DCF 250.07 Program.

(1) PROGRAM PLANNING AND SCHEDULING.

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

1. Be successful and feel good about himself or herself.

Examples of activities that will encourage self-esteem and positive self-image:

- *Group activities, such as games and songs where children's names are used.*
- *Use of the child's name when speaking to the child or participating in group activities.*
- *Display of children's art work with names or photographs of children at child's eye level.*
- *Activities involving books, pictures and other authentically representative learning materials relating to minorities as well as majority enrollment of the community, and cultural, ethnic, sexual differences, and differing abilities.*
- *Dramatic-play activities involving the use of mirrors, multi-cultural dolls, dress-up clothes representing both sexes, and other props.*
- *Thoughtful verbal recognition of the child's ideas, expressions, and contributions.*

2. Use and develop language.

Examples of activities that will encourage self-expression and communication skills:

- *Non-directed creative-art experiences.*
- *Asking questions to elicit responses from children.*
- *Encouraging children to participate in discussions and give attention to each speaker, including, planning for the day, field trips, etc.*
- *Providing opportunities throughout the day for children to converse and share ideas with others.*
- *Activities which will allow a child to enlarge his/her listening and speaking vocabulary.*
- *Use of stories, poems, nursery rhymes, picture and child-made books.*
- *Language development activities.*
- *Auditory discrimination games and activities.*
- *Labeling of objects, feelings, actions, expressions.*
- *Puppet play, flannel boards.*
- *Creative dramatics.*
- *Meal time conversation.*

3. Use large and small muscles.

Examples of activities that will encourage large and small muscle development:

- *Large muscle: Use of large muscle equipment such as wooden hollow blocks, balls, climbing equipment, wheel toys, etc.; group activities (musical or non-musical) involving physical activity such as marching, skipping, jumping, dancing, physical fitness activities, tumbling, running; games that facilitate understanding of how our bodies move and that develop coordination, balance, strength, endurance.*
- *Small muscle: Use of equipment and materials requiring manipulative skill such as puzzles small interlocking blocks, peg and lacing boards, etc.*

4. Use materials and take part in activities that encourage creativity.

Examples of activities that will encourage creative expression:

- *Wide range of music, dance and movement activities.*
- *Sand, water and block play.*
- *Non-directive use of non-limiting materials such as clay, paint, crayons.*
- *Woodworking.*
- *Involvement with a variety of tools, materials, processes and techniques that involve the exploration of line, shape, color and texture.*

5. Learn new ideas and skills.

Examples of activities that encourage new ideas and skills:
- *Science activities.*
- *Sensory experience such as tactile, auditory, smelling activities.*
- *Discrimination activities involving symbols, shapes, colors, serration, categorizing, matching, etc.*
- *Reading and math readiness activities.*
- *Language development activities.*
- *Practical life experiences such as putting on-clothes, tying shoes, creating order in the room, and self-feeding.*
- *Activities involving problem solving and memory skills.*
- *Opportunities to explore the environment and find developmentally appropriate challenges.*

6. Participate in imaginative play.

Examples of activities that will encourage imaginative play:
- *Dramatic play, such as housekeeping, store, pretending to cook, restaurant, post office, dress-up, and puppets.*
- *Block building with accessories, such as vehicles, animals, traffic signs, and people.*
- *Self-selected cooperative play experiences which give children opportunities to interact.*
- *Mealtime conversation.*
- *For infants - proximity to one another outside of cribs.*
- *Selected activities for children age 3 and older in small groups such as cooking, science, nature, and circle games.*

7. Be exposed to a variety of cultures.

Examples of activities that allow children to be exposed to a variety of cultures:
- *Books, pictures, and other authentically representative learning materials relating to minorities as well as majority enrollment of the community, and cultural, ethnic, sexual differences, and differing abilities.*
- *Dramatic-play activities involving the use of mirrors, multi-cultural dolls, dress up clothes representing both sexes, and other props.*

8. Develop literacy skills.

Examples of activities that encourage literacy:
- *Reading to children.*
- *Use of flannel board stories.*
- *Puppets.*
- *Reading readiness activities, such as letter, name, color, and shape recognition.*
- *Language development activities.*
- *Book making activities.*
- *Journaling and other writing opportunities.*
- *Labeling items in the classroom.*

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

250.07(1)(a)8. Note: continued

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

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

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

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

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

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

See DCF 250.03 (15) – DEFINITION – INCLEMENT WEATHER. In the written health policy, the center determines the temperatures when children will go outside with no more than a 10-degree variation of the temperatures included in the definition. No exception is necessary as long as the variation is no more than 10 degrees. Consideration must be given to other conditions on the playground and include available shade, drinking water, protection from wind, etc.

The center may determine what would constitute a situation when it is not advisable to go outside for health reasons. Center policies should reflect what would prohibit a child from going outside for health reasons: e.g., a written request by a parent or a written statement by a medical professional. The family child care provider would need to determine how he/she is going to ensure that the other children in care are provided outdoor activities.

Daily physical activity is an important part of preventing excessive weight gain and childhood obesity. Some evidence also suggests that children may be able to learn better during or immediately after bursts of physical activity due to improved attention and focus. It is recommended that the center promote children's active play every day. Children should have ample opportunity for vigorous activities such as running, climbing, dancing, skipping, and jumping. This could include two to three occasions of active play outdoors each day, weather permitting; two or more structured or caregiver/teacher/adult-led activities or games that promote movement over the course of the day—indoor or outdoor, and continuous opportunities to develop and practice age-appropriate gross motor and movement skills. It is recommended that children have time to play outdoors two times each day for at least 30 minutes per session unless the weather is inclement. Consideration must be given to other conditions on the playground and include available shade, drinking water, protection from wind, etc.

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

See DCF 250.07 (1) (b) – DAILY ACTIVITIES – PLAN FOR AGE & DEVELOPMENT LEVELS.

See Appendix D Resources List, Child Care Weather Watch – Wisconsin.

2. Active and quiet play.

3. Protection from excess fatigue and over stimulation.

4. Individual and group activities.

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

If used, screen time should complement the daily activities / curriculum but should not constitute a major portion of the program for children. Media should be rated to the age and developmental level of the child. It is recommended that children over 2 years of age be restricted to no more than 30 minutes of screen time each day. This includes time spent watching television, videos and sitting by a computer. It is recommended that children under 2 years of age not watch television or videos. Soap operas, game shows, situation comedies, talk shows, etc. are not appropriate when children are present.

See DCF 250.07 (1) (b) above.

(2) CHILD GUIDANCE.

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

(b) 1. In this paragraph, a "time-out period" means a break from the group that a provider offers a child to provide the child an opportunity to calm and regain composure while being supported by the provider.

2. A center may use a time-out period to handle a child's unacceptable behavior only if all of the following conditions are met:

a. The child is 3 years of age or older.

b. The provider offers the child the time-out period in a non-humiliating manner.

c. The time-out period does not exceed 3 minutes.

d. The child is not isolated.

e. The child is not removed from room.

There are some scenarios in which there are grounds for a child to be removed from the classroom. If the child is putting themself or others in danger, the child may be removed from the area. Staff must ensure that staff-to-child ratios are being met at all times. After a child is removed, staff will assist the child in regaining their composure. Centers should have a plan in place to ensure that the child is returned to the classroom within 3 minutes.

If the child makes the choice that they would like to leave the classroom to go for a walk or visit the front office, staff may escort the child to that area.

In some circumstances, an exception for the removal of the child from the classroom may be considered if the child has had an evaluation that resulted in an Individualized Family Service Plan (IFSP) or Individual Education Plan (IEP). The following conditions must be met:

- *The IFSP or IEP indicates the removal of the child as one part of a plan to help the child learn to manage their behaviors.*
- *The center identifies a person(s) who will be assigned the responsibility of supervising the child..*
- *The center documents the removal of the child and the situation leading to the removal.*
- *The center notifies the child's parent of the removal of the child and the situation leading to the removal.*
- *A copy of the documentation related to the removal of the child is submitted to the department within 24 hours of the removal of the child.*
- *A copy of the IFSP or the IEP shall be available to all providers working with the child.*

250.07(2)(b)2.e. continued

- *The exception is reviewed and reapproved periodically (recommended every 3 – 4 months).*

Time out may be used if:

1. *Use is identified in the center child guidance policy for specified types of behavior which child care workers wish to stop.*
2. *The behaviors are identified to children.*
3. *The child is within sight and sound and under the supervision of an adult.*
4. *The reason for the time out is explained to the child.*
5. *The provider has a conversation with the child to reflect on making better choices.*
6. *The child is transitioned back to an activity.*

3. The procedures for time-out periods shall be included in the center's written child guidance policy.

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

1. Spanking, hitting, pinching, shaking, slapping, twisting, throwing, or inflicting any other form of corporal punishment on the child.

2. Verbal abuse, threats or derogatory remarks about the child or the child's family.

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

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

See DCF 250.03 (23) – DEFINITION – PHYSICAL RESTRAINT.

*Physical restraint **does not include**:*

- *Briefly holding a child in order to calm or comfort the child.*
- *Holding a child's hand or arm to escort the child from one area to another.*
- *Moving a disruptive child who is putting themself/others in danger and is unwilling to leave the area when other methods, such as talking to the child, have been unsuccessful.*
- *Intervening or breaking up a fight.*
- *Use of a weighted vest or blanket that a child is able to remove by themself whenever the child chooses.*

Placing a child in a crib or pack and play to restrict the child's movement is prohibited.

A high chair, feeding table, or seat may not to be used as a form of punishment or a method to restrict activity. A child is only to use the chair for meal / snack times or planned activities.

If a child has an outburst that puts themself or another person in danger of harm, the center has the responsibility to protect the child and others from danger. In these instances, once the child is no longer a danger to themself or others, the restraint must be ended. If a child has an outburst, it is recommended that the center work with the parents to develop a plan to help manage the child's behavior in a way that does not include the use of a physical restraint. The center may consider referring the child/family to their pediatrician, the local Birth to 3 program, the local public school system, or a mental health professional for an evaluation.

250.07(2)(c)3. continued

In limited circumstances, an exception for the use of a physical restraint of an individual child may be considered if the child has had an evaluation that resulted in an Individualized Family Service Plan (IFSP) or Individual Educational Plan (IEP). The following conditions must be met:

- *The IFSP or IEP indicates the use of a physical restraint as one part of a plan to help the child learn to manage their behaviors.*
- *The center identifies a person(s) who will be assigned the responsibility of implementing the restraint.*
- *The person assigned to implement the restraint receives appropriate training in use of a restraint.*
- *The center documents the use of the restraint and the situation leading to the use of the restraint.*
- *The center notifies the child's parent of the physical restraint and the situation leading to the use of the restraint.*
- *A copy of the documentation related to a restraint is submitted to the department within 24 hours of the use of the restraint.*
- *A copy of the IFSP or the IEP shall be available to all providers working with children.*
- *The exception is reviewed and re-approved periodically (recommended every 3 – 4 months).*

4. Withholding or forcing meals, snacks or naps.

Children can be encouraged to try different foods, but they cannot be forced to try all foods or finish one food prior to receiving additional servings of other foods. Any component of the meal may not be withheld until the end of the meal or snack, including milk.

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

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

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

(3) EQUIPMENT AND FURNISHINGS.

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

1. Scaled to the size and developmental level of the children.

2. Of sturdy construction with no sharp, rough, loose, or pointed edges, in good operating condition, and anchored when necessary.

Examples of unsafe play equipment include toys or equipment that are broken, coming apart, rusting, have protruding screws, or permanently installed outdoor equipment that is not safely anchored.

3. Placed so as to avoid danger of accident or collision and to permit freedom of action.

4. Maintained in a clean and sanitary condition.

5. Used in accordance with all manufacturer's instructions and any manufacturer's recommendations that may affect the safety of children in care.

It is recommended that the licensee maintain manufacturer's instruction regarding the equipment.

(b) Various types of play equipment shall be provided to allow for large and small muscle activity, dramatic play, creative expression and intellectual stimulation.

250.07(3)(b) continued

Age-appropriate books must be available for teachers to use with children and must also be available for children to use themselves. These may be one and the same or different sets of books. These may be center-owned or library-supplied books or a combination of both. The recommended amount is at least one book for every two children.

Consumable art supplies such as, but not limited to, crayons, paper, paste or glue, paint, clay or play dough, finger paint, collage materials, etc., including the necessary and appropriate non-consumable accessories such as paint brushes, scissors, sponges, etc. should be available to children. Children under 2 years must be allowed to use appropriate art supplies under the close supervision of a child care worker.

(c) Indoor play equipment shall be provided to allow each child a choice of at least 3 activities involving equipment when all children are involved in using equipment.

(d) Outdoor play equipment shall be provided to allow each child at least one activity when all children are using equipment at the same time.

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

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

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

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

(f) Furnishings shall be clean, durable, and safe with no sharp, rough, loose, or pointed edges.

(g) The furnishings shall include all of the following:

1. Table space and seating for each child.

Highchairs and feeding tables for infants and toddlers are included in determining the required number of chairs.

Booster seats are recommended for smaller children using adult-sized chairs at a table.

2. Storage space for equipment, bedding, and children's clothing and personal belongings.

Examples of storage space for play equipment are drawers, shelves, cabinets, and boxes.

Outer-garment storage may be on hooks, hangers, or in a clothing cubby.

See DCF 250.07 (4) (d) – NAPS – BEDDING.

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

(4) REST PERIODS.

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

This rule does not prohibit children 5 years of age or older from having a nap or rest period. If the center provides a nap or rest period for children 5 years of age or older, the rules on rest periods apply.

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

Children who are awake shall be supervised by the child care provider and children who do not sleep or who awaken before other children must be allowed off their sleeping surface and given a choice of activities in a reasonably lighted area.

(c) Each child one year of age or older who has a nap or rest period shall be provided with a sleeping surface that is clean, safe, washable, and placed at least 2 feet from the next sleeping child. The sleeping surface may be any of the following:

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

Sleeping bags or padded mats may be provided by the center or the parent.

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

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

See DCF 250.03(4m) – DEFINITION – CRIB; DCF 250.03(31) – DEFINITION – SLEEPING BAG; and DCF 250.09(2)(c) – INFANT & TODDLER – SLEEP POSITION.

1. A bed.
2. A cot.
3. A padded mat.
4. A sleeping bag.
5. A crib or playpen.

(cm) Each child under one year of age who naps or sleeps shall be provided with a clean, safe, washable crib or playpen that meets the applicable safety standards in 16 CFR Part 1219 or 1220 and shall be placed at least 2 feet from the nearest sleeping child. Cribs or playpens may be placed end-to-end if a solid partition separates the crib or playpen, and an aisle not less than 2 feet in width is maintained between sleeping surfaces.

All children under 1 year of age must be placed to sleep on their back in a crib or playpen; however, once a child is able to roll from front to back and back to front unassisted, the child may assume the sleep position that is most comfortable to them. This should be documented in the "Intake for Child Under 2 Years" form. If a child falls asleep in a swing or car seat, the child must be immediately removed from the swing or car seat and placed to sleep on their back in a crib. Only the child's physician may authorize a sleep position other than the back in a crib or playpen for a child under 1 year of age.

Bassinettes may be used in accordance with the manufacturer's specifications.

Positioning devices should not be used to adjust sleeping surfaces. Positioning devices include but are not limited to wedges, pillows, or any items placed under or over the mattress to elevate or angle the sleeping surface.

Swaddling is not recommended if the infant is exhibiting signs of attempting to roll on their own. Weighted swaddle clothing or weighted objects within swaddles may not be used because an infant is not able to remove weighted objects on their own. Providers can find more information regarding safe sleep practices at the AAP's website here: https://www.aap.org/en/patient-care/safe-sleep/.

See DCF 250.03 (4m) – DEFINITION – CRIB and DCF 250.09 – ADDITIONAL REQUIREMENTS FOR INFANT AND TODDLER CARE

(d) Each child one year of age or older who is not using a sleeping bag shall be provided with an individually identified sheet and blanket 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.

Children may share bedding if it has been laundered between uses by the different children. Each mat, cot, or crib mattress shall be covered with the child's individual sheet for exclusive use by that child. No child shall sleep on a bare, uncovered surface. A large adult-sized blanket may be used as both sheet and blanket on a bed, cot, mat, or sofa used as a bed if it is placed under and over the child. If family beds are used, the sleeping bag or sheet and blanket should be placed over the family bedding.

Seasonally appropriate coverings such as sheets or blankets that are sufficient to maintain adequate warmth shall be provided to the child while on the bed, cot, or mat. Blanket sleepers or sleep sacks may be used in place of a blanket covering.

Storage in a "sanitary manner" means protection from cross-contamination. Care should be taken so that bedding for one child does not touch another child's bedding.

Cots that are stacked should not have bedding for an individual child hanging over the edge of the cot. If bedding is not stored on the cot, the center must have an alternative way to keep the bedding stored in such a manner that the sleeping surface is not exposed. Stacked cots should be covered with a clean sheet, blanket, or other cover that is not used as bedding for a child during times when the cots are not in use. Sleeping bags should be rolled up so that the inside sleeping surface is not exposed. Sleeping bags do not need to be stored inside an individual storage bag or container. Pillows should be stored on a child's individual cot or rolled up in the child's sleeping bag.

If bedding is provided by parents, a supply of center-provided sleeping bags or sheets and blankets should be available for backup or emergencies such as illness or soiling.

Bedding used by an ill child is considered soiled.

Weighted blankets may be used with children ages 1 and older when the provider follows all manufacturer's specifications for the blanket. The child must be able to remove the blanket themselves whenever the child chooses.

See DCF 250.03(31) – DEFINITION – SLEEPING BAG.

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

(6) HEALTH.

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

1. No child or other person with a reportable communicable disease specified in ch. DHS 145 may be admitted to, or be permitted to remain in, a center during the period when the disease is communicable.

This rule applies to reportable communicable diseases only.

1m. A licensee, provider, household member, employee, volunteer, visitor, parent, or a child in care may be admitted or readmitted to the family child care center if the person provides 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 under ch. DHS 145.

Note: The Wisconsin Department of Health Services, Division of Public Health, has developed materials that identify those communicable diseases that are required to be reported to the local public health officer. These materials also provide additional guidance on the symptoms of each disease and information on how long an infected child shall be excluded from the center. Copies of the communicable disease chart are available on the Department of Health Services website, https://www.dhs.wisconsin.gov/publications/p4/p44397.pdf.

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

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

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

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

4. a. Upon each child's arrival at the center, a staff person shall observe the child for symptoms of illness or injury.

b. Any child who appears to be ill shall be moved to a separate room or area.

c. A child one year of age or older who appears to be ill shall be provided with a bed, crib, or cot and a sheet and blanket or sleeping bag.

d. A child under one year of age who appears to be ill shall be placed in a rib or playpen with a tight-fitting mattress and mattress covering.

Examples of illnesses or conditions that may require a child to be in a separate room or area until pickup include unusual lethargy, uncontrolled coughing, fevers associated with other symptoms, persistent crying, difficulty breathing, wheezing, or other unusual signs.

See Appendix D Resources List, Communicable Diseases Chart. The center's health policy should specify which symptoms would require removal of the child from the facility.

(b) *Medical log book.*

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 their own child does not see information about another child in care.

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.

See Appendix D, Resources List, Center Medication and Injury Log – Directions for Use.

See DCF 250.07 (6) (k) 1. – EMERGENCY MEDICAL AUTHORIZATION & INJURY NOTIFICATION.

1. The licensee shall maintain a medical log book that has a stitched binding with pages that are lined and numbered.

2. Pages may not be removed from the medical log book under subd. 1. and lines may not be skipped. Each entry in the log book shall be in ink, dated, and signed or initialed by the person making the entry.

3. A provider shall record all of the following in the medical log under subd. 1.:

a. Any evidence of unusual bruises, contusions, lacerations, or burns seen on a child, regardless of whether received in or out of the care of the center.

It is recommended the provider document any comments made by a parent or child regarding injuries or bruises noted.

See Appendix D, Resources List, Center Medication and Injury Log – Directions for Use.

b. Any injuries received by a child while in the care of the center on the date the injury occurred. The record shall include the child's name, the date and time of the injury, and a brief description of the facts surrounding the injury.

Not every injury will be apparent immediately. It is recommended to record every accident / incident. For example, a child bumps their 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.

c. Any medication dispensed to a child, on the date the medication is dispensed. The record shall include the name of the child, type of medication given, dosage, time, date, and the initials or signature of the person administering the medication.

d. Any incident or accident that occurs when the child is in the care of the center that results in professional medical evaluation.

Note: See s. DCF 250.04 (8) for requirements related to reporting suspected child abuse or neglect.

(f) *Medications.*

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

These rules allow prescription and non-prescription medication to be administered by the center under controlled circumstances as specified. The center health policy may be more stringent than the rule, such as not allowing any medication or only prescription medication. It is recommended that the medication administration procedures be included in information that is shared with parents upon admission. A written authorization from the parent is required for each medication and is time limited.

Any over-the-counter topical, non-medicated lotion, cream, lip balm, or salve preparation may be applied to children upon authorization from the parent. The application information for non-medicated topical preparations does not need to be recorded in the center medical log.

Centers should ensure they meet any requirements of the Americans with Disabilities Act.

See DCF 250.09 (4) (g) – INFANT & TODDLER - DIAPERING LOTIONS, POWDERS, SALVES.

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

It is recommended that medication authorization forms be kept with the medication during the specified time period. After the administration time period has passed, the authorization form should be placed in the child's file.

It is acceptable to keep the original authorization with the medication and a copy of the authorization in the child's file or vice versa.

Authorizations that exceed the period of time specified on the label are permitted if authorized or prescribed by a physician.

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

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

The rule requires that the dosage instructions must be included on the medication label. For some types of over the counter medications, such as Tylenol or cold syrup, the label instructions indicate that a physician should be consulted for children under a certain age (typically under age 2 years).

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

The American Academy of Pediatrics recommends that over-the-counter multi-symptom cold products not be used for children under the age of 4 years.

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

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

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

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

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

Leftover medication or medication past its expiration date should be returned to the parent or discarded in a safe manner after the duration of the illness.

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

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

A medication past the expiration date as indicated on the label may not be administered to a child. It is recommended that medications kept on hand for chronic conditions, such as asthma inhalers, allergy epinephrine auto-injectors, seizure medications, etc., be reviewed periodically for expiration dates.

(g) 1. Except as provided in subd. 2., a child's hands shall be washed with soap and warm running water before meals or snacks, after handling pets or other animals, and after toileting or diapering. A child's hands and face shall be washed when soiled. For children under one year of age, hands may be washed with soap and a wet fabric or a paper washcloth that is used once and discarded.

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

2. 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.

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

4. Bodily secretions from a child shall be wiped with a disposable tissue.

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

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

6. All persons working with children in care shall wash their hands with soap and warm running water before handling food, before and after assisting with toileting or diapering, after handling pets or animals, and after being exposed to blood or bodily fluids containing blood or other types of bodily secretions. If gloves are used, hands shall be washed after removal of gloves.

7. Single use disposable gloves shall be worn if there is contact with bodily fluids or tissue discharges that contain blood. Gloves shall be discarded in plastic bags.

"Single use disposable gloves" means non-porous gloves without obvious seams made from latex, natural rubber, or plastic in various forms.

(h) *Health precautions.*

1. Surfaces exposed to bodily secretions, including toys, equipment, and furnishings, shall be washed with soap and water and disinfected. The disinfectant solution used shall be one that is registered with the U.S. environmental protection agency as a disinfectant and has instructions for use as a disinfectant on the label. The solution shall be prepared and applied as indicated on the label.

See Appendix D Resource List, Prevention of Exposure to Blood and Body Fluids; and OSHA Regulations on Bloodborne Pathogens. The Occupational Safety and Health Administration (OSHA) is responsible for enforcing its standards.

See Appendix D Resource List, Cleaning, Sanitizing and Disinfecting in Child Care Settings. Care should be used with the disposal of gloves and soiled items.

2. Soap, towels or an air dryer, toilet paper, and a waste paper container shall be provided in the washroom and accessible to children.

3. Towels and washcloths shall be individual to each person and used only once. Cups, eating utensils, or toothbrushes may not be shared.

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

See DCF 250.10 (2) (c) – NIGHT CARE – SLEEPING GARMENTS AND TOOTHBRUSHES.

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

4m. Children shall be clothed in seasonally appropriate clothing when outdoors.

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

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

6. As appropriate, children shall be protected from sunburn and insect bites with protective clothing, sunscreen, or insect repellent. Sunscreen and insect repellent may only be applied upon the written authorization of the parent. The authorization shall include the ingredient strength and be reviewed and updated periodically. If sunscreen or insect repellent is provided by the parent, the sunscreen or repellent shall be labeled with the child's name. Recording the application of sunscreen or insect repellent is not necessary.

Alternatives to traditional insect repellants (e.g. Skin So Soft, repellants containing citronella or homeopathic ingredients, etc.) may be used if authorized in writing by the parent.

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

(k) *Injuries.*

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

A minor injury is one that can be treated at the center, such as bruises or scrapes. Slivers that can be removed without the use of a tweezers or other device may be removed. The wound should be washed with soap and water and protected.

It is recommended that a reputable children's first aid manual or chart be readily available in the center for use by staff.

See Appendix D, Resource List, Situations That Require Medical Attention Right Away.

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

See DCF 250.04 (3) (a). Reporting is required within 24 hours after an incident or accident that results in professional medical evaluation.

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

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

See DCF 250.07 (6) (f) – MEDICATION ADMINISTRATION. Since the administering of non-prescriptive medication must be at specific parent direction for each incident, no medication (including anti-bacterial creams or ointments) may be given to the child by the center for injuries.

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

The statewide poison control number is (800) 222-1222. Calling 911 does not automatically connect the caller with poison control.

Activated charcoal or any other vomit-inducing substance may only be used if advised by the poison control center.

See Appendix D, Resources List, Common Plants – What's Poisonous and What's Not?

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

250.07(6)(k)4. continued

The center may advise parents about the designated emergency medical facility by posting this information in a visible place at the center or putting the information in policies or handbooks shared with parents.

(7) PETS AND ANIMALS.

This section does not apply to service animals. Therapy animals and emotional support animals are considered pets and this section applies.

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

Dogs, cats, and ferrets must be vaccinated against rabies as documented by a current vaccination certificate. Other immunizations frequently given to dogs and cats are to prevent disease that is not communicable to children. Initial rabies immunization for dogs should be administered by five months of age and within one year after the initial immunization. Initial rabies immunization for cats should be administered at 8 – 12 weeks of age and within one year after initial immunization. Initial rabies immunization for ferrets should be administered at 12 weeks. Subsequent immunizations are to be administered at intervals stated on the certificate of vaccination. If no date is specified, the dog shall be vaccinated within three years of the previous vaccination, as specified in s. 95.21 (2) Wis. Stats. Wisconsin law does not allow persons to vaccinate their own animals for rabies.

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

Barn cats that do not come in contact with child care children are not required to be vaccinated.

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

According to the Centers for Disease Control and Prevention (CDC), due to the risk of exposing children to salmonella and other diseases, chickens and ducks should not be in areas accessible to children under age 5 years unless the parents acknowledge in writing that the children will be allowed to have contact with the animals and the children wash their hands immediately after touching the animals.

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

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

Visits to petting zoos are permitted. Pets or animals brought into the center for the purpose of exposing the children to animals must be handled carefully to ensure that the children and animals are protected. It is recommended that parents be notified in advance when an animal will visit.

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

"Not accessible" means the animal may not have any physical contact with the children, including the children reaching over or through a barrier to touch the animal. A kennel, cage, or gate in the child care area that has any opening large enough for a child's fingers to get through is considered accessible and may not be used to separate an animal from the children.

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

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

Examples of aggressive behaviors include showing teeth, growling, hissing, excessive barking, hair standing up on the animal's back, or tail between their legs.

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

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

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

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

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