DCF 251.07 Program.

(1) PROGRAM PLANNING AND SCHEDULING.

(a) Each group child care center shall have a written program of daily activities posted that are suitable for the developmental level of each child and each group of children. The program shall provide each child with experiences that will promote all of the following:

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.

Note: The standards of quality for school-age programs are addressed in the School-Age Curricular Framework course. More information on this course is available at https://www.wiafterschoolnetwork.org/en/Courses.

At the time of initial licensing, a written program of activities must be available for review. The program of activities should include all types of activities specified under paragraphs (a), (b), and (c).

The written program of activities may be on a daily, weekly, or monthly basis and based on the planning technique of each center (e.g., unit, goal-oriented, theme, or daily lesson planning). It may also include a daily schedule.

The written program of activities or daily, weekly, or monthly lesson plans should reflect the center education policy and program activities related to the developmental goals within rules.

See Appendix D Resources List: Together Children Grow – Quality Child Care for Children with Special Needs.

1. Self-esteem and positive self-image.

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 of photographs of children at a 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, and 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. Social interaction.

Examples of activities that will encourage social interaction:

- *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.*

3. Self-expression and communication skills.

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.*

4. Creative expression.

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. Large and small muscle development.

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, and endurance.

Small muscle: Use of equipment and materials requiring manipulative skill such as puzzles, small interlocking blocks, peg and lacing boards, etc.

6. Intellectual growth.

Examples of activities that encourage intellectual growth:
- *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, sweeping, creating order in the room.*
- *Activities involving problem solving and memory skills.*

251.07(1)(a)6. continued

- *Opportunities to explore the environment and find developmentally appropriate challenges.*

7. Literacy.

Examples of activities which 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: 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) The program schedule shall be planned to provide a flexible balance each day of:

1. Active and quiet activities.
2. Individual and group activities.
3. Indoor and if the center is in operation more than 3 hours per day, outdoor activities.

Daily physical activity is an important part of preventing 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 to do vigorous activities such as running, climbing, dancing, skipping, and jumping. This could include two or three occasions of active play outdoors each day, weather permitting; two or more structured or adult-led activities or games that promote movement over the course of the day in both indoor and outdoor settings; opportunities during transitions to use movement skills such as hopping like a bunny to the bathroom; and continuous opportunities to develop and practice age-appropriate gross motor and movement skills.

(c) Television may be used only to supplement the daily plan for children. No child may be required to watch television. Other activities shall be available.

If used, screen time should complement daily activities / curriculum, but they should not constitute a major portion of the programming 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.

(d) Routines such as toileting and eating and intervals between activities shall be planned to avoid keeping children waiting in lines or assembled in large groups.

(e) The program shall provide all of the following:

1. Reasonable regularity in eating, napping and other routines.
2. Daily periods when a variety of experiences are concurrently available for the children to select their own activities.
3. Protection from excess fatigue and over stimulation.

4. If a center is in operation for more than 3 hours per day, daily outdoor activities except during inclement weather or when not advisable for health reasons.

See DCF 251.03 (14r) – 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.

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: i.e., a written request by a parent or a written statement by a medical professional. If a center policy allows children to remain inside for health reasons, the center must ensure that applicable staff-to-child ratios and group size remain in compliance. It is recommended that the center consider the availability of appropriate play materials and activities for the child remaining inside.

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 251.07 (1) (a) – WRITTEN PROGRAM OF ACTIVITIES.

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

(f) Child care workers shall give children individual attention.

(g) A center that is open in the early morning and late afternoon shall have a written plan for activities which meet the individual needs of the children during those time periods. The plan shall include:

1. Provision of opportunities for the children to rest and eat.

2. Use of materials and engagement in activities which for the most part do not duplicate materials or activities planned for the major part of the program.

(h) The program as implemented shall reflect the center's written policies.

(2) CHILD GUIDANCE.

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

See Appendix D Resources List: Early Years Are Learning Years – Time Out for "Timeout."

251.07(2)(a) continued

Time-out periods 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 child care worker has a conversation with the child to reflect on making better choices.*
6. *The child is transitioned back to an activity.*

2. "Redirection" means directing the child's attention to a different program activity.

(b) Each child care center shall develop and implement a written policy that provides for positive guidance, redirection, and the setting of clear-cut limits for the children. The policy shall be designed to help a child develop self-control, self-esteem, and respect for the rights of others.

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

1. The child is 3 years of age or older.
2. The child care worker offers the child the time-out period in a non-humiliating manner.
3. The time-out period does not exceed 3 minutes.
4. The child is not isolated.
5. The child is not removed from the classroom setting.
6. If the child care worker needs additional adult support, another child care worker comes to the classroom setting.

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

(e) 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.

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 to restrict movement or enclosing in a confined space such as a closet, locked room, box or similar cubicle.

See DCF 251.03 (22r) – 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 a danger to him/herself/others 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 him/herself 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 him/herself 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 him/herself 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 use of physical restraint. The center may consider referring the child to their pediatrician, the local Birth to 3 program, local public school system, or a mental health professional for an evaluation.

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 IEP shall be available to staff working with the child.*

251.07(2)(e)3. continued

- *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 cannot be forced to try all foods or to finish one food prior to receiving additional servings of other foods. Any component of the meal cannot be withheld until the end of the meal or snack, including milk.

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

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

Note: Prohibited actions by an employee or volunteer to a child by a staff member must be reported to the department within 24 hours after the occurrence under s. DCF 251.04 (3) (j).

(3) EQUIPMENT AND FURNISHINGS.

(a) Indoor furnishings and equipment shall be safe and durable. The equipment and furnishings shall be:

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

2. Of sturdy construction with no sharp, rough, loose, protruding, pinching or pointed edges, or areas of entrapment, 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 to avoid danger of injury or collision and to permit freedom of action.

4. Placed over an energy-absorbing surface, when equipment is 4 feet or more in height.

Platform height may be no higher than 4 feet if surface below is not impact absorbing. Manufacturer recommendation for energy absorbing surfaces around and under equipment must be followed. At a minimum, four-inch-thick gymnastic landing mats are recommended, however 2-inch-thick tumbling (panel) mats are acceptable. Carpet is not considered an energy-absorbing surface. Maximum indoor platform height is recommended to be no more than 6 feet or developmentally appropriate for the age of the children using it.

See DCF 251.06 (11) (b) 8. – OUTDOOR PLAY SPACE – PROHIBITED SURFACES.

Lofts that are free standing and not connected or attached to the building are considered to be play equipment. If a loft is used for quiet activities and has steps to reach the upper level, energy-absorbing surface is not required. If the way to get to the loft is other than steps i.e. rung or rope ladder and the landing is 4 feet or more from the floor, then an energy-absorbing surface is required.

If the loft is used as climbing equipment or for active play, energy-absorbing surface is always required.

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

(b) A center shall provide equipment and supplies according to the following criteria:

1. Child development shall be fostered through selection of a variety of equipment that will:

a. Provide large muscle development.

b. Provide construction activities and for development of manipulative skills.

c. Encourage social interaction.

d. Provide intellectual stimulation.

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.

e. Encourage creative expression.

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 the age of 2 years must be allowed to use appropriate art supplies under the close supervision of a child care worker.

2. A center shall provide sufficient indoor play equipment to allow each child a choice of at least 3 activities involving equipment when all children are using equipment.

3. A center shall provide sufficient outdoor play equipment to allow each child at least one activity involving equipment when all children are using equipment.

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

(c) The quantity of indoor and outdoor play equipment specified in par. (b) 2. and 3. shall be provided based on the maximum licensed capacity of the center.

(d) Equipment and materials which reflect an awareness of cultural and ethnic diversity shall be provided.

Examples of equipment and materials that reflect cultural and ethnic diversity include multi-cultural dolls, puzzles and other toys, books, pictures, posters, and music that reflect varying cultures, and exposure to foods from different cultures and ethnic groups.

(e) Shelves shall be provided for equipment and supplies in rooms used by children. Equipment and supplies shall be arranged in an orderly fashion so that children may select, use, and replace items.

Stable shelving should be supplied in a quantity sufficient to accommodate the amount of play equipment needed to meet the rule for each self-contained classroom / area and group. It is recommended that centers do not use toy boxes with hinged covers because the cover may fall and trap or injure a child.

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

Inflatable chairs or inflatable 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.

See DCF 251.06 (11) (B) – OUTDOOR PLAY SPACE – REQUIRED FEATURES.

(g) Tables and seating shall be scaled to the proper height and size for the children's comfort and reach.

It is recommended that the seat on the chair be 10" below the table top.

(h) There shall be sufficient storage space for the clothing and personal belongings of each child in attendance. For children 2 years of age and older, the space for outer garment storage shall be at child level.

25.07(3)(i)

(i) Furnishings, toys, and other equipment shall be washed or cleaned when they become soiled.

See Appendix D Resources List: Cleaning, Sanitizing and Disinfecting in Child Care Centers.

(4) REST PERIODS.

(a) A child under 5 years of age in care for more than 4 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) Child care workers shall permit a child who does not sleep after 30 minutes and a child who awakens to get up and to have quiet time through the use of equipment or activities which will not disturb other children.

See DCF 251.055 (2) (g) – ADJUSTMENT TO GROUP SIZE AND STAFF-TO-CHILD RATIOS DURING NAPTIME.

Children who are awake shall have sight and sound supervision by a child care worker and children who do not sleep or 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 under one year of age who naps or sleeps shall be provided with a 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 over 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 on 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.

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 (8r) – DEFINITION – CRIB and DCF 251.09 – ADDITIONAL REQUIREMENTS FOR INFANT AND TODDLER CARE.

(cm) Each child one year of age and 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 nearest sleeping child. Sleeping surfaces may be placed end-to-end if a solid partition separates children and an aisle not less than 2 feet in width is maintained between sleeping surfaces. The sleeping surface shall 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 pad.

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

STACK CRIBS: If stacked cribs are provided, the following conditions must be met:
- *Only children under seven months of age or not yet standing may use a stacked crib.*
- *Cribs must comply with the appropriate standards for safe cribs established by the Consumer Product Safety Commission*

The number of beds, cots, padded mats, and/or cribs must be at least equal to the licensed capacity for children under 5 years of age, unless sleeping bags are provided by parents for children one year and older.

See DCF 251.03 (8r) – DEFINITION – CRIB; DCF 251.03 (29) – DEFINITION – SLEEPING BAG; and DCF 251.09 (2) (bm) – INFANT & TODDLER – SLEEP POSITION.

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

(d) Each child one year of age and older 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.

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 towel or other fabric that covers the surface of the cot or mat may be used in place of a sheet. A large, adult-sized blanket may be used as both sheet and blanket on a mat or cot if is placed under and over the child.

Seasonally appropriate covering 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 lieu of a blanket covering.

Weighted blankets may be used with children over 1 year of age 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 251.03 (29) – DEFINITION – SLEEPING BAG.

(e) Bedding shall be maintained and stored in a clean and sanitary manner, replaced immediately if wet or soiled, and washed after every 5 uses at a minimum. A crib or playpen shall be washed and disinfected between changes in occupancy.

Bedding includes sheets and blankets and sleeping bags.

Storage in a "clean and sanitary manner" means protection from cross-contamination. Care should be taken so that bedding from 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. 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.

251.07(4)(e) continued

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 sheets and blankets or sleeping bags should be available for backup or emergencies such as illness or soiling.

Bedding used by an ill child is considered soiled.

(5) MEALS, SNACKS, AND FOOD SERVICE.

(a) *Food.*

1. Food shall be provided by the center based on the amount of time children are present as specified in Table 251.07.

TABLE 251.07
Meal and Snack Requirements for each Child in a Group Child Care Center

Time a Child is Present	Number of Meals and Snacks
At least 2½ but less than 4 hours	1 snack
At least 4 but less than 8 hours	1 snack and 1 meal
At least 8 but less than 10 hours	2 snacks and 1 meal
At least 10 or more hours	2 meals and 2 or 3 snacks

2. Center-provided transportation time shall be included in determining the amount of time children are present for the purposes of subd. 1.

3. Food shall be served at flexible intervals, but no child may go without nourishment for longer than 3 hours.

The 3-hour determination is from the beginning of a snack or meal to the beginning of the next snack or meal.

4. At a minimum, children shall be provided food for each meal and snack that meets the U.S. department of agriculture child and adult care food program minimum meal requirements for amounts and types of food.

According to changes to the minimum meal requirements specified by the USDA, milk served to children over age 2 must be 1% or fat-free (skim) milk. Only 100% fruit or vegetable juice may be served to meet USDA Child and Adult Care Food Program requirements for a fruit or vegetable serving. Other beverages, such as water, may be served in addition to the required components.

When a program which operates for fewer than 2½ hours chooses to serve a snack or has a snack provided by parents, the snack must meet the requirements for snacks.

If meals are served pre-plated, all the required food items and amounts of food must be served to the child at the same time. For example, a 4-year-old child must receive at the minimal on his/her plate for a noon meal the following: 1 ½ oz meat/meat alternate; a total of ½ cup of at least 2 different fruit/vegetable items (e.g., ¼ cup peaches and ¼ cup mashed potatoes); ½ slice bread; and ¾ cup milk. The milk must be served with the meal and may not be withheld.

If meals are served family style, all the required food item amounts must be made available. For example, there are ten 4-year-old children present which requires a total of 2 ½ cups each of two types of fruit/vegetable. The menu has broccoli, so at a minimum there should be 2 ½ cups cooked broccoli available. Since the children may not consume the entire 2 ½ cups, the center may bring 2 cups to the dining area and keep the remaining ½ cup cooked broccoli in the kitchen in case the children want it. Milk must be served with the meal and may not be withheld.

Note: The USDA meal program requirements are found on the website, http://www.fns.usda.gov/cacfp/meals-and-snacks.

4m. Additional portions of vegetables, fruits, bread, and milk shall be available.

The amounts indicated on the CACFP minimum meal requirements are used for determining amounts of food that must be prepared and are not considered "helpings." It is recommended that small portions of all food items be served and that seconds be available.

5. Menus for meals and snacks provided by the center shall:

a. Be posted in the kitchen and in a conspicuous place accessible to parents.

b. Be planned at least one week in advance, dated and kept on file for 3 months.

c. Be available for review by the department.

5m. A daily menu may not be repeated within a one-week time period.

6. Any changes in a menu as planned shall be recorded on the copies of the menu kept on file and posted for parents.

6m. When snacks are provided by parents for all children, a record of the snack served shall be posted in an area accessible to parents.

8. When food for a child is provided by the child's parent, the center shall provide the parent with information about requirements for food groups and quantities specified by the U.S. department of agriculture child and adult care food program minimum meal requirements.

9. A special diet based on a medical condition, excluding food allergies, but including nutrient concentrates and supplements, may be served only upon written instruction of a child's physician and upon request of the parent.

Examples of special diets are food delivered by feeding tubes, diabetic, gluten free, etc. Pediasure or Ensure may be used as part of a special diet.

9m. A special diet based on a food allergy may be served upon the written request of the parent.

10. Cooks, staff members, child care workers and substitutes having direct contact with the children shall be informed about food allergies and other allergies of specific children.

(b) Food service.

1. Staff shall sit at the table with the children during mealtime.

After providing any assistance necessary to the children, child care workers assigned to the group of children should sit with children during meals. Staff working with infants and young toddlers who must be fed or given a great deal of assistance with self-feeding are not required to sit with the children.

2. Meals shall be served with time allowed for socialization.

3. Except as provided in subd. 4., in a center where meals and snacks are served, seating and table space shall be at least equal to the licensed capacity of the center, excluding infants, so that all children can be served at the same time.

Where only snacks are served, table and chair space for each child is not required if snacks are served in shifts or cafeteria style.

4. In a center where meals are served in a central lunchroom, seating and table space shall be at least equal to the number of children to be served in a shift.

5. Eating surfaces, including high chairs, shall be washed and sanitized before and after each use.

Eating surface includes tables and high chairs. "Washed and sanitized" involves a two-step process. Products including a cleaner and sanitizer must be used two times—the first to clean the surface and the second to sanitize the surface.

251.07(5)(b)5. continued

Children may not be at the table when staff are sanitizing.

See Appendix D Resources List: Cleaning, Sanitizing and Disinfecting in Child Care Centers. Only approved sanitizers may be used for eating surfaces and food preparation surfaces.

(6) HEALTH.

(a) *Observation.* Each child upon arrival at a center shall be observed by a staff person for symptoms of illness and injury. For an apparently ill child, the procedure under par. (c) shall be followed.

See DCF 251.07 (6) (dm) 3. – MEDICAL LOG.

(b) *Isolation.* A center shall have an isolation area for the care of children who appear to be ill. If the area is not a separate room, it shall be separated from space used by other children by a partition, screen, or other means to keep other children away from the ill child.

(c) *Ill child procedure.* The following procedures shall apply when a child with an illness or condition that has the potential to affect the health of other persons, such as vomiting, diarrhea, unusual lethargy, or uncontrolled coughing, is observed in the child care center:

Examples of illnesses or conditions that may affect the health of other persons and would require a child to be sent home until medical evaluation allows inclusion include fever associated with other symptoms, persistent crying, difficulty breathing, wheezing, or other unusual signs.

Caring for Our Children: National Health and Safety Performance Standards, Guidelines for Early Care and Education Programs, a collaborative project of the American Academy of Pediatrics, American Public Health Association, and the National Resource Center for Health and Safety in Child Care and Early Education, states that rectal thermometers are not recommended in early care and education programs due to health and safety concerns. If not used and cleaned correctly, a rectal thermometer could cause injury and spread illness among children and staff.

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.

1. The child shall be isolated until the child can be removed from the center.

2. The child in the isolation area shall be within sight and sound supervision of a staff member.

3. The child shall be provided with a bed, crib, playpen, cot, or padded mat and a sheet and blanket or a sleeping bag.

Bedding used by an ill child is considered soiled. It is recommended that the bed, crib, cot, or padded mat be cleaned after use by an ill child.

4. The child's parent or emergency contact shall be contacted as soon as possible after the illness is discovered and arrangements shall be made for the child to be removed from the center.

(d) *Care of a mildly ill child.* A child who is mildly ill may be cared for at the center when all of the following conditions are met:

"Mildly ill" means a child who has a common, temporary illness that is non-progressive in nature and is not listed on the communicable diseases chart in appendix A of ch. DHS 145.

Care of ill children at the center must be specifically authorized as a condition in the letter of license transmittal. Care of ill children may occur in a separate licensed center location or in a separate room which is designed specifically and solely for the care of ill children.

If a program for ill children exists in a hospital, the program need not be licensed if the hospital admits the sick children as outpatients on a daily basis.

1. The space for the care of a mildly ill child shall be a self-contained room and shall be separate from children who are well.

2. The room shall have a sink with hot and cold running water.

3. The parent consents in writing.

4. The written health policy of the center allows a mildly ill child to remain at the center.

5. The center follows and implements procedures in a written plan for the provision of care to mildly ill children approved and signed by a licensed physician, or a pediatric or family nurse practitioner which covers all of the following:

a. Admissions and exclusions.

b. Staffing.

c. Staff training.

d. Monitoring and evaluation.

e. Programming.

f. Infectious disease control.

g. Emergency procedures.

6. Medical consultation is available from a physician or local health department in establishing policy for the management of mildly ill children.

(dm) 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 251.04 (7) (b). To protect a child's confidentiality, centers are strongly encouraged to have separate entries for each child involved in an incident, such as biting. When parents ask to review the medical log book, the center should have a procedure for ensuring that a parent reviewing the record for his/her own child does not see information about another child in care.

In addition to providing accountability to the parents and the department, bound books and recordings 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: Medical Log – Directions for Use.

See DCF 251.07 (6) (j) 1. – EMERGENCY MEDICAL AUTHORIZATION & PARENTAL NOTIFICATION.

1. The licensee shall maintain a medical log book that has 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 child care worker 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 while in 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: Medical Log – Directions for Use.

251.07(6)(dm)3.b.

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 that centers record every accident / incident. For example, a child bumps his/her head and no mark or bump is readily apparent but there is the potential for a mark, bump or bruise to develop. This accident should be recorded.

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.

4. The director or the director's designee shall review records of injuries with staff every 6 months to ensure that all possible preventive measures are being taken. The reviews shall be documented in the medical log book under subd. 1.

(e) *Communicable disease.*

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.

3. An employee, volunteer or a child may be readmitted to the group child care center if there is a statement from a physician that the condition is no longer contagious or if the person has been absent for a period of time equal to the longest usual incubation period for the disease as specified by the department.

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 must be excluded from the center. The materials include a communicable disease chart and exclusion guidelines for child care centers. Copies of the communicable disease chart or the exclusion guidelines for child care centers are available from the Child Care Information Center at 800-362-7353.

(f) *Medications.*

1. Center staff may give prescription or non-prescription medication, 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. Center health policy may be more stringent than the rule, allowing no 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 to be on-site for each incident and is time limited. The center should ensure that any requirements of the Americans with Disabilities Act are met.

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.

See DCF 251.09 (4) (a) 10. – INFANT & TODDLER – DIAPERING LOTIONS, POWDERS, SALVES.

a. A written authorization that includes the child's name and birthdate, name of medication, administration instructions, medication intervals and length of the authorization dated and signed by the parent is on file. Blanket authorizations that exceed the length of time specified on the label are prohibited.

It is recommended that medication authorization forms should be kept with the medication during the administration period and maintained in the child's file once the administration period has passed.

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 department's 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 the label includes the dosage and directions for administration.

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.

3. Medication shall be stored so that it is not accessible to the children.

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

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

5. All 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 is in disagreement 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 its 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.

6. 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.

(g) *Health precautions*.

1. Bodily secretions, such as runny noses, eye drainage, and coughed-up matter shall be wiped with a disposable tissue used once and placed in a plastic-lined container.

2. Surfaces exposed to bodily secretions including walls, floors, toys, equipment, and furnishings shall be washed with soap and water and disinfected. The disinfectant solution shall be registered with the U.S. environmental protection agency as a disinfectant and have instructions for use as a disinfectant on the label. The solution shall be prepared and applied as indicated on the label.

251.07(6)(g)2. continued

See Appendix D Resources List for 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.

3. 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 every 6 months. 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.

It is recommended the center health policy address at what age children can carry and/or apply sunscreen or insect repellent, and the procedure for supervision so that the application is done in a way that will protect the children.

4. Children shall be clothed to ensure body warmth and comfort.

5. Center staff shall adopt and follow universal precautions when exposed to blood and blood-containing bodily fluids and injury discharges.

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

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

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

(i) *Personal cleanliness.*

1. A child's hands shall be washed with soap and warm running water before meals and snacks, after handling a pet or animal, 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 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. Persons working with children shall wash their hands with soap and warm running water before handling food, before and after assisting with toileting and diapering, after wiping bodily secretions from a child with a disposable tissue, and after exposure to blood or bodily fluids. If gloves are used, hands shall be washed after the removal of gloves.

3. Personal use items, such as cups, eating utensils, toothbrushes, combs, and towels may not be shared and shall be kept in a sanitary condition.

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

5. Applicable rules under s. DCF 251.09 (4) (a), (c), and (d) shall when children 2 years of age and older require attention for diapering and toileting.

6. 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 must be washed immediately with soap and running water.

7. Disinfecting hand sanitizers may not replace the use of soap and water when washing hands.

(j) *Injuries.*

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

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 Resources List: Situations That Require Medical Attention Right Away.

Note: The center may use the department's form, *Child Care Enrollment*, or its own form for obtaining medical consent from the parent. The form is available on the department's website, https://dcf.wisconsin.gov/cclicensing/ccformspubs.

2. A center shall identify a planned source of emergency medical care, such as a hospital emergency room, clinic or other constantly staffed facility, and shall advise parents about the designated emergency medical facility.

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

3. A center shall establish and follow written procedures for bringing a child to an emergency medical care facility and for treatment of minor injuries.

See DCF 251.04 (3) (a) – REPORT – INCIDENT OR ACCIDENT.

See Appendix D Resources List: Situations That Require Medical Attention Right Away.

4. First aid procedures shall be followed for serious injuries.

5. Each center shall have a supply of bandages, tape, and Band-Aids.

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

See DCF 251.07 (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.

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

The statewide Poison Control toll free 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?

Note: See s. DCF 251.04 (6) (c) on maintaining a medical log book.

(7) PETS AND ANIMALS.

This section does not apply to service animals. Therapy 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.

Note: Service animals used to assist persons with a disability are not considered pets when they are used as a service animal.

(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 may 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. Having pets or animals brought into the center to expose children to animals needs to be done carefully to ensure that children and animals are protected. It is recommended that parents be notified in advance when an animal will visit.

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

Note: Psittacine birds are hooked-billed birds of the parrot family that have 2 toes forward and 2 toes backward and include parrots, macaws, grays, lovebirds and cockatoos.

"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.

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

Examples of aggressive behaviors are showing teeth, growling, snapping, excessive barking, lunging, hissing, biting, hair standing up on the animals back, or tail between legs.

(f) Pets in classrooms shall be confined in cages while food is being prepared or served in the classroom. Pets, cages and litter boxes are prohibited in kitchens, lunch rooms, and food storage areas. Pet and animal feeding dishes, excluding water dishes, and litter boxes may not be placed in areas accessible to children.

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

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

(h) If dogs or cats are allowed in areas of the center accessible to children, the certificate of insurance required under s. DCF 251.04 (2) (g) shall indicate the number and types of pets covered by the insurance.

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

(8) MISCELLANEOUS ACTIVITIES. A center that includes in its program watercraft, riflery, archery, horseback riding, or adventure-based activities shall comply with the applicable requirements under s. DCF 252.44 (8), (9), (11), and (13).