DCF 250.04 Operational requirements.

(1) TERMS OF LICENSE.
   (a) 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.

   Licensed capacity may not be exceeded at any time. If a center over-enrolls on the basis of an absentee rate or has an occasional drop-in, the center must be sure that over-enrollment will not result in the center being over capacity.

   (b) The age of children served by a center may not be younger or older than the age range specified in the license issued.

   A license may be granted for the care of children through age 17. If a provider wishes to care for a child above or below the specified age on the license, an exception should be requested. For example, a provider who is licensed up to age 12 and wishes to care for one child age 14. The exception must be granted prior to caring for a child above or below the ages specified on the license.

   If a provider wishes to be licensed to care for children aged 2 and above, and has his/her own child under age 2, an exception to the age range of the license may be granted with the condition that all the licensing rules for children under age 2 apply except for the requirement for I/T training. See commentary under DCF 250.05(1)(b)6. Provider Training Within 6 Months Caring For Infants & Toddlers.

   (c) The hours, days and months of a center’s operation may not exceed those specified in the license.

   A provider may care for 3 or fewer unrelated children under age 7 outside of licensed hours. Children receiving subsidy must be cared for during regulated hours.

(2) ADMINISTRATION. A licensee shall do all of the following:
   (a) Comply with all laws governing the facility and its operation.

   ZONING: S. 66.34, Wis. Stats., defines a family child care home as a “dwelling licensed as a child care center by the department of health and family services under s. 48.65 where care is provided for not more than 8 children.” The statute then states in pertinent part that “No municipality may prevent a family child care home from being located in a zoned district in which a single family home is a permitted use. No municipality may establish standards or requirements for family child care homes different from the licensing standards established under s. 48.65. This subsection does not prevent a municipality from applying to a family child care home the zoning regulations applicable to other dwellings in the zoning district in which it is located.” This law gives a municipality the power to prevent a family child care center that is not used as a residence from being located in a district zoned for residential use unless the licensee is granted a conditional use permit. Some municipalities may also require that any home-based business have a conditional use permit to operate. This is also permitted under the law. It is recommended that you contact your local municipality prior to applying for licensure.

   (b) Comply with all requirements in this chapter.

   (c) Ensure that all information provided to the department is current and accurate.

   (d) Prior to receiving or continuing a license, complete all application forms and pay all fees and forfeitures due to the department.

   Note: The Department will provide an application after a Department representative completes the provision of pre-licensing technical assistance.

   (e) Develop, submit to the department for compliance review, implement and provide to the parents written policies and procedures related to all of the following:

   Policy Sample – Family Child Care Centers is available from the department’s website https://dcf.wisconsin.gov/cclicensing/ccformspubs. A completed Policy Checklist - Family Child Care Centers, shall be submitted with the copy of the current policy. It is the licensee’s responsibility to ensure the department has the most current copy of the center’s policies that reflect current practices.
Current written policies and procedures that reflect current practices must be provided to the parents of enrolled children. It is recommended that policy revisions be dated and that providers obtain dates and signatures from the parents as documentation that they have received the policy revisions.

Contracts are recommended but not required. If contracts are used, submit a copy with the written policies and procedures.

1. Enrollment and discharge of enrolled children.
2. Fee payment and refunds.
3. 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. 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.
7. Child guidance, including appropriate ways to manage crying, fussing or distraught children.

For information on suggested ways to manage crying, fussing or distraught children, see Appendix J Resources List.

8. 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. Religious instruction or practices, if any.
10. 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.

Note: Under the state public accommodation law, s. 106.52, Stats., federal law and regulations related to use of federal funding, and some local anti–discrimination ordinances, denying admission on the basis of race, handicap, religion or certain other characteristics may be illegal.

(f) 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: See s. DCF 250.05(2)(a) and (b) regarding providing an orientation to employees, substitutes and emergency back-up providers.

(g) Provide written information to parents on whether a licensee has insurance coverage on the premises and on the child care business. 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).

Note: The information provided could be included as a rider on a homeowner policy or a separate insurance policy on the child care business. A certificate of insurance or other documentation from an insurance company that indicates the number of children covered, dates of coverage and types of pets covered is acceptable.

Amounts of coverage need not be included.

Other types of acceptable documentation include a letter from the insurance agent that includes all the required information. If dogs and cats are not accessible to children, insurance is not required. See DCF 250.07(7)(h) PETS & ANIMALS – LIABILITY INSURANCE.

Licensees should be advised that homeowner’s insurance may not provide liability coverage for child care children unless specifically mentioned as a rider to the policy. Some riders provide coverage for up to 6 children only. These riders are not acceptable under 250.07(7)(h) unless the coverage is the same as the licensed capacity. The insurance coverage must state that the number of children for whom coverage is provided is at least the maximum licensed capacity of the center. (For example, if a rider indicates coverage is provided for 6 children, the center must either reduce their licensed capacity to 6 children or obtain insurance that specifies coverage for 8 children.) However, if a provider has 2 of her own children under the age of 7, an exception could be granted to continue to be licensed for 8 children with an expiration date being the date that the child turns 7. At that time the license capacity would be reduced to 7, etc. Questions about insurance should be referred to qualified insurance professionals.
(h) Post the child care license in a location where parents can see it during the hours of operation.

(i) 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.

The Non-Compliances Statement & Correction Plan must remain posted until the next Non-Compliances Statement and Correction Plan or Compliance Statement is issued.

(j) 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) Meet, upon request of the department, with a licensing representative on matters pertaining to the license.

(L) 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.

Effective 9/30/2018, the Background Information Disclosure form has been replaced with the Background Check Request (BCR) form, DCF-F-5296, and is required for individuals age 10 and older. Licensees submit a BCR for themselves and others through the Child Care Provider Portal (CCPP).

Per s. 48.686(2)(ab), Wis. Stats., each child care program shall submit a request to the department for a caregiver background check prior to the date on which the individual becomes a caregiver or household member. Per s. 48.686(4m)(c), individuals may not begin working or residing at the child care center until they receive preliminary eligibility. New employees or new household members may begin working or residing at a family child care center with preliminary eligibility results, but they must be under supervision of someone with a DCF approved caregiver background check until they receive final eligibility.

Licenses are reminded to promptly remove individuals from their facility’s profile in CCPP when an individual no longer resides at, or is no longer employed by, the center. Failure to do so may result in the facility being charged for subsequent automated caregiver background checks being conducted on inactive individuals.

(m) 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.

DCF will contact the licensee and request the Background Check Request form when a household member turns age 10. Licensees should verify that all household members age 10 years and older are entered in the Child Care Provider Portal (CCPP).

Note: For more information about caregiver background checks refer to the administrative rule under ch. DCF 12. Information on how to obtain a copy of the Background information Disclosure form is available on the department’s website, http://dcf.wisconsin.gov, or from any regional licensing office in Appendix A.

(3) REPORTS. 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:

The licensing rules spell out what must be reported to the department and the time frames for making those reports. The licensing specialist will review any report made and may conduct a follow-up investigation to determine whether licensing violations have occurred or a situation exists that has the potential to cause harm to a child. Follow-up investigation may involve a site visit, a review of additional documentation submitted by the licensee, a review of police reports or county investigations or interviews with staff members or parents.
(a) 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.

**Note:** The licensee may use either the department’s form, Accident Report — Child Care Centers, available
from any regional licensing office in Appendix A, the department’s web site, http://dcf.wisconsin.gov or the
licensee’s own form to report incidents, accidents and deaths.

"Professional medical treatment" means being seen for evaluation or treatment by a health care
professional such a physician, physician assistant, dentist, nurse, etc.

It is recommended that a center include information on the details of what happened to cause the
injury when making the written report. Examples of details that should be included in this report are:
date and time, detailed description of what caused the injury, any witnesses, what action was taken by
the provider at the time of the incident or accident.

(b) Any damage to the premises that may affect compliance with this chapter, within 24 hours
after the occurrence.

**Damage to the premises which might require a report includes fires that require the services of the
fire department and other disasters such as boiler explosion, car driving through and into buildings,
flooding, tornadoes, roof collapse, etc.**

(c) 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.

**Note:** See s. DCF 250.11(6)(a) for items that affect a condition of the license.

**Note:** It is recommended that the licensee check with the local municipality to determine whether a
building permit is required before beginning any construction or remodeling.

(d) 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.

**Note:** The licensing representative will notify the licensee whether a plan of correction will be required and
will provide the plan of correction format with the notification.

(e) 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) 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. 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. Involves any traffic-related incident where a person responsible for the violation transports
children in the care of the center.

(h) 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) 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.

**Note:** See also s. DCF 250.07(2) for information on guiding children’s behavior and sub. (6)(c) regarding
recording injuries in a center medical log.

(j) 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) Statistical data required by the department on forms provided by the department.
250.04(3)(k) Note:

Note: The Department periodically requests statistical data from licensees. An example of the type of data collected relates to the immunization status of children in care. When the Department requests statistical data, the Department will supply the appropriate form.

(L) Seasonal closings at least 5 calendar days before the closing.

An example of “seasonal closing” is a program that decides to close for the summer.

(m) 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.

Communicable disease information about any named child is confidential and shall not be available to other parents.

The Division of Public Health communicable disease chart lists communicable diseases that are transmitted through normal contact and must be reported to the local public health Department. The department and parents of children exposed to any communicable diseases appearing on this chart must be notified of the exposure. Instructions for obtaining the Communicable Disease Chart can be found on Appendix J Resources List.

Examples of those diseases not transmitted through normal contact are HIV Aids, Hepatitis B and C and sexually transmitted diseases.

Contact your local health department for further information.

Note: See s. DCF 250.07(6)(e)1. for other requirements relating to communicable disease reporting.

(4) Parents.

(a) 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.

The provider may lock the door for security.

When access is prohibited or restricted by court order, permission to call for the child is also affected. To prohibit or restrict access, it is recommended that the center have a copy of the court order on file at the center. It is recommended that the policies should include notification to parents that they are permitted to visit and observe during hours of operation. Refer also to DCF 250.04(7)(b)2. ACCESS TO RECORDS & REPORTS – PARENTS.

(b) The licensee shall give parents of each enrolled child a summary of this chapter.

Note: Copies of a summary of this chapter may be obtained from the Child Care Information Center by calling 1-800-362-7353.

(c) The licensee shall notify a parent of a child in care of all of the following circumstances:

1. 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).

Communicable disease information about any named child is confidential and shall not be available to other parents.

The Division of Public Health communicable disease chart lists communicable diseases that are transmitted through normal contact and must be reported to the local public health Department. The department and parents of children exposed to any communicable diseases appearing on this chart must be notified of the exposure. Instructions for obtaining the Communicable Disease Chart can be found on Appendix J Resources List.

Examples of those diseases not transmitted through normal contact are HIV Aids, Hepatitis B and C and sexually transmitted diseases.

Contact your local health department for further information.
Note: The Wisconsin Division of Public Health has developed materials that identify those communicable diseases that are required to be reported to the local public health officer. The materials include a communicable disease chart and exclusion guidelines for child care centers. Copies of the communicable disease chart or the exclusion guidelines for child care centers are available from the Child Care Information Center 800-362-7353.

2. The child becomes ill or is injured seriously enough to require professional medical treatment. Notification shall be made immediately.

3. 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. The date, time and destination of any field trip as specified in sub. (6)(a)2.

(5) STAFF RECORDS. 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) A completed staff record form provided by the department.

(b) 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. DCF 12 prior to the first day of work and every 4 years thereafter. Section 48.686, Wis. Stats., outlines statutory requirements related to caregiver background checks. For employees hired on or after 10/1/2018, a background information disclosure (BID) form is no longer required to be in a staff file. The BID form has been replaced with the digital Background check Request (BCR) form, DCF-F-5296. It is required for individuals age 10 and older. Providers submit a BCR for themselves and others through the Child Care Provider Portal (CCPP). The digital form must be submitted initially and reviewed every five years at the time the five-year fingerprint check is due.

(c) The results of the complete caregiver background check including any report of any investigation required under ch. DCF 12 within 60 days after hire and every 4 years thereafter. Effective 10/01/2018, the Background Information Disclosure form was replaced by the Background Check Request, DCF-F-5296.

Note: If the licensee is a provider, a file is required. Effective 9/30/2018, the Department of Children and Families (DCF) conducts background checks for applicants, licensees, household members and employees of a child care center. In some instances, DCF may conduct background checks on minor household members. Per s. 48.686(4m(c), Wis. Stats., individuals may not begin working or residing at the child care center until they receive preliminary eligibility. New employees or new household members may begin working or residing at a family child care center with preliminary eligibility results, but must be under supervision of someone with a DCF-approved caregiver background check until they receive final eligibility.

The Preliminary Eligibility Determination and Final Eligibility Determination notices are the documentation accepted as the results of a complete caregiver background check after 10/1/2018. The notices should be in the staff file or made available to the licensing specialist upon request.
250.04(5)(d)

(d) 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) 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. The report shall indicate all of the following:
1. That the person is free from illness detrimental to children, including tuberculosis.
2. That the person is physically able to work with young children.

Physical examinations may be signed by medical (M.D.), osteopathic (D.O.) or HealthCheck Providers as listed below. Chiropractors are prohibited by statute from giving physical examinations unless they are an M.D. or D.O.

An initial physical exam and TB test is required. Subsequent physical exams and TB tests are not required.

Per Division of Health, there are 2 different types of TB testing that will meet this requirement. The Manitou Skin test or the Quantiferon Gold Blood Assay test. If either test indicates previous exposure to tuberculosis, an evaluation by a physician should be done rather than a chest x-ray. This evaluation must conclude that the person does not have active TB in order for the person to continue to provide care to children.

See DCF 250.02(14) for definition of HealthCheck Provider.

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

(f) 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.

According to the "Christian Science Committee on Publications for Wisconsin" the Christian Science faith is the only religion that qualifies under this exemption. Evidence of exemption is presented through a Christian Science form entitled "Application for Exemption from Physical Examinations and Immunization."

(g) Documentation of the entry level training requirements under s. DCF 250.05(1)(b).

Documentation of training could a Registry certificate that specifies the person is qualified as a family child care provider; copies of completion postcards issued by the Registry for non-credit department-approved courses called Introduction to the Child Care Profession, Fundamentals of Family Child Care and, if the center is licensed to care for children under age 2, Fundamentals of Infant and Toddler Care or copies of transcripts issued by an institution of higher education. See DCF 250.04 (5)(k) – REQUIREMENT FOR REGISTRY CERTIFICATE.

If an employee or volunteer is not counted in the staff-to-child ratio, the staff file does not need to contain entry-level training documentation.

(h) Documentation of the training required under s. DCF 250.05(1)(b)7. in shaken baby syndrome prevention.

(i) 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).

See DCF 250.04 (3) – DEFINITION OF CENTER-PROVIDED TRANSPORTATION and DCF 250.04(3)(b) – ANNUAL REQUIREMENT FOR A DRIVING RECORD.

Parent volunteers used to transport children are not required to have a driving record on file. Information on how to obtain driving records may be obtained by contacting the Department of Transportation at (608) 261-2566 or http://wisconsindot.gov/Pages/online-srvcss/external/bds-landing.aspx.
(j) Documentation of the continuing education required under s. DCF 250.05(1)(b) 4. and 5.

The Department forms, Staff Continuing Education Record - Child Care Centers or Continuing Education Record - Independent Reading / Video Viewing may be used to document compliance with continuing education requirements. See Appendix I for instructions on obtaining department forms.

(k) 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.

A person has 6 months after becoming licensed or beginning to work with children to obtain a Registry Certificate. Information about obtaining a Registry certificate can be found on The Registry’s website: http://www.the-registry.org/

A Registry certificate issued before January 1, 2009 that indicates the person is qualified as a family child care provider is acceptable.

(6) CHILDREN’S RECORDS.

(a) 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:

Administrative rules do not relate to the office management or record keeping techniques of a center. Required records must be maintained for the length of time the child is enrolled, be on the premises for children in care and be available to the licensing specialist for review.

It is recommended that the date of discharge be added to the child’s record and that the center retain records for 3 years after a child is discharged.

1. Enrollment information and health history on forms provided by the department. The enrollment information and health history shall be on file prior to the child’s first day of attendance. 

   Note: The department’s forms, Child Care Enrollment and the Health History and Emergency Care Plan, are used for recording enrollment and health history information. Information on how to obtain department forms is available on the department’s website, http://dcf.wisconsin.gov, or from any regional licensing office in Appendix A. See s. DCF 250.07(6)(L)5. for information on sharing information related to a child’s special health care needs.

   Enrollment information should include both parents if applicable. If parental access is denied, it is recommended that a current copy of the court order be on file at the center.

2. Parental authorization for the child to participate in and be transported for field trips and other activities if these are part of the program.

   Note: The department’s form, Child Care Enrollment, includes a blanket authorization to take children on field trips. The department’s form, Field Trip or Other Activity Notification, or another type of notification such as a note to a parent may be used to provide specific information about a field trip. Information on how to obtain department forms is available on the department’s website, http://dcf.wisconsin.gov, or from any regional licensing office in Appendix A.

3. 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.

   The provider should plan for situations when a child fails to arrive as scheduled from school or another activity. A parent may authorize other persons to drop-off or pick-up a child through a note or on the Child Enrollment form. If a child is transported by a school bus, taxi or transportation company that may have various individuals providing the transportation, then the written agreement should specify the transportation agency as the authorized pick-up or drop-off “person.”

   Note: The licensee may use either the department’s form, Alternate Arrival/Release Agreement — Child Care, or the licensee’s own form for securing the parent’s signed agreement. Information on how to obtain the form is available on the department’s website, http://dcf.wisconsin.gov, or from any regional licensing office in Appendix A.

4. Documentation of each child’s immunization history and, except for a school-aged child, the most recent physical examination.
### 250.04(6)(a)4. Note:

**Note:** See DCF 250.07(6)(L)1. and 2. for information on frequency of health exams. The department’s form, Child Health Report — Child Care Centers, is used to document a child’s health exam. Information on how to obtain the department form is available on the department’s website, [http://dcf.wisconsin.gov](http://dcf.wisconsin.gov), or from any regional licensing office in Appendix A.

The Department of Health Services form, Day Care Immunization Record, may be used to record immunizations. An electronic printout from the Wisconsin Immunization Registry or other registry maintained by a health care provider may be used in place of the Day Care Immunization Record form.

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

Evidence of a health exam may include a form or a printout from a child’s medical record that includes the date of the exam, the child’s name and the name of the health professional who conducted the exam. No exception is required for the use of a form that is not the department’s form Child Health Report or for an electronic health examination record.

5. 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. 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.

**Note:** The department’s form, Intake for Child Under 2 Years, is used for recording the infant’s or toddler’s habits. Information on how to obtain the department’s form is available on the department’s website, [http://dcf.wisconsin.gov](http://dcf.wisconsin.gov), or from any regional licensing office in Appendix A.

### See 250.09(1)(c)1. Infant & Toddler – Individualized Care

(b) 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.

**Note:** The department’s form, Daily Attendance Record — Child Care, is used for recording a child’s daily attendance. Information on how to obtain the department’s form is available on the department’s website, [http://dcf.wisconsin.gov](http://dcf.wisconsin.gov), or from any regional licensing office in Appendix A.

The Daily Attendance Record must be up-to-date and must include each time a child (including the provider’s own child under age 7) is checked in to and out of care at the facility throughout the day (e.g., preschool, swim lesson, etc.). It is acceptable to use a child’s first name and last initial may be used on the attendance record instead of first and last name.

When transportation is provided by the center, a child is considered to be in the care of the center when the child is placed in the vehicle at the pick-up location and is released from care when the child is dropped off at his/her final location at the end of the child care day. Daily attendance records must include the actual time of pick-up and drop-off.

(c) 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.

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Not every injury will be apparent immediately. A good rule of thumb is to record every accident / incident. For example, a child bumps his/her head and no mark or bump is readily apparent but there is the potential for a mark, bump or bruise to develop. This accident should be recorded.

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

Entries regarding a specific child made in a medical log book must be available to that child’s parent in accordance with DCF 250.04 (7)(b). To protect a child’s confidentiality, centers are strongly encouraged to have separate entries for each child involved in an incident such as biting. When parents ask to review the medical log book, the center should have a procedure for ensuring that a parent reviewing the record for his/her own child does not see information about another child in care.
250.04(6)(c) continued

In addition to providing accountability to the parents and the department, bound books and recording as specified may be admissible in court as evidence in case of civil suit.

The log should be kept as long as the center is in operation.

For directions on maintaining a medical log, see Medical Log – Directions for Use. Instructions on how to obtain this document can be found on Appendix J Resources List.

Reference DCF 250.07(6)(k) 1.

Note: Licensees may obtain information about maintaining a medical log book by contacting the Child Care Information Center at phone number 800-362-7353.

Note: See sub. (8) of this section for requirements related to reporting suspected child abuse or neglect, and s. DCF 250.07(6)b2. for information on recording in the medical log book.

(7) CONFIDENTIALITY.

(a) 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. 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.

A licensed child care facility may give access to confidential information regarding an individual in care to a public school, social welfare or law enforcement agency or the Department of Children and Families. A social welfare agency is a county department of social or human services, an Indian tribal social service agency or agent or a licensed child welfare agency under contract with the county department. A law enforcement agency is a sheriff or police department.

2. A parent, upon request, has access to all records and reports maintained on his or her child.

Every parent has a right to their child’s school, medical and dental records. The only exceptions to this rule are if a court specifically orders that a parent does not have access to the child. It is recommended that a copy of such an order be on file at the center.

3. All records required by the department under this chapter for licensing purposes are available to the licensing representative.

(8) REPORTING CHILD ABUSE.

(a) 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.

Licensees, employees and volunteers are mandated reporters under the law.

- A mandated reporter who witnesses or who has reasonable knowledge to suspect that a child has been abused or neglected is required to contact the proper authority (county department of social or health and human services or law enforcement) immediately.
- The witness or the person who has reasonable knowledge to suspect that a child has been abused or neglected should be the person to make the report.

See Wisconsin Statute 48.981

(b) The licensee shall document that each provider and substitute has received training at least every 2 years in all of the following:

2. How to identify children who have been abused or neglected.
3. The procedure for ensuring that all known or suspected cases of child abuse or neglect are immediately reported to the proper authorities.
Review of the brochure It Shouldn’t Hurt To Be a Child is sufficient to meet the requirements for training in child abuse or neglect identification and reporting procedures (initial and date brochure upon completion) or use Continuing Education Record – Independent Reading/Video Viewing form to document compliance. Training may also involve local child protective services, law enforcement or other agencies that provide continuing education experiences. See Appendix I for instructions on obtaining department forms. Training may be counted as continuing education.

Note: Failure of the licensee to report known or suspected child abuse or neglect does not lessen the legal duty of a child care employee to report known or suspected cases of child abuse or neglect. Information related to child abuse may be obtained from the Child Care Information Center by calling 1-800-362-7353.

Note: See sub. (6)(c) of this section for information about logging evidence of unusual bruises, contusions, lacerations or burns received by a child in or out of center care in the center medical log book.