(1) TERMS OF LICENSE.

See DCF 250.11(6) – AMENDING A LICENSE for instruction on how to submit a license amendment request to the department.

(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.

Note: Denying admission on the basis of race, disability, religion, or certain other characteristics may be illegal under the state public accommodations law, federal law related to the use of federal funding, and some local anti-discrimination ordinances.

(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 or the license should be amended. For example, if a provider is licensed up to age 12 wishes to care for one child age 14, the exception or amendment must be approved by the center’s assigned Licensing Specialist prior to caring for a child above or below the ages specified on the license.

If a provider is licensed to care for children aged 2 and above and has their 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.

See DCF 250.03(14) – DEFINITION – HOURS OF OPERATION.
See DCF 250.03(17) – DEFINITION – LICENSED HOURS.

(2) ADMINISTRATION. A licensee shall do all of the following:

(a) Comply with all laws governing the facility and its operation.

Note: Denying admission on the basis of race, disability, religion, or certain other characteristics may be illegal under the state public accommodations law, federal law related to the use of federal funding, and some local anti-discrimination ordinances.

WISCONSIN SHARES COMPLIANCE: This rule requires centers to comply with the subsidy requirements found in Ch. 49, Wis. Stats., and DCF 201.

DISCRIMINATION: The DCF Equal Opportunity Office investigates all discrimination complaints that are submitted to DCF by its clients and customers that are based on practices prohibited by relevant state and federal civil rights laws. Contact the DCF Equal Opportunity Office at 608-422-6889 or the US Department of Health and Human Services, Office for Civil Rights 800-368-1019 (voice) or 800-537-7697 (TDD) or see the ADA website https://www.ada.gov/filing_complaint.htm to file a complaint.

(b) Comply with all requirements in this chapter.

(bm) Comply with all conditions placed on the license.

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

(cm) If residing in another state, designate in writing, as part of the application under s. DCF 250.11 (3) and (4), a Wisconsin resident who is responsible on behalf of the licensee for ensuring compliance with all requirements of this chapter.
250.04(2)(cm) continued

See DCF 250.11(3) – INITIAL APPLICATION FOR PROBATIONARY LICENSES. In circumstances where Migrant Councils operate licensed programs in Wisconsin on a seasonal basis, the person representing the Migrant Council may be considered to be a Wisconsin resident during the period of time that program operates in WI. The Wisconsin residence address must be provided.

(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, implement, and provide to the parents written policies and procedures consistent with the requirements of this chapter related to all of the following:

The department has developed a Policy Sample – Family Child Care Centers that is available on the department’s website, www.dcf.wisconsin.gov. A completed Policy Checklist – Family Child Care Centers must be sent to the department at the time the policies are submitted. The policy checklist is available on the department’s website, www.dcf.wisconsin.gov.

Centers should periodically review their existing policies and procedures to determine whether they conflict with the licensing rules or to determine whether any changes are required to reflect current procedure. Any conflicts must be resolved.

Copies of policy changes must be submitted to the department at the time the policy is changed. Licensees are reminded at continuation that if they have not previously submitted policy changes, they should do so with the continuation materials. The Policy Checklist – Family Child Care Centers must be sent to the department at the time the policies are submitted.

It is recommended that policy revisions be dated.

1. Enrollment and discharge of enrolled children.

DISCRIMINATION: The DCF Equal Opportunity Office investigates all discrimination complaints that are submitted to DCF by its clients and customers that are based on practices prohibited by relevant state and federal civil rights laws. Contact the DCF Equal Opportunity Office at 608-422-6889 or the US Department of Health and Human Services Office for Civil Rights at (800) 368-1019 (voice) or (800) 537-7697 (TDD) or see the ADA website, https://www.ada.gov/filing_complaint.htm, to file a complaint.


2. Fee payment and refunds.

It is recommended that centers utilize a contract that includes the requirements for payment of fees.

Per DCF 201.038 (5) (a), a provider must have a written payment agreement with each parent that receives Wisconsin Shares Child Care Subsidy.

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.

See Appendix D, Resources List, Managing Crying, Fussing or Distraught Children.

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.

See DCF 250.03(3) – DEFINITION – CENTER-PROVIDED TRANSPORTATION.

Examples of non-owned vehicle transportation are:
- Children transported in personal vehicle of employee for field trip, portal-to-portal, or for emergency situations.
- Children transported in personal vehicles of parents or other persons for field trips.
- Children transported in vehicles donated by other agencies, but not owned by the center, such as churches, community groups, or the Red Cross.

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.

(f) Develop, submit to the department, 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 (4) (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) Maintain liability insurance on the child care business if cats or dogs are allowed in areas accessible to children during the hours of operation. The insurance policy shall indicate the number of children covered and the dates of coverage.

Proof of liability insurance on the child care business includes the number of children covered and the effective dates of coverage. Amounts of coverage need not be included. A declaration page, endorsement page, or a certificate of insurance are all acceptable documentation to verify proof of insurance. An e-mail or written correspondence from the insurance agent is acceptable if it includes the number of children covered, dates of coverage. If dogs and cats are not accessible to children, insurance is not required.

In cases where a homeowner’s policy does not cover a business operation such as child care, or will not cover the presence of cats or dogs in a child care setting, a separate liability policy may be needed.

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

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.

(h) Post the child care license in a location where parents can see it during the hours of operation.

(i) 1. Post next to the child care license all of the following:
   a. The current licensing statement of compliance or noncompliance statement and correction plan, including any rule violations the department has not verified as corrected and in compliance.
   b. Any notice from the department related to rule violations, such as a warning letter or enforcement action.
250.04(2)(i)1.c.

1. All items posted as required under this paragraph shall be visible to parents.

2. Any stipulations, conditions, temporary closures, exceptions, or exemptions that affect the license.

(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 a completed background check request form to the department for each potential household member prior to the date on which the individual becomes a household member, unless the person is less than 10 years of age.

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 final eligibility until the new employee or household member receives final eligibility.

Licensees 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 child care background checks being conducted on inactive individuals.

Licensees are reminded to promptly submit a new request to the department for a caregiver background check in the event of a name change. Individuals should include any alias they have used in the past on the request form.

(m) When a current household member turns 10 years of age, submit a completed background check request form to the department by the department’s next business day.

Licensees should enter all household members into the Child Care Provider Portal (CCPP). When a household member turns 10 years of age, DCF will then contact the licensee and request a Background Check Request form be completed. Licensees should verify that Background Check Request form information for all household members age 10 years and older are entered in the CCPP.

Note: For more information on child care background checks, see ch. DCF 13. Information on requesting a background check is available on the department’s website, http://dcf.wisconsin.gov, through the Child Care Provider Portal, 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:

(a) Any incident or accident that occurs while the child is in the care of the center that results in professional medical evaluation, within 24 hours of the licensee becoming aware of the medical evaluation.

Note: The licensee may use the licensee’s own form or the department’s form, Incident Report — Regulated Child Care. The department’s form is available on the department’s website, https://dcf.wisconsin.gov/cclicensing/ccformspubs.
The Incident Report Form – Regulated Child Care is the preferred format for the report; however, other forms will be accepted as alternatives. 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, the child’s name and date of birth, the parent’s information, a detailed description of what caused the injury, any witnesses, and what action was taken by the provider at the time of the incident or accident.

(3)(a) continued

(a) Any death of a child in care, within 24 hours after the death.

Note: The licensee may use either the licensee’s own form or the department’s form, Incident Report – Regulated Child Care. The form is available on the department’s website, https://dcf.wisconsin.gov/cclicensing/ccformspubs.

(b) Any injury caused by an animal to a child in care, within 24 hours of the incident.

If an animal bites a child, whether the animal is owned by the center or not, the parent shall be notified and procedures for treatment of an injury shall be followed. It is recommended a veterinarian be contacted by center personnel to determine a course of action in the diagnosis of possible rabies in the animal. It is also recommended parents be notified of any action taken by the veterinarian, as well as the name, address, and telephone number of the veterinarian who was consulted.

(c) Any damage to the premises that may affect compliance with this chapter, or any incident at the premises that results in the loss of utility services, within 24 hours after the occurrence.

Damage to the premises includes damage to any child care space that may affect the usage of the space. Examples include storm or flood damage, power outages, or debris.

(d) 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) continued

(e) Any known convictions, pending charges, or other offenses of the licensee, a provider, household member, or other person subject to a child care background check, 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:
250.04(3)(g)

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), 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.

(im) Any prohibited actions specified in s. DCF 250.07 (2) (c) by a provider, volunteer, or household member to a child in care, within 24 hours after the incident.

Note: See also s. DCF 250.07 (2) for information on guiding children’s behavior and s. DCF 250.07(6)(b) 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.

A change in transportation services includes providing or contracting transportation services for field trips.

(k) Statistical data required by the department on forms provided by the department. 

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) Temporary closings lasting more than 2 weeks, at least 5 calendar days before the closing.

(Lm) Unexpected closures lasting more than 2 weeks, within 24 hours after the center has been closed for a 2-week period.

If a Licensing Specialist is unable to complete an on-site visit two times in a row, a Warning Letter will be issued. It is best practice to keep all expected and unexpected closures up-to-date in the Child Care Provider Portal (CCPP) to avoid unnecessary enforcement action.

(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 24 hours after the center is notified of the diagnosis. The licensee shall also notify the parents of all enrolled children and the local health department within 24 hours after the center is notified of the diagnosis.

See DCF 250.04 (4) (c) 1. – PARENT NOTIFICATION – COMMUNICABLE DISEASE. See Appendix D Resource List, Communicable Diseases Chart, which identifies the diseases that must be reported to the local public health department. The Department of Health Services’ website also contains the current list of reportable diseases: https://www.dhs.wisconsin.gov/disease/diseasereporting.htm.

COVID-19 is considered a communicable disease. If there is a case of COVID-19 in the center, providers must follow all reporting requirements.

Names of children with communicable diseases may not be shared with other families. There are penalties for disclosure of HIV antibody test results without consent. See s. 146.025, Wis. Stats. A person’s HIV status is confidential and may not be shared with others.
WCAC 250.04(3)(m) continued

The center must work with the health department to ensure that all necessary measures are taken to protect the children in care.

(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, the center must 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.

   The brochure titled “Your Guide to Regulated Child Care” is the summary referenced in this rule. It is available on the department’s website at [http://www.dcf.wisconsin.gov](http://www.dcf.wisconsin.gov).

   (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 sub. (3) (m).

   See DCF 250.04 (3) (m) – REPORT – Communicable Disease and DCF 250.07(6)(A)1. CONTACT WITH PERSON – ILLNESS OR COMMUNICABLE DISEASE. See Appendix D Resource List: Communicable Diseases Chart. The Department of Health Services’ website also contains the current list of reportable diseases: [https://www.dhs.wisconsin.gov/disease/diseasereporting.htm](https://www.dhs.wisconsin.gov/disease/diseasereporting.htm).

   Names of children with communicable diseases may not be shared with other families.

   Examples of those diseases not transmitted through normal contact are HIV/AIDS, Hepatitis B and C, and sexually transmitted diseases or infections.

   Contact the local health department for further information.

   Note: The Department of Health Services, Division of Public Health, has developed materials that identify those communicable diseases that are required to be reported to a local public health officer. These materials also provide information on the symptoms of each disease and guidance on how long an infected child must be excluded from child care. Copies of the communicable disease chart are available on the Department of Health Services website at [https://www.dhs.wisconsin.gov/publications/p44397b.pdf](https://www.dhs.wisconsin.gov/publications/p44397b.pdf).

   2. Notification shall be made immediately and shall provide sufficient detail to apprise the parent in all of the following situations:

   a. The child becomes ill.

   b. The child needs professional evaluation of an injury.

   c. The child experiences a head injury, has a seizure, consumes incorrect breastmilk, consumes food or drink that may contain the child’s allergen, consumes or comes in contact with poisonous materials, or is given incorrect medication. For purposes of this subdivision, a "head injury" means a bump, blow, or jolt to the head.

   Incorrect medication includes the wrong type of medication, the wrong dose of medication, and medication not given at the correct time.
250.04(4)(c)2.d.

d. The child’s whereabouts are unknown to the assigned provider.

“Assigned provider” means an individual who is responsible for supervising and responding
to the safety and developmental needs of a child while they are in care of the child care
center.

e. The child was subject to child guidance that is prohibited under s. DCF 250.07 (2) (c)
and (d).

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 child will be going on a field trip that is not considered part of the regularly
scheduled program. Notification of the date, time, and destination shall be prior to the field
trip.

The options for meeting this rule are:

1. The Field Trip or Other Activity Notification/Permission – Child Care Centers form or a
similar center-created form that will be used for each child on each field trip.

OR

2. A blanket permission form, such as the Child Care Enrollment form used to meet the
requirement under DCF 250.04(6)(a), signed by parents that covers all field trips
involving use of a vehicle, and notification to parents of the date, time, and destination of
the field trip for each child prior to each trip.

(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:

Electronic forms or systems are permitted as long as the files are available for review during
a licensing visit. It is recommended that the licensee develop a procedure to ensure that
emergency contact information, the child’s health history, and infant / toddler-specific
information is immediately available if needed.

See Appendix B Required Items for Family Child Care Centers and Appendix F Instructions
for Obtaining Department Forms.

Administrative rules do not prescribe the office management or record keeping techniques
of a center. Required records must be maintained for the length of time the child is enrolled
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.

See Wis. Stat. s. 49.155 (6m): Wisconsin child care subsidy rules require child care providers
retain the written daily attendance records for at least 3 years after the child’s last day of
attendance.

A center may use the department’s Child Care Enrollment and Health History and Emergency
Care Plan forms, may choose to use their own paper forms, or may use an electronic form or
system to capture the same information included on the department’s Child Care Enrollment
and Health History and Emergency Care Plan forms. No exception is necessary. It is the
child care program/provider’s responsibility to be able to access the electronic form to
respond to the licensor’s request to review information.
Regardless of the format of the record, 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 that includes all of the following:
   a. The name and birthdate of the child.
   b. The full names of the child’s parents.

Enrollment information should include both parents, if applicable. When parental access is prohibited or restricted by court order, permission to call for the child is also affected. To prohibit or restrict access, the center must have a copy of the court order on file at the center.

   c. The child’s home address and telephone number.
   d. An address and telephone number where the parent can be reached while the child is in care.
   e. The name, address, telephone number, and relationship to the child of a person to be notified in an emergency when a parent cannot be reached immediately.
   f. The name, address, and telephone number of the child’s physician or medical facility caring for the child.
   g. The names, addresses, and telephone numbers of persons other than a parent authorized to call for the child, pick up the child, or accept the child who is dropped off.

If no one is authorized to pick up a child, a notation of “none” should be indicated.

A center may not stop a non-custodial parent from picking up a child. If parental access is denied, a current copy of the court order must be on file at the center.

   h. The child’s first day of attendance at the center.
   Note: The licensee may use either the department’s form, DCF-F-CFS0062, Child Care Enrollment, or the licensee’s own form. The department’s form is available at https://dcf.wisconsin.gov/cclicensing/ccformspubs.

1m. Health history information that includes all of the following:
   a. The name and birth date of the child.
   b. The full names of the child’s parents.
   c. A telephone number where the parent can be reached while the child is in care.
   d. The name, address, and telephone number of the physician or medical facility caring for the child.
   e. The child’s medical conditions, such as asthma, cerebral palsy, diabetes, epilepsy, food allergies, or gastrointestinal or feeding concerns. If the child has a milk allergy, a statement from a medical professional indicating an acceptable alternative for the child.
   f. If the child has a medical condition, triggers that may cause a problem, signs or symptoms for the provider to watch for, steps a provider should follow, when to call a parent regarding symptoms, when the condition requires emergency medical care, and identification of all providers who have received specialized training or instructions to help treat symptoms.
   Note: The licensee may use the department’s form, DCF-F-CFS2345 Health History and Emergency Care Plan, or the licensee’s own form for obtaining the information.

2. If field trips and other off-premises activities are a part of the program, written authorization from the parent indicating that the child has permission to participate.

See DCF 250.08 (3) – REQUIRED INFORMATION FOR EACH TRIP.

The options for meeting this rule are:

1. The Field Trip or Other Activity Notification/Permission – Child Care Centers form or a similar center-created form that will be used for each child on the field trip.
250.04(6)(a)2. continued

OR

2. A blanket permission form signed by parents that covers all field trips involving use of a vehicle; and notification to parents of the date, time, and destination of the field trip for each child prior to each trip.

Emergency information should be carried for the children during walking field trips.

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.

A parent may authorize other persons to drop-off or pick-up a child through a note or on the Child Care 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 most recent physical examination subject to the following:
   a. Each child under 2 years of age, including a provider’s own children in care, shall have an initial health examination not more than 6 months prior to nor later than 3 months after being admitted to the center, and a follow-up examination at least once every 6 months thereafter.
   b. Each child who is at least 2 years of age but who is not 5 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.
   c. Children 5 years of age and above are not required to have a health exam.
   d. A health examination report shall be made on an electronic printout from a licensed physician, physician assistant, or other EPSDT provider or a form provided by the department that is signed and dated by a licensed physician, physician assistant, or other EPSDT provider.

See DCF 250.03(14) – DEFINITION – EPSDT PROVIDER.

Note: To document a health examination, use either an electronic printout from a medical professional or the department’s Form DCF-F-CFS0060, Child Health Report – Child Care Centers. The department’s form is available at https://dcf.wisconsin.gov/cclicensing/ccformspubs.

4m. Documentation that the child’s immunization history is in compliance with s. 252.04, Stats., and ch. DHS 144.

Note: To record immunization information, use either an electronic printout from the Wisconsin Immunization Registry or other registry maintained by a health provider or the Department of Health Services Form F-44192, Child Care Immunization Record. The form is available on the department’s website at https://dcf.wisconsin.gov/cclicensing/ccformspubs.
Under s. 252.04, Wis. Stats., and Ch. DHS 144, the immunization record for each child must be on file no later than 30 school days (6 calendar weeks) after the first day of a child’s attendance.

Immunization records are required to be on file for school-age children unless the child care center is operated on the school’s premises and the child care center has approved access to the school’s vaccination records.

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

If a parent claims a religious or personal conviction exemption, the parent may check the appropriate box and sign the Child Care Immunization Record form in lieu of providing an immunization history. Immunization requirements may also be waived upon signature of a physician that the child should not be immunized for health reasons, as indicated on the Child Care Immunization Record form.

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

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

   OR

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

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.

(b) The licensee shall maintain a current, accurate written record of the daily attendance that includes the actual time of arrival and departure for each child and the child’s birthdate. The record shall be kept for the length of time the child is enrolled in the program. 

Note: The licensee may use the department’s form, DCF-F-2438 Daily Attendance Record — Licensed Child Care Centers, or the licensee’s own form for recording a child’s daily attendance. The form is available at https://dcf.wisconsin.gov/cclicensing/ccformspubs.

See DCF 250.055 (1) (L) CHILD TRACKING PROCEDURE.

A child must be signed in when the child arrives and signed out when the parent arrives to pick up the child. The center is responsible for children (i.e., knowing their whereabouts) from the time the parent, guardian, or responsible person brings the child to a center staff. Parents or legal guardians are responsible for the child until the child is safely in the center or received by center staff.

A center may use the department’s Daily Attendance Record – Child Care Centers form, may choose to use their own paper form, or may use an electronic form or system to capture the same information included on the department’s Daily Attendance Record form. No exception is necessary. The daily attendance record could be a sign-in/sign-out book completed by either the parents or the center; however, the center is responsible for ensuring that this record is accurate. It is the child care program/provider’s responsibility to be able to access the electronic form to respond to the licensor’s request to review information.
250.04(6)(b) continued

Regardless of the format of the record, 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.

The 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 recommended that entries on the Daily Attendance Record be made in ink. If a time was entered incorrectly or by mistake, it is recommended that the incorrect information be struck through and initialed by the person correcting the error.

The child should be signed in for actual hours of care. If a center is licensed for more than 12 hours, times documented should include AM and PM designation.

When the center provides transportation, the attendance tracking requirements apply. There may be 2 attendance records kept when children are transported. One record could reflect attendance during transportation, and the other could reflect attendance while the child is at the center. Attendance records must include the actual time of pick up and/or drop off.

If the child is transported by means other than center-provided transportation, the transporter is responsible for the child once the child is placed in the vehicle or until the child is received by center staff. If a child is not received directly by center or school staff, an authorization for this time when the child is not supervised must be signed by the parent/legal guardian. If more than 8 children are in care, regardless of whether some children are being transported and others are at the center, the center is considered over-capacity.

Wisconsin Child Care Subsidy rules require child care providers to retain the written daily attendance records for at least 3 years after the child’s last day of attendance. For questions related to requirements for retaining attendance records for WI Shares Child Care Subsidy Program purposes, contact the local child care coordinator.

(7) CONFIDENTIALITY.

(a) The licensee is responsible for compliance by the center with s. 48.78, Stats., and this subsection.

It is recommended that the center have a policy regarding the use of photos and social or electronic media involving children enrolled at the child care center.

(b) The licensee shall ensure that all of the following occur:

1. Persons with 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 child’s parent.
   b. Any person, business, school, social services provider, medical provider, or other agency or organization if 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, and any video recordings of their child. The only exceptions to this rule are if a court specifically orders that a parent does not have access to the child. To prohibit or restrict access, the center must have a copy of the court order 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 OR 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.

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 immediately contact the proper authority (county department of social or health and human services or law enforcement).
- 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.
- When in doubt, report the suspected abuse or neglect.
- Because child-to-child contact may be determined to be abuse, child-to-child sexual contact must be reported.

When in doubt, report the suspected abuse or neglect. If a mandated reporter fails to report suspected child abuse or neglect, you may be fined up to $1,000, imprisoned for up to 6 months, or both. In addition, a mandated reporter who fails to report suspected child abuse or neglect may receive a bar to owning and/or working in a licensed child care and future licensing applications may be denied.

A report to the licensing specialist does not meet this requirement.

Note: Child care providers are required to report known or suspected child abuse or neglect as specified in par. (a). Reporting to the licensee does not lessen this legal duty if the licensee fails to report as specified in par. (a).

The department will no longer accept a review of the brochure “It Shouldn’t Hurt to Be a Child” to meet this requirement.

The Department’s online training, “Mandated Reporter Online Training,” may be used to meet this requirement. “Strengthening Families” or “Darkness to Light” (also known as Stewards of Children) training may also be used to meet this requirement.

Training may also be obtained from local child protective services, law enforcement, or other agencies that provide continuing education experiences. Documentation could be a certificate of attendance at a formal training or completing the continuing education form. Training may be counted as continuing education.

The Department-approved, entry-level course called Introduction to the Child Care Profession contains training in the identification and reporting of child abuse and neglect and may be used to meet the requirement for 2 years after the completion date of the course. See DCF 250.05(4)(A) – STAFF ORIENTATION - DOCUMENTATION. This rule requires that a review of child abuse and neglect laws and center reporting procedures be included in orientation and completed before the individual begins to work with children in care.
250.04(8) continued

**Common sites for accidental injury**
- Forehead
- Crown
- Hands (palms)
- Bony spinal protuberance
- Elbow
- Knees
- Iliac crest (hip)
- Shins

**Common sites of Non-accidental injury**
- Ears
- Cheeks
- Upper Arm
- Inner Arm
- Genitals
- Front thigh
- Eyes
- Mouth
- Chest
- Neck
- Shoulders
- Hands (backs)
- Buttocks
- Back of thigh
- Stomach
- Inner thigh