved, entry-level courses that contain the required materials taken after July 1, 2005. Note: Introduction to the Child Care Profession and Fundamentals of Infant and Toddler Care are the names of the non-credit, department-approved, entry-level courses that contain the required shaken baby syndrome prevention materials. Information on agencies offering the department-approved courses is available on the department’s website at http://dcf.wisconsin.gov .						
(c) DEPARTMENT APPROVAL FOR TRAINER & COURSE No person may offer child care training as specified in this section unless the person and the course have been approved by the department.						
(2) STAFF DEVELOPMENT.						
* (a) STAFF ORIENTATION – DOCUMENTATION Each employee, volunteer, or substitute shall receive an orientation before beginning work. The orientation shall be documented on a form provided by the department and kept in the employee file. The orientation shall cover all of the following: (Use <i>Staff Orientation Checklist</i> .)						

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	Met	N/A	Met	Not Met	N/A	
250.05(2)(a)1.						
* 1. STAFF ORIENTATION – NAMES & AGES OF CHILDREN Names and ages of all the children in care.						
* 2. STAFF ORIENTATION – ARRIVAL & DEPARTURE INFORMATION FOR CHILDREN Current arrival and departure information for each child enrolled including the names of people authorized to pick up the child.						
* 3. STAFF ORIENTATION – EMERGENCY CONTACT INFORMATION A review of children's records including emergency contact information.						
* 4. STAFF ORIENTATION – SPECIAL HEALTH CARE NEEDS Specific information relating to children's special health care needs including medications, disabilities or special health conditions.						
* 5. STAFF ORIENTATION – SIDS RISK REDUCTION PROCEDURES Procedures to reduce the risk of sudden infant death syndrome, if the center is licensed to care for children under one year of age.						
* 6. STAFF ORIENTATION – DAILY SCHEDULE An overview of the daily schedule including meals, snacks, nap and any information related to the eating and sleep schedules of infants and toddlers enrolled in the center.						
* 7. STAFF ORIENTATION – EMERGENCY PROCEDURES A review of the center's procedures for dealing with emergencies.						
* 8. STAFF ORIENTATION – CHILD ABUSE & NEGLECT REPORTING The procedure for reporting suspected abuse and neglect of a child.						
* 9. STAFF ORIENTATION – NIGHT CARE EVACUATION PLAN The plan for evacuating sleeping children, if the center is licensed to care for children between the hours of 9 P.M. and 5 A.M.						
* 10. STAFF ORIENTATION – CHILD ABSENT WITHOUT PRIOR NOTIFICATION The procedure to contact a parent if a child is absent from the center without prior notification of the absence from the parent.						
* 11. STAFF ORIENTATION – REVIEW OF CENTER POLICIES Review of center policies required under s. DCF 250.04(2)(e).						
* 12. STAFF ORIENTATION – REVIEW OF THE CHAPTER Review of this chapter.						
* 13. STAFF ORIENTATION – REVIEW OF CAREGIVER BACKGROUND CHECK LAW Review of s. DHS 12.07 (1) which requires a provider to notify the licensee as soon as possible but no later than the provider's next working day when any of the following occurs: (Use <i>Staff Orientation Checklist</i> .)						
a. The provider has been convicted of a crime. b. The provider has been or is being investigated by any governmental agency for any other act, offense, or omission, including an investigation related to the abuse or neglect, or threat of abuse or neglect, to a child or other client, or an investigation related to misappropriation of a client's property. c. The provider has a substantiated governmental finding against them for abuse or neglect of a child or adult or for misappropriation of a client's property. d. A professional license held by a provider has been denied, revoked, restricted or otherwise limited.						
* (b) EMERGENCY BACK-UP PROVIDER – ORIENTATION Each time an emergency situation occurs, each emergency back-up provider shall receive an orientation immediately before being left alone with the children. The orientation shall cover all of the following:						
* 1. EMERGENCY BACK-UP ORIENTATION – NAMES & AGES OF CHILDREN Names and ages of all the children in care.						
* 2. EMERGENCY BACK-UP ORIENTATION – ARRIVAL & DEPARTURE OF CHILDREN Arrival and departure information for each child in care including the names of people authorized to pick up the child.						

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	Met	N/A	Met	Not Met	N/A	
250.05(2)(b)3.						
* 3. EMERGENCY BACK-UP ORIENTATION – CHILD FILES LOCATION & CONTENT Location of children's files including emergency contact information, consent for emergency medical treatment and any special health care needs.						
* 4. EMERGENCY BACK-UP ORIENTATION – SIDS RISK REDUCTION PROCEDURES Procedures to reduce the risk of sudden infant death syndrome, if the center is licensed to care for children under one year of age.						
(3) SUPERVISION.						
* (a)1. PROVIDER OTHER ACTIVITIES OR OCCUPATIONS A provider may not be engaged in any other activity or occupation during the hours of operation of the center, except for daily maintenance of the home.						
* 2. FOSTER CARE – PRIOR WRITTEN APPROVAL The licensee may not combine the care of children enrolled in the child care center with foster care of other non-related children or adults without the prior written approval of both licensing agencies.						
(b) AWAKE PROVIDER A provider shall be awake whenever children are in care.						
* (c) PROVIDER – 12 HOUR CARE LIMIT No individual provider may take care of children for more than 12 hours in any 24-hour period.						
(d) CHILD – 12 HOUR CARE LIMIT No child may be in care for more than 12 hours in any 24-hour period.						
(e) SUPERVISION PROVIDED BY TRAINED INDIVIDUALS Except when a substitute is providing care, at least one provider who has completed the training required under s. DCF 250.05(1)(b)1. shall supervise children at all times. Substitutes shall have completed the training in shaken baby syndrome prevention required under s. DCF 250.05(1)(b)7. before working as a substitute.						
(f) MINIMUM AGE FOR PERSON LEFT IN SOLE CHARGE OF CHILDREN No person under 18 years of age may be left in sole charge of the children.						
* (g) PLAN FOR SUPERVISION DURING EMERGENCY OR ABSENCE The center shall have a plan approved by the department for ensuring supervision of the children in an emergency or during a provider's absence.						
(h) ALCOHOL OR CONTROLLED SUBSTANCE CONSUMPTION OR UNDER THE INFLUENCE A provider and any other adult in contact with children may not consume beverages containing alcohol or any non-prescribed controlled substance specified in ch. 961, Stats., or be under the influence of any alcohol or a non-prescribed controlled substance, during the hours of the center's operation.						
(i) CLOSE SUPERVISION OF CHILDREN Each child shall be closely supervised by a provider to guide the child's behavior and activities, prevent harm and assure safety.						
(j) SUPERVISION OF CHILDREN WHILE OUTDOORS A provider shall be outside with children and provide sight and sound supervision of the children unless the children are playing inside the enclosed outdoor area on the premises, as specified under s.250.06(11)(b).						
(k) RELEASE OF CHILD – AUTHORIZATIONS A child may not be released to any person who has not been previously authorized by the parent to receive the child.						
* (L) PROCEDURE – NUMBER, NAMES, WHEREABOUTS KNOWN AT ALL TIMES The licensee shall implement a procedure to ensure that the number, names and whereabouts of children in care are known to the provider at all times.						

DEPARTMENT OF CHILDREN AND FAMILIES				Applicant		Licensing Specialist			
				Met	N/A	Met	Not Met	N/A	COMMENTS
250.05(3)(m)									
(m) SUPERVISION – WADING POOL IN OUTDOOR PLAY SPACE A provider shall be outside with children providing sight and sound supervision of the children when a wading pool with water in it is present in the outdoor play space specified in s. DCF 250.06(11)(b).									
(4) STAFFING AND GROUPING.									
(a) MAXIMUM NUMBER OF CHILDREN IN CARE OF THE CENTER At no time may more than 8 children be in the care of the center. This total includes: 1. All children under 7 years of age, including a provider's own children; and 2. All children 7 years of age or older who are not a provider's own children.									
(b) MAXIMUM NUMBER OF CHILDREN IN CARE OF THE PROVIDER The maximum number of children that one provider may care for is specified in Table DCF 250.05.									
Maximum Number of Children in Family Child Care per Provider									
Children Under 2 Years of Age	Children 2 Years of Age and Older	Maximum Number of Additional School-Age Children In Care For Fewer Than 3 Hours a Day	Maximum Number of Children						
0	8	0	8						
1	7	0	8						
2	5	1	8						
3	2	3	8						
4	0	2	6						
(c) REQUIREMENTS FOR ADDITIONAL PROVIDER If the size of the group or the age distribution of the children exceeds the number that may be served by one provider, an additional qualified provider shall be present. Note: For example, if there are 3 children under age 2 present at one time and 5 children between the ages of 2 years and 6 years present, a second provider is required. At no time may the maximum number of children in care exceed 8.									
(d) STAFF-TO-CHILD RATIO – CARE PROVIDED ABOVE OR BELOW GROUND LEVEL Each provider may care for no more than 2 children under age 2 when care is provided on a level that is more than 6 feet above or below the ground level. A center may care for 3 or 4 children under age 2 when care is provided on a level that is more than 6 feet above or below the ground level only if there is more than one qualified provider.									
DCF 250.06 Physical plant and equipment									
(1) BUILDING.									
* (a) COMMERCIAL BUILDING CODE Family child care centers located in a building that is not a one or 2 family dwelling shall conform to the applicable Wisconsin commercial building codes. A copy of a building inspection report evidencing compliance with the applicable building codes shall be submitted to the department prior to the department's issuance of a license.									
* (b)1. USABLE INDOOR SPACE A center shall have at least 35 square feet of usable floor space per child. This space shall be exclusive of passageways, bathrooms, lockers, storage areas, the furnace room, that part of the kitchen occupied by stationary equipment, and space occupied by furniture that is not intended for children's use.									
* 2. MINIMUM INDOOR TEMPERATURE The inside temperature of the center may not be less than 67 degrees Fahrenheit.									

DEPARTMENT OF CHILDREN AND FAMILIES	Applicant		Licensing Specialist			COMMENTS
	Met	N/A	Met	Not Met	N/A	
250.06(1)(b)3.						
* 3. INDOOR AIR CIRCULATION If the inside temperature exceeds 80 degrees Fahrenheit, the licensee shall provide for air circulation with fans or other means if the center is not air conditioned.						
(2) PROTECTIVE MEASURES.						
* (a) ELECTRICAL OR HOT SURFACE PROTECTION Furnaces, water heaters, steam radiators, fireplaces, wood burning stoves, electric fans, electric outlets, electric heating units and hot surfaces such as pipes shall be protected by screens or guards so that children cannot touch them.						
* (b) ACCESS TO POTENTIALLY DANGEROUS ITEMS Firearms, ammunition or other potentially dangerous items located on the premises shall be kept in locked storage and may not be accessible to children.						
* (c) ACCESS TO MATERIALS POTENTIALLY HARMFUL TO CHILDREN Materials harmful to children, including power tools, flammable or combustible materials, insecticides, matches, drugs and any articles labeled hazardous to children, shall be in properly marked containers and stored in areas inaccessible to children.						
* (d) TELEPHONES & EMERGENCY PHONE NUMBERS The center shall have at least one working telephone with a list of emergency telephone numbers, including telephone numbers for the local rescue squad, fire department, police department, law enforcement agency, poison control center and emergency medical service, posted near each telephone.						
* (e) POTENTIAL SOURCE OF HARM ON PREMISES The center's indoor and outdoor child care space shall be free of hazards including any recalled products.						
* (f) MOTOR VEHICLE AVAILABILITY A motor vehicle shall be immediately available at the center at all times in case of an emergency if an ambulance or first response unit cannot arrive within 10 minutes of a phone call.						
* (g) DIFFERENCES OF ELEVATION – PROTECTIVE RAILINGS Differences of elevation, including open sides of stairways, elevated platforms, walks, balconies and mezzanines shall be protected by railings at least 36 inches high and designed to prevent the passage of an object with a diameter larger than 4 inches through any openings in the railing bars.						
* (h) SMOKING PROHIBITED ON PREMISES Smoking is prohibited anywhere on the premises of a center when children are present.						
* (i) HOT TUB – COVERED OR FENCED A hot tub located in a room or area accessible to children shall have a visible, locked, rigid cover or be enclosed by a locked fence at least 4 feet tall. The lock shall be installed so that the lock is inaccessible to children.						
* (j) HOT TUB – VISIBLY LOCKED DOOR If a hot tub is located in a room or area that is not intended for use by children, access to the room or area shall be controlled through the use of a visibly locked door. The lock shall be installed so that the lock is inaccessible to children.						
* (k) DETERIORATING OR TOXIC PAINT The premises shall have no flaking or deteriorating paint on exterior or interior surfaces in areas accessible to children. Lead-based paint or other toxic finishing material may not be used on any surface on the premises.						
* (3) PRACTICE OF WRITTEN EMERGENCY PLANS Each center shall have a written plan for taking appropriate action in the event of a fire or tornado, missing child or other emergency. The center shall practice the fire evacuation plan monthly and the tornado plan monthly from April through October with the children and document when the plans were practiced. (<i>Fire Safety and Emergency Response Documentation</i> may be used to document when the plan was practiced.)						

DEPARTMENT OF CHILDREN AND FAMILIES	Applicant		Licensing Specialist			COMMENTS
	Met	N/A	Met	Not Met	N/A	
250.06(4)						
(4) FIRE PROTECTION.						
* (a) SMOKE DETECTORS Smoke detectors shall be installed and maintained in operating condition on each level of the center and in all areas used for nap or rest periods. All smoke detectors shall be tested monthly and a record kept of the time, date and results of the test. (<i>Fire Safety and Emergency Response Documentation</i> may be used to document the results of smoke detector test.)						
* (b) FIRE EXTINGUISHER An operable fire extinguisher with a minimum rating of 2A-10BC shall be provided for the kitchen and cooking area and inspected annually, and a provider shall know how to use it. Inspection tags are not required, but documentation of the inspection must be kept on file at the center.						
* (c) UNVENTED SPACE HEATERS Unvented gas, oil or kerosene space heaters are prohibited.						
* (d) WOODBURNING STOVE A woodburning stove may be used only if it meets standards specified under s. COMM 23.045.						
* (e) SMOKE DETECTION SYSTEM – CARE PROVIDED ABOVE OR BELOW GROUND LEVEL The center shall be equipped with an interconnected smoke detection system in operating condition if one or more children under age 2 will be cared for on a level that is more than 6 feet above or below the ground level.						
* (5) PREMISES, FURNISHINGS, EQUIPMENT – CONDITION & REPAIR The premises, furnishings and equipment shall be free from litter and vermin and maintained in a sanitary condition and in good repair.						
(6) WATER.						
* (a) PRIVATE WELL – ANNUAL BACTERIA TEST If the center gets its water from a private well, water samples from the well shall be tested annually by a laboratory certified under ch. DHS 165 and shall be found bacteriologically safe. The laboratory report shall be available to the department upon request.						
* (b) PRIVATE WELL – ANNUAL NITRATES TEST If the center is licensed to care for infants under 6 months of age, the center shall have nitrate levels in the water tested annually by a laboratory certified under ch. DHS 165. Bottled water shall be used for infants under 6 months of age if the water tests above the maximum allowable levels of nitrates.						
(c) PRIVATE WELL – BACTERIOLOGICALLY UNSAFE TEST RESULTS If water test results indicate the water is bacteriologically unsafe, the water shall be appropriately treated and re-tested until it is determined to be safe. Bottled water shall be used until the water is determined to be safe.						
(7) EXITS, DOORS AND WINDOWS.						
* (a)1. EXITS – UNOBSTRUCTED All exits shall be clear of obstructions.						
* 2. EXITS – TWO ON EACH LEVEL Each floor or level occupied by children shall have at least 2 exits.						
* 3. EXITS – LOCATION Exits shall be located as far apart as practical.						
* 4. EXITS – WIDTH The width of every exit door shall be at least 2 feet 6 inches.						
* 5. EXITS – PRIMARY EXIT REQUIREMENTS The primary exit shall be a door or stairway providing unobstructed travel to the outside of the building at street or ground level.						

DEPARTMENT OF CHILDREN AND FAMILIES	Applicant		Licensing Specialist			COMMENTS
	Met	N/A	Met	Not Met	N/A	
250.06(7)(a)6.						
* 6. The secondary exit shall be one of the following:						
* a. SECONDARY EXIT – DOOR OR STAIRWAY A door or stairway that provides unobstructed travel to the outside of the building at street or ground level.						
* b. SECONDARY EXIT – PLATFORM OR ROOF A door or stairway leading to a platform or roof with railings complying with sub. (2)(g), which has an area of at least 25 square feet, is at least 4 feet long, and is not more than 15 feet above ground level.						
* c. SECONDARY EXIT – WINDOW; REQUIREMENT FOR CENTER IN UPSTAIRS DUPLEX Except in an upstairs duplex, a window that is not more than 46 inches above the floor, capable of being opened from the inside without the use of tool or removal of a sash, and which has a nominal window opening size of at least 20 inches in width and 24 inches in height. A center located in the upstairs unit of a duplex shall have 2 exits leading directly to the ground floor or to a platform as described in subd. pars. 6. a. and b.						
* 7. If care is provided in a basement, all of the following apply:						
* a. CARE PROVIDED IN BASEMENT – PRIMARY EXIT The primary exit shall be a door or stairway that provides unobstructed travel to the outside of the building at street or ground level.						
* b. CARE PROVIDED IN BASEMENT – SECONDARY EXIT The secondary exit shall be either a door or stairway leading to the ground level or a window not more than 46 inches above the floor that is capable of being opened from the inside without the use of tool or removal of a sash, and which has a nominal window opening size of at least 20 inches in width and 24 inches in height. The window shall open directly to the ground or to a window well with an area of at least 6 square feet that is not more than 46 inches below the ground.						
* (b)1. CLOSET DOOR LATCHES Every closet door latch shall be capable of being opened by children from inside the closet.						
* 2. TOILET ROOM DOOR LOCKS Every toilet room door lock shall be designed to permit the locked door be opened from the outside in an emergency, and the opening device shall be readily accessible to a provider.						
* 3. WINDOW SCREENS Windows that are capable of being opened and located in areas of the center that are accessible to children shall have screens.						
(8) FURNISHINGS.						
* (a) FURNISHINGS – SAFE, DURABLE Furnishings shall be durable and safe, with no sharp, rough, loose or pointed edges.						
* (b) The furnishings shall include all of the following:						
* 1. FURNISHINGS – TABLE SPACE & SEATING Table space and seating for each child.						
* 2. FURNISHINGS – STORAGE SPACE Storage space for equipment, cots, if used, bedding, children's clothing and personal belongings.						
* 3. FURNISHINGS – SLEEP SURFACE – CHILD 1 YEAR & OLDER A safe, washable cot, bed, 2-inch thick mat or sleeping bag for each child one year of age or older who naps or sleeps.						
* 4. FURNISHINGS – SLEEP SURFACE – CHILD UNDER 1 YEAR A safe, washable crib or playpen for each child under one year of age who naps or sleeps.						

DEPARTMENT OF CHILDREN AND FAMILIES	Applicant		Licensing Specialist			COMMENTS
	Met	N/A	Met	Not Met	N/A	
250.06(9)						
(9) KITCHENS.						
* (a) KITCHEN EQUIPMENT, UTENSILS, EATING SURFACES Equipment and utensils for preparing, serving and storing food shall be clean and equipped for the safe handling of food. Eating surfaces shall be washed before use.						
(b) DISHWASHING & SINGLE-USE ITEMS Reusable eating and drinking utensils shall be thoroughly cleaned with detergent and hot water and rinsed after use. Single-use articles such as food containers designed to be used only once and discarded including plastic silverware, paper or styrofoam cups and plates may not be reused.						
(c) SAFE FOOD Food shall be clean, wholesome, free from spoilage and from adulteration and misbranding, and safe for human consumption.						
* (d) FOOD STORAGE, TEMPERATURES Food shall be covered and stored at temperatures that protect against spoilage. Refrigerators shall be maintained at 40 degrees Fahrenheit or lower and freezers shall be maintained at 0 degrees Fahrenheit or lower.						
(e) LEFTOVER FOOD Leftovers shall be discarded after 36 hours unless frozen for later use.						
(10) WASHROOMS AND TOILET FACILITIES.						
* (a) TOILETS & SINKS There shall be at least one toilet with plumbing and one sink with hot and cold running water available for use by the children.						
* (b) WASHROOM PROVISIONS Soap, toilet paper and a waste paper container shall be provided in the washroom and accessible to children.						
(11) OUTDOOR SPACE.						
* (a) OUTDOOR PLAY SPACE – REQUIREMENT A center shall have outdoor play space if any child is receiving care for more than 3 hours a day.						
(b) <i>Required features of outdoor play space.</i> Except when an exemption is requested and approved by the department under par. (c), a center shall comply with all of the following requirements for outdoor play space:						
* 1. OUTDOOR PLAY SPACE – ON PREMISES The outdoor play space shall be on the premises of the center.						
* 2. OUTDOOR PLAY SPACE – SPACE REQUIREMENTS There shall be at least 75 square feet of outdoor play space for each child using the space at a given time. A center with a licensed capacity of 8 children is required to have a minimum of 600 square feet.						
* 3. OUTDOOR PLAY SPACE – POTENTIAL SOURCE OF HARM The outdoor play space shall be well-drained and shall be free of hazards. Structures such as playground equipment, railings, decks and porches accessible to children and built with CCA-treated lumber shall be sealed with an oil-based sealant or stain. Wood treated with creosote, including railroad ties, may not be used in areas accessible to children.						
* 4. OUTDOOR PLAY SPACE – ENCLOSURE A permanent enclosure not less than 4 feet high shall be provided to protect the safety of children in care. Fencing, plants or landscaping may be used to create a permanent enclosure. Programs licensed prior to January 1, 2009, have until January 1, 2010, to install a permanent enclosure.						
* 5. OUTDOOR PLAY SPACE – PROHIBITED SURFACES Concrete and asphalt are prohibited under climbing equipment, swings and slides.						

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	Met	N/A	Met	Not Met	N/A	
250.06(11)(c)2.						
* (c)2. OFF-PREMISES PLAY SPACE – EXEMPTION If a center has no outdoor play space available on the premises of the center, the licensee may request an exemption from the requirements under subd. 3. for the center's outdoor play space.						
* 3. OFF-PREMISES PLAY SPACE – REQUEST & PLAN A request for an exemption under subd. 2. shall be in writing and shall be accompanied by a plan for outdoor play space that does all of the following: (<i>Request for Exemption</i> may be used.)						
a. OFF-PREMISES PLAY SPACE PLAN – LOCATION, DISTANCE, TRANSPORTATION Identifies and describes the location to be used, the travel distance from the center to that location and the means of transporting the children to that location.						
b. OFF-PREMISES PLAY SPACE PLAN – SUPERVISION Provides for adequate supervision of the children as specified in Table 250.05.						
c. OFF-PREMISES PLAY SPACE PLAN – DAILY EXERCISE Provides for daily vigorous exercise in the out-of-doors for the children.						
d. OFF-PREMISES PLAY SPACE PLAN – TOILETING & DIAPERING Describes the arrangements to meet the toileting and diapering needs of the children.						
e. OFF-PREMISES PLAY SPACE PLAN – AFFIRMATION OF COMPLIANCE Affirms the center's compliance with the requirements included in subds. 4. to 7.						
4. OFF-PREMISES PLAY SPACE – POTENTIAL SOURCE OF HARM The off-premises outdoor play space shall be free of hazards such as bodies of water, railroad tracks, unfenced swimming pools, heavily wooded areas and nearby highways and main thoroughfares.						
5. OFF-PREMISES PLAY SPACE – SPACE REQUIREMENTS There shall be at least 75 square feet of play space for each child using the space at a given time.						
6. OFF-PREMISES PLAY SPACE – PROHIBITED SURFACES No climbing equipment, swing or slide in the play space may have concrete or asphalt under it.						
7. OFF-PREMISES PLAY SPACE – CHILDREN UNDER 3 When the off-premises outdoor play space is reached by walking, the center shall transport children under 3 years of age in wheeled vehicles, such as strollers or wagons, with a seating capacity equal to the number of children under 3 years of age to be transported.						
9. OFF-PREMISES PLAY SPACE – CHANGES If any circumstance described in an approved plan for use of off-premises outdoor play space changes or if any condition for plan approval is not met, the department may withdraw its approval of the plan and cancel the exemption. A center with an approved plan shall immediately report to the department's licensing representative any significant change in any circumstance described in the plan.						
(12) SWIMMING AREAS.						
* (a) ON-PREMISES SWIMMING POOL – USE & ENCLOSURE Swimming pools on the premises of the center may not be used by children in care. Swimming pools on the premises shall be surrounded by a permanent enclosure as specified under sub. (11)(b)4. In addition, all of the following restrictions apply:						
* 1. ON-PREMISES SWIMMING POOL – GATE ACCESS If access to the pool is through a gate, the gate shall be closed and locked during the center's hours of operation.						

DEPARTMENT OF CHILDREN AND FAMILIES	Applicant		Licensing Specialist			COMMENTS
	Met	N/A	Met	Not Met	N/A	
250.06(12)(a)2.						
* 2. ON-PREMISES SWIMMING POOL – DOOR ACCESS If access to the pool is through a door, the door shall be closed, visibly locked and equipped with an alarm at the door that signals when someone has entered the pool area. The door may not be used as an exit.						
* 3. ON-PREMISES SWIMMING POOL – LOCKS Locks shall be located so that the locks cannot be opened by the children.						
* 4. ON-PREMISES SWIMMING POOL – WALL & LADDER The free-standing wall of an above ground pool may not serve as an enclosure unless it is at least 4 feet in height and not climbable. If a ladder is present, the ladder shall be removed or raised up so that it is inaccessible to children.						
* 5. ON-PREMISES SWIMMING POOL – SURROUNDING AREA The area around the pool enclosure shall be free of toys or equipment that would allow a child to climb or otherwise gain access to the pool.						
* (b) WADING POOL USE A wading pool on the premises may be used if the water is changed daily and the pool is disinfected daily. Supervision requirements and staff-to-child ratios under s. DCF 250.05(3) and (4) shall be met.						
(c) A pool, wading pool, water attraction, or beach that is not located on center premises may be used by children, if all of the following conditions are met:						
1. OFF-PREMISES SWIMMING – POOL CONSTRUCTION, OPERATION The construction and operation of the pool meet the requirements of chs. Comm 90 and DHS 172 for public swimming pools and the beach complies with any applicable local ordinance.						
2. OFF-PREMISES SWIMMING – LIFEGUARDS Certified lifesaving personnel are on duty.						
3. While children are in the water of a pool or beach, the following staff-to-child ratios for persons who can swim are met:						
a. OFF-PREMISES SWIMMING – RATIOS UNDER AGE 2 For children under 2 years of age: 1:1.						
b. OFF-PREMISES SWIMMING – RATIOS AGES 2 & 3 For children 2 and 3 years of age: 1:3.						
c. OFF-PREMISES SWIMMING – RATIOS AGES 4 & 5 For children 4 and 5 years of age: 1:6.						
d. OFF-PREMISES SWIMMING – RATIOS AGE 6 & ABOVE For children 6 years of age and older: 1:8.						
4. OFF-PREMISES SWIMMING – MIXED AGE GROUP RATIOS When a mixed age group of children are swimming, the staff-to-child ratio shall be adjusted based on the number of children in the water and each child's age. Note: A worksheet to help calculate the staff-to-child ratio for mixed aged groupings during swimming is available from your licensing representative.						
5. OFF-PREMISES SWIMMING – SWIMMING ABILITY RESTRICTION A child shall be restricted to the area of the pool or beach that is within the child's swimming ability.						
6. OFF-PREMISES SWIMMING – SUPERVISION If some of the children are in the water and others are not, there shall be at least 2 providers supervising the children. One provider shall supervise the children who are in the water, and the other provider shall supervise the children who are not in the water.						

DEPARTMENT OF CHILDREN AND FAMILIES	Applicant		Licensing Specialist			COMMENTS
	Met	N/A	Met	Not Met	N/A	
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. PLAN OF ACTIVITIES – PROMOTES SELF-ESTEEM Be successful and feel good about himself or herself.						
* 2. PLAN OF ACTIVITIES – PROMOTES LANGUAGE Use and develop language.						
* 3. PLAN OF ACTIVITIES – PROMOTES MUSCLE DEVELOPMENT Use large and small muscles.						
* 4. PLAN OF ACTIVITIES – PROMOTES CREATIVITY Use materials and take part in activities that encourage creativity.						
* 5. PLAN OF ACTIVITIES – ENCOURAGES NEW IDEAS & SKILLS Learn new ideas and skills.						
* 6. PLAN OF ACTIVITIES – PROMOTES IMAGINATIVE PLAY Participate in imaginative play.						
* 7. PLAN OF ACTIVITIES – EXPOSURE TO A VARIETY OF CULTURES Be exposed to a variety of cultures.						
* 8. PLAN OF ACTIVITIES – PROMOTES LITERACY Develop literacy skills.						
* (b) DAILY ACTIVITIES – PLAN FOR AGE & DEVELOPMENT LEVELS 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:						
* 1. DAILY ACTIVITIES – INCLUDES INDOOR & OUTDOOR ACTIVITIES 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.						
* 2. DAILY ACTIVITIES – INCLUDES ACTIVE & QUIET PLAY Active and quiet play.						
* 3. DAILY ACTIVITIES – PROTECTION FROM EXCESS FATIGUE Protection from excess fatigue and over-stimulation.						
* 4. DAILY ACTIVITIES – INCLUDES INDIVIDUAL & GROUP ACTIVITIES Individual and group activities.						
* (c) TELEVISION & VIDEO VIEWING 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) GUIDING CHILDREN'S BEHAVIOR 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) TIME-OUTS 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.						
(c) CHILD GUIDANCE – PROHIBITED ACTIONS Actions that may be psychologically, emotionally or physically painful, discomfoting, dangerous or potentially injurious are prohibited. Examples of prohibited actions include all of the following:						
1. PROHIBITED ACTIONS – CORPORAL PUNISHMENT Spanking, hitting, pinching, shaking, slapping, twisting, throwing, or inflicting any other form of corporal punishment on the child.						

DEPARTMENT OF CHILDREN AND FAMILIES	Applicant		Licensing Specialist			COMMENTS
	Met	N/A	Met	Not Met	N/A	
250.07(2)(c)2.						
2. PROHIBITED ACTIONS – VERBAL ABUSE Verbal abuse, threats or derogatory remarks about the child or the child's family.						
3. PROHIBITED ACTIONS – PHYSICAL RESTRAINT, RESTRICTION, ENCLOSURE 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.						
4. PROHIBITED ACTIONS – WITHHOLDING OR FORCING FOOD, SLEEP Withholding or forcing meals, snacks or naps.						
5. PROHIBITED ACTIONS – CRUEL, AVERSIVE, FRIGHTENING, HUMILIATING Actions that are cruel, aversive, humiliating or frightening to the child.						
* (d) PROHIBITED PUNISHMENT – TOILET TRAINING A child may not be punished for lapses in toilet training.						
(3) EQUIPMENT.						
* (a) PLAY EQUIPMENT – PROVIDED Safe indoor and outdoor play equipment shall be provided and shall be all of the following:						
* 1. PLAY EQUIPMENT – SIZE, DEVELOPMENTAL LEVEL Scaled to the size and developmental level of the children.						
* 2. PLAY EQUIPMENT – SAFE & STURDY Of sturdy construction with no sharp, rough, loose, or pointed edges, in good operating condition, and anchored when necessary.						
* 3. PLAY EQUIPMENT – PLACEMENT Placed so as to avoid danger of accident or collision and to permit freedom of action.						
* (b) PLAY EQUIPMENT – VARIETY Various types of play equipment shall be provided to allow for large and small muscle activity, dramatic play, creative expression and intellectual stimulation.						
* (c) AMOUNT OF INDOOR PLAY EQUIPMENT 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) AMOUNT OF OUTDOOR PLAY EQUIPMENT Outdoor play equipment shall be provided to allow each child at least one activity when all children are using equipment at the same time.						
* (e) TRAMPOLINES & INFLATABLE BOUNCE SURFACES 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.						
(4) REST PERIODS.						
* (a) NAPS – REQUIREMENTS Children under 5 years of age in care for more than 4 consecutive hours shall have a nap or rest period.						
* (b) NAPS – AWAKE CHILDREN 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.						
* (c) NAPS – EQUIPMENT & PLACEMENT 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.						

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250.07(4)(d)		Met	N/A	Met	Not Met	N/A		
* (d) NAPS – BEDDING 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.								
(e) NAPS – SLEEPING ARRANGEMENTS 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.								
(5) MEALS AND SNACKS.								
(a) NUMBER OF MEALS & SNACKS Food shall be provided based on the amount of time children are present, as specified in Table DCF 250.07.								
Meals and Snacks to be Served to Children in Family Child Care Centers								
Time Present	Number of Meals and Snacks							
At least 2 1/2 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) MEALS & SNACKS – INTERVALS Food shall be served at flexible intervals, but no child may go without nourishment for longer than 3 hours.								
(c) MEALS & SNACKS – MINIMUM MEAL REQUIREMENTS Each meal and snack shall meet the U.S. department of agriculture child and adult care food program minimum meal requirements. 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) MEALS & SNACKS – RECORDS 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.								
(e) MEALS & SNACKS – SECOND PORTIONS Enough food shall be prepared for each meal so second portions of vegetables, fruit, bread and milk are available to children.								
(f) MEALS & SNACKS – PROVIDED BY PARENTS 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.								
(g) MEALS & SNACKS – SCHOOL-AGE CHILDREN 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.								
(h) MEALS & SNACKS – SPECIAL DIETS FOR MEDICAL CONDITION 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) MEALS & SNACKS – SPECIAL DIETS FOR FOOD ALLERGY A special diet based on a food allergy may be served upon the written request of the parent.								

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	Met	N/A	Met	Not Met	N/A	
250.07(6)						
(6) HEALTH.						
(a)1. CONTACT WITH PERSON – ILLNESS OR COMMUNICABLE DISEASE 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. CONTACT WITH PERSON – BEHAVIOR 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. CONTACT WITH PERSON – MENTAL HEALTH EXAMINATION 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.						
3. CONTACT WITH PERSON – DIARRHEAL DISEASE 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.						
(b)1. OBSERVATION OF CHILDREN FOR SYMPTOMS 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).						
2. MEDICAL LOG BOOK – DOCUMENTING INJURIES 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.						
* (c) ILL CHILDREN 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.						
* (d) <i>Care of a mildly ill child.</i> A child who is mildly ill may be cared for at the center when all of the following conditions are met:						
* 1. MILDLY ILL CHILD – SPACE The space for the care of a mildly ill child is a self-contained room that is separate from children who are well.						
2. MILDLY ILL CHILD – PARENTAL CONSENT The parent consents in writing.						
* 3. MILDLY ILL CHILD – POLICY The written health policy of the center allows a mildly ill child to remain at the center.						
* 4. MILDLY ILL CHILD – APPROVED CARE PLAN 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. MILDLY ILL CHILD – ADMISSIONS & EXCLUSIONS Admissions and exclusions.						
b. MILDLY ILL CHILD – STAFFING Staffing.						
c. MILDLY ILL CHILD – STAFF TRAINING Staff training.						
d. MILDLY ILL CHILD – MONITORING Monitoring and evaluation.						
e. MILDLY ILL CHILD – PROGRAMMING Programming.						

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	Met	N/A	Met	Not Met	N/A	
250.07(6)(d)4.f.						
f. MILDLY ILL CHILD – DISEASE CONTROL Infectious disease control.						
g. MILDLY ILL CHILD – EMERGENCY PROCEDURES Emergency procedures.						
* 5. MILDLY ILL CHILD – MEDICAL CONSULTATION Medical consultation is available from a physician or local health department in establishing policy for the management of mildly ill children.						
(e)1. COMMUNICABLE DISEASE – REPORTING 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.						
2. COMMUNICABLE DISEASE – READMISSION 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.						
(f) <i>Medications.</i> 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:						
a. MEDICATION ADMINISTRATION – PARENT AUTHORIZATION 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. (Use <i>Authorization to Administer Medication.</i>)						
b. MEDICATION ADMINISTRATION – CONTAINERS & LABELING The medication is in the original container and labeled with the child's name and with dosage and administration directions.						
c. MEDICATION ADMINISTRATION – DOCUMENTATION IN MEDICAL LOG 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.						
2.a. SUNSCREEN & INSECT REPELLENT AUTHORIZATION 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.						
b. SUNBURN PROTECTION Children shall be protected from sunburn with protective clothing, if not protected by sunscreen.						
* 3. MEDICATION – STORAGE Medications shall be stored so that they are not accessible to children.						
* 4. MEDICATION – REFRIGERATION Medications requiring refrigeration shall be kept in the refrigerator in a separate, covered container clearly labeled "medications."						
5. CURRENT AUTHORIZATIONS FOR MEDICATIONS ON PREMISES 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 ADMINISTRATION – AS LABELED & AUTHORIZED Medication for a child in care shall be administered by the center as directed on the label and as authorized by the parent.						

DEPARTMENT OF CHILDREN AND FAMILIES	Applicant		Licensing Specialist			COMMENTS
	Met	N/A	Met	Not Met	N/A	
250.07(6)(g)1.a.						
(g)1.a. HAND & FACE WASHING 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.						
b. HAND WASHING OUTDOORS & ON FIELD TRIPS 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.						
c. USE OF HAND SANITIZERS Disinfecting hand sanitizers may not replace the use of soap and water for washing hands.						
* 2. WIPING BODILY SECRETIONS Bodily secretions from a child shall be wiped with a disposable tissue. Whoever does the wiping shall wash his or her hands immediately.						
3. USE OF UNIVERSAL PRECAUTIONS All providers shall use universal precautions when exposed to blood or bodily fluids or discharges containing blood.						
4. HANDWASHING AFTER EXPOSURE TO BLOOD 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. USE OF DISPOSABLE GLOVES 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.						
(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) SHARING UTENSILS Cups, eating utensils, or toothbrushes may not be shared.						
* (j)1. WET OR SOILED DIAPERS OR CLOTHING Wet or soiled clothing or diapers shall be changed promptly from an available supply of clean clothing or diapers.						
2. DIAPERING CHILDREN OVER AGE 2 Section DCF 250.09(4) shall apply when a child 2 years of age or older needs attention for diapering or toileting.						
(k)1. EMERGENCY MEDICAL AUTHORIZATION & INJURY NOTIFICATION 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. (Use <i>Child Care Enrollment</i> .)						
* 2. WOUND CLEANING Superficial wounds shall be cleaned with soap and water only and protected with a bandaid or bandage.						
3. SUSPECTED POISONING PROCEDURES Suspected poisoning shall be treated only after consultation with a poison control center.						
* 4. SOURCE OF EMERGENCY MEDICAL CARE 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.						

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	Met	N/A	Met	Not Met	N/A	
250.07(6)(k)5.						
5. MEDICAL LOG BOOK – DAILY RECORD OF INJURIES 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.						
(L)1. HEALTH EXAM – CHILD UNDER AGE 2 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 health examination at least once every 6 months thereafter.						
2. HEALTH EXAM – CHILD AGE OVER AGE 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.						
3. HEALTH EXAM – DOCUMENTATION 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. (Use <i>Child Health Report</i> .)						
4. HEALTH EXAM – RELIGIOUS EXEMPTION 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.						
5. HEALTH HISTORY INFORMATION 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. (Use <i>Health History and Emergency Care Plan</i> .)						
(m) IMMUNIZATION RECORD The center shall maintain a record of immunizations for each child to document compliance with s.252.04, Stats., and ch. DHS 144. (<i>Day Care Immunization Record</i> may be used to record immunization information.)						
(7) PETS AND ANIMALS.						
* (a) PETS & ANIMALS – HEALTH & IMMUNIZATION Animals shall be maintained in good health and appropriately immunized against rabies. Rabies vaccinations shall be documented with a current certificate from a veterinarian.						
* (b) PETS & ANIMALS – RISK TO CHILDREN Animals that pose any risk to the children shall be restricted from the indoor and outdoor areas used by children.						
* (c) PETS & ANIMALS – NOTIFICATION 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.						
* (d) PETS & ANIMALS – PROHIBITED ANIMALS Reptiles, amphibians, ferrets, poisonous animals, psittacine birds, exotic and wild animals may not be accessible to children.						
* (e) PETS & ANIMALS – SUPERVISION 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.						

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	Met	N/A	Met	Not Met	N/A	
250.07(7)(f)						
* (f) PETS & ANIMALS – FOOD AREA RESTRICTIONS 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.						
* (g) PETS & ANIMALS – EXCREMENT Indoor and outdoor areas accessible to children shall be free of pet and animal excrement.						
* (h) PETS & ANIMALS – LIABILITY INSURANCE 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.						
* (i) PETS & ANIMALS – COMPLIANCE WITH LOCAL ORDINANCES 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.						
DCF 250.08 Transportation This subsection applies to all center-provided transportation of children in care, including both regularly scheduled transportation to and from the center and field trip transportation						
(2) EMERGENCY INFORMATION IN VEHICLE All of the following emergency information shall be carried in the vehicle for each child transported: (Use Child Care Enrollment form.)						
(a) EMERGENCY INFORMATION IN VEHICLE – PARENT CONTACT An address and telephone number where a parent or other adult can be reached in an emergency.						
(b) EMERGENCY INFORMATION IN VEHICLE – HEALTH CARE PROVIDER CONTACT The name, address and telephone number of the child's health care provider.						
(c) EMERGENCY INFORMATION IN VEHICLE – EMERGENCY MEDICAL CONSENT Written consent from the child's parent for emergency medical treatment.						
(3) DRIVER.						
* (a) DRIVER QUALIFICATIONS The driver of a vehicle used to transport children in care shall be at least 18 years of age and shall hold a valid Wisconsin operator's license for the type of vehicle driven.						
(b) DRIVER RECORD – OBTAIN & REVIEW The licensee shall obtain a copy of the driving record for each driver annually and place the record in the staff file. The licensee shall review each driving record to ensure that the driver has no accidents or traffic violations that would indicate that having children ride with the driver could pose a threat to the children.						
(c) DRIVER RECORD – PROHIBITIONS A driver whose driving record poses a threat to the children may not transport children.						
(4) VEHICLE.						
* (a) The licensee shall ensure that each vehicle, including a licensed contract motor carrier vehicle, such as a hired school bus, that is used to transport children is all of the following:						
* 1. VEHICLE REQUIREMENTS – REGISTRATION Registered with the Wisconsin department of transportation.						
* 2. VEHICLE REQUIREMENTS – INTERIOR CONDITION Clean, uncluttered and free of obstruction on the floors, aisles and seats.						
* 3. VEHICLE REQUIREMENTS – ENCLOSED Enclosed. Children may not be transported in a truck except in the cab.						

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	Met	N/A	Met	Not Met	N/A	
250.08(4)(a)4.						
* 4. VEHICLE REQUIREMENTS – SAFE OPERATING CONDITION In safe operating condition.						
* (b) VEHICLE INSPECTION At 12-month intervals the licensee shall provide the department with evidence of a vehicle's safe operating condition on a form provided by the department. (Use <i>Vehicle Safety Inspection</i> .)						
(c) HIRED OR CONTRACTED SCHOOL BUS – COMPLIANCE WITH TRANS 300 Hired or contracted school buses used to transport children shall be in compliance with ch. Trans 300.						
(5) SEAT BELTS.						
* (a) CAR SAFETY SEAT – CHILD UNDER AGE 1 OR UNDER 20 LBS Each child who is less than 1 year of age or who weighs less than 20 pounds being transported in a vehicle shall be properly seated and restrained in a rear-facing individual child car safety seat when being transported in a vehicle as specified in s.347.48 Stats.						
* (b) CAR SAFETY SEAT– CHILD AGE 1 TO 4 OR 20 TO 40 LBS Each child who is at least one year old but less than 4 years of age or who weighs at least 20 pounds but less than 40 pounds shall be properly restrained in a forward facing individual child car safety seat when being transported in a vehicle as specified in s.347.48 Stats.						
* (c) CAR SAFETY SEAT– CHILD AGE 4 TO 8 UNDER 80 LBS OR 4'9" Each child who is at least 4 years old but less than 8 years of age, who weighs less than 80 pounds or who is 4 feet 9 inches tall or less shall be properly restrained in a shoulder positioning child booster seat when being transported in a vehicle as specified in s.347.48 Stats.						
* (d) SEAT BELT USE Each child who is not required to be in an individual child car safety seat or booster seat required under par. (a), (b) or (c) when being transported shall be properly restrained by a seat belt. Each adult in the vehicle shall be properly restrained by a seat belt. Seat belts may not be shared.						
(e) SEATING IN SCHOOL BUS OR VEHICLE BUILT TO SCHOOL BUS STANDARDS Children transported in school buses or vehicles built to school bus standards shall be properly seated according to the manufacturer's specifications.						
(6) VEHICLE CAPACITY AND SUPERVISION.						
(a) VEHICLE – UNATTENDED CHILD Children may not be left unattended in a vehicle.						
* (b) VEHICLE – FRONT SEAT USE Children under age 13 years who are in the care of the center may not ride in the front seat of a vehicle.						
(c) VEHICLE – SUPERVISION When children are transported in a vehicle, there shall be at least one adult supervisor in addition to the driver whenever there are more than 3 children who either are under 2 years of age or who have a handicap which limits their ability to respond to an emergency.						
(d) VEHICLE – RELEASING CHILD AT DESTINATION After transporting a child to his or her destination, an adult shall ensure the child is in the custody of a provider, a parent, or other adult designated by the parent. A parent of a school-age child may authorize a child to enter a building unescorted. (<i>Transportation Permission</i> may be used to designate an adult to receive a child being transported.)						
* (e) TRANSPORTATION – PROCEDURE TO ENSURE CHILDREN EXIT VEHICLE The licensee shall develop and implement a procedure to ensure that all children exit the vehicle after being transported to a destination.						

DEPARTMENT OF CHILDREN AND FAMILIES	Applicant		Licensing Specialist			COMMENTS
	Met	N/A	Met	Not Met	N/A	
250.08(7)						
* (7) SMOKING IN VEHICLE Smoking is prohibited in the vehicle while children are being transported.						
DCF 250.09 Additional requirements for infant and toddler care						
(1) APPLICABILITY, QUALIFICATIONS AND GENERAL REQUIREMENTS. Family child care centers providing care and supervision to infants and toddlers shall comply with the additional requirements of this section.						
(c)1. INFANT & TODDLER – INFORMATION FOR PROVIDING INDIVIDUALIZED CARE A provider shall use information obtained on a department-provided form for children under 2 years of age to individualize the program of care for each child. The information shall be at the center before the child is left for care on the child's first day of attendance. A provider and the child's parents shall periodically discuss the child's development and routines. (Use <i>Intake for Child Under 2 Years.</i>)						
* 2. INFANT & TODDLER – CRIB & PLAYPEN MATTRESSES Cribs and playpens shall contain a tight fitting mattress and any mattress covering shall fit snugly over the mattress. Waterbeds may not be used by children under age 2.						
3. INFANT & TODDLER – BEDDING Sheets or blankets used to cover the child shall be tucked tightly under the mattress and shall be kept away from the child's mouth and nose.						
* 4. INFANT & TODDLER – SOFT MATERIALS IN CRIBS Children under one year of age may not sleep in a crib or playpen that contains soft materials such as sheepskins, pillows, fluffy blankets, bumper pads or stuffed animals.						
* 5. INFANT & TODDLER – USE OF SAFETY GATES Safety gates shall be used at open stairways when children are awake.						
(2) DAILY PROGRAM.						
(a) INFANT & TODDLER – RESPONDING TO CRYING CHILD Child care providers shall respond promptly to a crying child's needs.						
(b) INFANT & TODDLER – INDIVIDUAL SLEEP PATTERNS Each infant and toddler shall be allowed to form and follow his or her own patterns of sleeping and waking.						
(c) INFANT & TODDLER – SLEEP POSITION Each child under one year of age shall be placed to sleep on his or her back in a crib unless otherwise specified in writing by the child's physician. The child shall be allowed to assume the position most comfortable to him or her when able to roll over unassisted.						
(d) INFANT & TODDLER – PLAY ACTIVITIES Emphasis in activities shall be given to play as a learning and growth experience.						
(e) INFANT & TODDLER – PHYSICAL CONTACT & ATTENTION Throughout the day, each infant and toddler shall receive physical contact and attention such as being held, rocked, talked to, sung to and taken on walks inside and outside the center.						
(f) INFANT & TODDLER – ROUTINES & DEVELOPMENT Routines related to activities such as taking a nap, eating, diapering and toileting shall be used as occasions for language development and other learning experiences.						
(g) INFANT & TODDLER – BODY POSITION & LOCATION When a non-mobile child is awake, a provider shall change the child's body position and location in the room periodically. Non-mobile awake children shall be placed on their stomach occasionally throughout the day.						

DEPARTMENT OF CHILDREN AND FAMILIES	Applicant		Licensing Specialist			COMMENTS
	Met	N/A	Met	Not Met	N/A	
250.09(2)(h)						
* (h) INFANT & TODDLER – CRAWLING CHILD Each non-walking child who can creep or crawl shall be given opportunities each day to move freely in a safe, clean, open, warm and uncluttered area.						
* (i) INFANT & TODDLER – SAFE TOYS & OBJECTS A provider shall encourage infants and toddlers to play with a wide variety of safe toys and objects.						
(j) INFANT & TODDLER – OUTDOOR TIME Infants and toddlers shall be taken outdoors for part of each day except during inclement weather or when this is not advisable for health reasons.						
(3) FEEDING. A provider shall do all of the following:						
(a) INFANT & TODDLER – FEEDING SCHEDULES Feed each infant and toddler on the child's own feeding schedule.						
(b) INFANT & TODDLER – FOOD & FORMULA BROUGHT FROM HOME Ensure that food and formula brought from home is labeled with the child's name and dated, and is refrigerated if required.						
(c) INFANT & TODDLER – FORMULA PROVIDED BY CENTER Ensure that formula provided by the center is of the commercial, iron-fortified type and mixed according to the manufacturer's directions.						
(d) INFANT & TODDLER – FORMULA OR BREAST MILK CHILDREN UNDER 12 MONTHS Provide formula or breast milk to all children under 12 months of age.						
(e) INFANT & TODDLER – PROVIDING MILK OR SUBSTITUTE Provide another type of milk or milk substitute only on the written direction of the child's physician.						
(f) INFANT & TODDLER – LEFTOVER MILK OR FORMULA Discard leftover milk or formula after each feeding, and rinse bottles after use.						
(g) INFANT & TODDLER – HEATING BREAST MILK IN MICROWAVE Refrain from heating breast milk in a microwave oven.						
(h) INFANT & TODDLER – DRINKING WATER Offer drinking water to infants over 6 months of age and toddlers several times daily.						
(i) INFANT & TODDLER – BOTTLE FEEDING Hold a child unable to hold a bottle whenever a bottle is given. Bottles may not be propped.						
* (j) INFANT & TODDLER – CARE DURING FEEDING Hold or place a child too young to sit in a highchair or feeding table in an infant seat during feeding. Wide-based highchairs with safety straps or feeding tables with safety straps shall be provided for children who are not developmentally able to sit at tables and chairs.						
* (k) INFANT & TODDLER – EATING UTENSILS & CUPS Ensure that eating utensils and cups are scaled to the size and developmental level of the children.						
(4) DIAPERING AND TOILETING. A provider shall do all of the following:						
(a) INFANT & TODDLER – CHANGING DIAPERS Change wet or soiled diapers and clothing promptly.						
* (b) INFANT & TODDLER – DIAPER CHANGING SURFACE – DISINFECTION Change the child on an easily cleanable surface which is cleaned with soap and water and a disinfectant solution after each use with a chlorine bleach solution of one quart water to one tablespoon bleach, made fresh daily or a product containing quaternary ammonia prepared according to the label directions or a commercially prepared disinfectant that contains bleach or quaternary ammonia.						

DEPARTMENT OF CHILDREN AND FAMILIES	Applicant		Licensing Specialist			COMMENTS
	Met	N/A	Met	Not Met	N/A	
250.09(4)(c)						
* (c) INFANT & TODDLER – DIAPER CHANGING SURFACE – SAFETY If the diapering surface is above floor level, provide a strap, restraint or other structural barrier to prevent falling. A child may not be left unattended on the diapering surface.						
* (d) INFANT & TODDLER – SOILED CLOTH DIAPERS Place soiled cloth diapers in a plastic bag labeled with the name of the child and send them home daily.						
* (e) INFANT & TODDLER – SOILED DISPOSABLE DIAPERS Place soiled disposable diapers in a plastic-lined, covered container and dispose of them daily.						
(f) INFANT & TODDLER – PROVIDER HANDWASHING WHEN DIAPERING & TOILETING Wash his or her hands with soap and warm running water before and after each diapering or assistance with toileting routines.						
(g) INFANT & TODDLER – DIAPERING LOTIONS, POWDERS, SALVES Apply lotions, powders or salves to the child during diapering only at the specific direction of a parent or the child's physician.						
(h) INFANT & TODDLER – CLEANING THE CHILD WHILE DIAPERING Wash the child during diapering with a disposable towel used only once.						
(i) INFANT & TODDLER – CHILD HANDWASHING AFTER DIAPERING Wash the child's hands with soap and warm running water after diapering. The hands of children under one year of age may be washed with soap and a wet fabric or paper washcloth, used once and discarded.						
DCF 250.095 Additional requirements when the licensee is not providing care to children at least 50% of the licensed hours of center operation.						
* (1) LICENSEE AS ADMINISTRATOR – TRAINING REQUIREMENTS The licensee shall complete at least one course from the Wisconsin Professional Credential for Child Care Administrators program within one year from the initial date that the licensee is not providing care and supervision for at least 50% of the hours of the center's operation.						
(2) The licensee shall be responsible for the following:						
* (a) LICENSEE AS ADMINISTRATOR – MANAGE, FINANCES, PREMISES, OPERATIONS Management, finance, physical plant, and day-to-day operations of the center.						
* (b) LICENSEE AS ADMINISTRATOR – PROGRAM PLANNING & IMPLEMENTATION Supervision of the planning and implementation of the center's program for children.						
* (c) LICENSEE AS ADMINISTRATOR – STAFF SUPERVISION Supervision of center staff, including the following duties:						
* 1. LICENSEE AS ADMINISTRATOR – WRITTEN JOB DESCRIPTIONS Implement and maintain a written job description for each staff position.						
* 2. LICENSEE AS ADMINISTRATOR – PERSONNEL POLICY Implement and maintain a written personnel policy that addresses hours of work, lunch and break times, holidays, vacations, sick leaves, leaves of absence, probationary periods, performance evaluations, grievance procedures, and the disciplinary process. The personnel policy shall contain a procedure that requires staff to notify the licensee and the licensee to notify the department as soon as possible, but no later than the next business day, when any of the following occurs:						
a. The employee has been convicted of a crime. b. The employee has been or is being investigated by any governmental agency for any other act, offense, or omission, including an investigation related to the abuse or neglect or threat of abuse or neglect, to a child or other client, or an investigation related to misappropriation of a client's property. c. The employee has a substantiated governmental finding against them for abuse or neglect of a child or adult or for misappropriation of a client's property. d. A professional license held by the employee has been denied, revoked, restricted, or otherwise limited.						

DEPARTMENT OF CHILDREN AND FAMILIES	Applicant		Licensing Specialist			COMMENTS
	Met	N/A	Met	Not Met	N/A	
250.095(2)(c)3.						
* 3. LICENSEE AS ADMINISTRATOR – EMPLOYEE KNOWLEDGE OF JOB, POLICY, RULES Ensure that each employee is familiar with the employee’s job description, personnel policies, and applicable licensing rules.						
* 4. LICENSEE AS ADMINISTRATOR – STAFF MEETINGS Conduct staff meetings at least 9 times in a calendar year and document that the meetings have been held.						
* 5. LICENSEE AS ADMINISTRATOR – EMPLOYEE CONTINUING EDUCATION Ensure staff compliance with continuing education requirements.						
* (3) LICENSEE AS ADMINISTRATOR – ON SITE HOURS REQUIRED PER MONTH The licensee shall be at the center for at least 30 hours per month for the exclusive purpose of carrying out licensee responsibilities in sub. (2).						
DCF 250.10 Additional requirements for night care Family child care centers which operate during any period of time between 9:00 P.M. and 5:00 A.M. shall comply with the requirements of this section.						
(2) GENERAL REQUIREMENTS.						
(a) NIGHT CARE – MAXIMUM LICENSED CAPACITY When the same premises are used for the operation of both day care and night care, the number of children during any overlapping of the day care and night care periods may not exceed the maximum licensed capacity of the center.						
(b) NIGHT CARE – STAFF-TO-CHILD RATIOS Minimum staff-child ratios and group sizes as specified in table DCF 250.05 shall be maintained during night care.						
* (c) NIGHT CARE – SLEEPING GARMENTS & TOOTHBRUSHES The parent or center shall provide each child in night care with an individually labeled sleeping garment and a toothbrush.						
(3) PROGRAM.						
(a) NIGHT CARE – COORDINATING ACTIVITIES WITH HOME Child care staff shall ascertain from a child’s parent a child’s typical family activities during the period the child is at the center for night care and strive to replicate those activities with the child.						
* (b) NIGHT CARE – AWAKE CHILD A center offering night care shall provide a self-contained room away from sleeping children where an awake child may engage in activities.						
(c) NIGHT CARE – SCHEDULE OF ACTIVITIES An evening and morning schedule of program activities shall be planned for the hours that children in night care are awake.						
(d) NIGHT CARE – OPPORTUNITIES FOR READING OR HOMEWORK School-age children shall have an opportunity to read or do school work.						
(4) PREVENTIVE MEASURES.						
* (a) NIGHT CARE – EVACUATION PLAN A provider shall develop, submit to the department for approval and implement a plan to evacuate sleeping children in an emergency. Review of the plan shall be part of orientation under s. DCF 250.05(2).						
* (b) NIGHT CARE – EMERGENCY LIGHTING Centers operating during hours of darkness shall have emergency lighting, such as an operable flashlight, readily available to a provider.						
* (c) NIGHT CARE – PROVIDER RESPONSE TO CHILD NEEDS Providers shall be awake, available, within call and able to respond to the needs of the children whenever children are in care.						

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	Met	N/A	Met	Not Met	N/A	
250.10(5)						
(5) FEEDING.						
(a) NIGHT CARE – BREAKFAST Breakfast shall be served to all children in care for the night, unless the parent specifies otherwise.						
(b) NIGHT CARE – NIGHTTIME SNACK A nighttime snack shall be available to all children in care.						
(c) NIGHT CARE – EVENING MEAL A child present at the time the evening meal is served shall be served the evening meal.						
(6) SLEEP.						
* (a) NIGHT CARE – PART-NIGHT CARE Children who attend the center for the evening hours but not the whole night shall have an opportunity to sleep, as needed.						
(b) NIGHT CARE – INDIVIDUAL SLEEP ROUTINES Sleep routines for individual children shall be based on information provided by the parents.						
* (c) NIGHT CARE – BED & BEDDING A bed, crib or cot with sheets and blankets individual to each child shall be provided for children spending the night.						
* (d) NIGHT CARE – EXTRA SLEEPING GARMENTS & BEDDING The center shall maintain a supply of extra sleeping garments and bedding for emergencies and accidents.						
* (e) NIGHT CARE – CRIBS Children under 2 years of age in night care shall sleep in cribs.						
DCF 250.11 Licensing administration						
(2) GENERAL CONDITIONS FOR APPROVAL OF LICENSE.						
(a) CONDITION FOR LICENSE APPROVAL – FORMS & FEES Prior to receiving or continuing a license, an applicant for a license under this chapter shall complete all application forms truthfully and accurately and pay all fees and forfeitures that are due to the department.						
(b) CONDITION FOR LICENSE APPROVAL – OTHER LICENSES COMPLIANCE HISTORY The department may refuse to issue or continue a license if another center operated by the licensee is in substantial non-compliance with the licensing rules or has any outstanding fines or forfeitures.						
(c) CONDITION FOR LICENSE APPROVAL – FIT & QUALIFIED LICENSEE Persons licensed to operate a family child care center shall be responsible, mature individuals who are fit and qualified. In determining whether an applicant is fit and qualified, the department shall consider any history of civil or criminal violations or other offenses substantially related to the care of children by the applicant, owner, manager, representative, employee, center resident or other individual directly or indirectly participating in the operation of the family child care center. A determination that a person is unfit and unqualified includes substantiated findings of child abuse or neglect under ch. 48, Stats., or substantiated abuse under ch. 50, Stats., or under similar statutes in another state or territory whether or not the abuse or neglect results in a criminal charge or conviction.						
(e) CONDITION FOR LICENSE APPROVAL – MENTAL HEALTH EXAMINATION If the department has reason to believe that the physical or mental health of any person associated with the care of children at the center or any household resident of the center may endanger children in care, the department may require that a written statement be submitted by a physician or, if appropriate, by a licensed mental health professional that certifies the condition of the individual and the possible effect of that condition on the family child care center or the children in care.						

DEPARTMENT OF CHILDREN AND FAMILIES	Applicant		Licensing Specialist			COMMENTS
	Met	N/A	Met	Not Met	N/A	
250.11(5)						
(5) CONTINUING A REGULAR LICENSE.						
(b) CONTINUATION LICENSE – APPLICATION MATERIALS SUBMISSION DATE At least 30 days before the continuation review date of the license, an applicant for license renewal shall submit to the department the following materials:						
1. CONTINUATION LICENSE – APPLICATION FORM A completed license continuation application.						
2. CONTINUATION LICENSE – CAREGIVER BACKGROUND CHECK Any completed Background Information Disclosure forms including any applicable fees required under s.48.685(6)(a), Stats. and s. DCF 250.04(2)(L) and (m).						
3. CONTINUATION LICENSE – FEES The license renewal fee under s.48.65(3)(a), Stats., and any forfeiture due and owing under s.48.715(3), Stats., or penalty under s.48.76, Stats.						
4. CONTINUATION LICENSE – POLICY CHANGES Any changes to center policies, if not previously submitted.						
5. CONTINUATION LICENSE – WATER TEST Results of a water test if the center has a private well.						
6. CONTINUATION LICENSE – VEHICLE SAFETY INSPECTION Results of a vehicle safety inspection if the center will transport children.						
7. CONTINUATION LICENSE – LIABILITY INSURANCE FOR PETS Documentation of the liability insurance on the child care business required under s. DCF 250.04(2)(g) if the center has cats or dogs that are in areas accessible to children.						
8. CONTINUATION LICENSE – OTHER MATERIALS DETERMINED BY DEPARTMENT Any other materials determined by the department as necessary to complete the department's licensing investigation.						
(6) AMENDING A LICENSE.						
(a) LICENSE AMENDMENT – WRITTEN REQUEST A licensee shall submit to the department a written request for an amendment to the license if the licensee wishes to change any of the following aspects of the license:						
1. LICENSE AMENDMENT – CAPACITY A change in the number of children served.						
2. LICENSE AMENDMENT – AGE RANGE The age range of the children.						
3. LICENSE AMENDMENT – HOURS The hours of the center's operation.						
4. LICENSE AMENDMENT – DAYS The days of the week the center is in operation.						
5. LICENSE AMENDMENT – MONTHS The months of the year the center is in operation.						
6. LICENSE AMENDMENT – NAME OF CENTER The name of the center.						
(b) LICENSE AMENDMENT – WRITTEN APPROVAL FROM DEPARTMENT A licensee may not make a change that affects a condition of the license identified under par. (a) without the prior written approval of the department.						
(c) MOVING OR CHANGING OWNERSHIP A licensee may not move the center to a new location or change ownership of the center without notifying the department at least 30 days prior to the change. A new application and license is required when a center moves or changes ownership.						

DEPARTMENT OF CHILDREN AND FAMILIES	Applicant		Licensing Specialist			COMMENTS
	Met	N/A	Met	Not Met	N/A	
250.11(7)						
(7) ADDITIONAL CENTER LOCATIONS A licensee applying for a license for an additional center location shall demonstrate compliance with this chapter in the operation of any existing center he or she operates and compliance with rules for any other facility licensed by the department and operated by the licensee. The licensee shall pay any fines, forfeitures or other fees due and owing under s.48.715, Stats., or s.48.65, Stats., on other facilities licensed by the department before the department issues an additional license.						
DCF 250.12 Complaints, inspections and enforcement actions						
(1) COMPLAINTS.						
(b) COMPLAINT – DISCHARGING AN EMPLOYEE The licensee may not discharge an employee because the employee has reported violations of this chapter to the licensing representative.						
(2) DEPARTMENT ACCESS TO CENTER Pursuant to s.48.73, Stats., the department may visit and inspect any family child care center at any time during licensed hours of operation. A department licensing representative shall have unrestricted access to the premises identified in the license, including access to children served and staff and child records and any other materials or other individuals having information on the family child care center's compliance with this chapter.						

SIGNATURE – Center Representative

Date Signed