

DCF 252.44 Program.**(1) PROGRAM PLANNING AND IMPLEMENTATION.**

(a) Each day camp shall have a written program of activities that shall be planned according to the developmental level of each child and each group of children and intended to expose children to a variety of cultures. The needs of children with disabilities shall be considered when planning the programming and activities for enrolled children. The program of activities shall focus on the outdoors and the natural environment and shall reflect the camp's written policies. The program shall provide each child with experiences that will promote all of the following:

See DCF 252.04 (9) – DEFINITION – DAY CAMP OR CAMP. The definition of a camp states that the program must be oriented to the out of doors. This could be outdoor sports related activities, nature activities, etc.

The program of activities should include all the types of activities specified under paragraphs (a) and (b).

The program of activities may reflect camp session focus or may be on a daily, weekly, or monthly basis and should reflect the developmental goals based on the rules. It may also include a daily schedule.

1. An appreciation and understanding of the natural environment.
2. Large and small muscle development.

Examples of activities that encourage large muscle development include:

- *Use of large muscle equipment such as climbing equipment, balls, bicycles, roller blades, skateboards, 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.*

Examples of activities that encourage small muscle development include:

- *Arts and crafts activities.*
- *Construction activities such as woodworking, building, etc.*

3. Intellectual growth.

Examples of activities that encourage intellectual growth include:

- *Science activities.*
- *Sensory experience, such as tactile, auditory, and smelling activities.*
- *Discrimination activities involving symbols, shapes, colors, serration, categorizing, matching, etc.*
- *Activities involving problem solving and memory skills.*
- *Opportunities to explore the environment and find developmentally appropriate challenges.*

4. Self-esteem and positive self-image.

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

- *Group activities such as games and songs where children's names are used.*
- *Adults address children by name when speaking to them and use child's name in group activities.*
- *Dramatic-play activities that involve opportunities to explore multi-cultural settings, gender differences and the use of props.*
- *Thoughtful verbal recognition of the child's ideas, expressions and contributions.*

5. Opportunities for recreation.

Examples of activities that provide opportunities for recreation include:

- *Observation of nature during nature walks.*
- *Group games such as Red Light, Green Light or Mother, May I.*
- *Organized sports, such as kickball, soccer, and t-ball.*

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 camp 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-lead 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, and continuous opportunities to develop and practice age-appropriate gross motor and movement skills.

6. Social interaction.

Examples of activities that encourage social interactions include:

- *Dramatic play opportunities.*
- *Self-selected cooperative play experiences that give children opportunities to interact.*
- *Mealtime conversation.*
- *Selected activities for children in small groups such as cooking, science, nature, and games.*

7. Creative expression.

Examples of activities that encourage creative expression include:

- *Music, dance, and movement activities.*
- *Sand, water, and block play.*
- *Non-directed use of non-limiting materials such as clay, paint, and crayons.*
- *Woodworking.*
- *Arts and craft activities.*

8. Self-expression and communication skills.

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

- *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 their ideas with others.*
- *Puppet play and use of flannel boards.*
- *Creative dramatics.*
- *Meal time conversation.*

9. Literacy skills.

Activities that will help develop a child's literacy skills include:

- *Reading to children.*
- *Dramatic play and play-acting activities.*
- *Use of puppets and flannel boards.*

252.44(1)(a)9. Note:

Note: With parental consent and consultation, it is recommended that camps who care for children who have an Individualized Education Program (IEP) coordinate programming activities with the local school district.

(b) The program shall:

1. Protect the children from excessive fatigue and from overstimulation.
2. Encourage spontaneous activities.
3. Be planned to provide a flexible balance each day of:
 - a. Active and quiet activities.
 - b. Individual and group activities.
4. Provide daily opportunities for children to play outdoors except during inclement weather or when not advisable for health reasons.
5. Provide reasonable regularity in eating, resting and other routines.
6. Provide daily periods when a variety of experiences are concurrently available for the children to select their own activities.
7. Limit the amount of time that children are kept waiting in lines or assembled in large groups during routines such as toileting and eating and intervals between activities.

(2) CHILD GUIDANCE.

(a) Each day camp shall have a written policy on guiding children's behavior which provides for positive guidance, redirection and the setting of clear-cut limits. The policy shall be designed to 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 large group that a counselor offers a child to provide the child an opportunity to calm and regain composure while being supported by the counselor.

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

- a. The counselor offers the child the time-out period in a non-humiliating manner.
- b. The time-out period does not exceed 3 minutes.
- c. The child is not isolated.
- d. The child is not removed from group location.

3. The procedures for a time-out period shall be included in the camp guidance policy under par. (a).

There are some scenarios in which there are grounds for a child to be removed from the group location. If the child is putting themselves 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 group 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.*

252.44(2)(b)3. Continued

- *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).*

See Appendix D Resources List, Early Years Are Learning Years – Time Out for “Time-out.”

Time-outs 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.*

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

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 252.04 (21r) – 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 himself / 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 blanket or vest that a child is able to remove him/herself whenever the child chooses.*

If a child has an outburst that puts him/herself or another person in danger of harm, the camp has the responsibility to protect the child and others from danger. Once a child has an outburst, it is recommended that the camp 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 camp may want to refer the family to their pediatrician, the public schools, 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:

252.44(2)(c)3. continued

The IFSP or IEP indicates the use of a physical restraint as one part of a plan to help the child learn to manage his / her 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.*

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

4. Withholding or forcing meals, snacks or naps.
5. Actions that are aversive, cruel, frightening or humiliating.
- (d) Children shall not be punished for lapses in toilet training.

(3) EQUIPMENT AND FURNISHINGS.

(a) The camp shall provide program equipment and furnishings in a variety and quantity that allows staff to implement activities outlined in the written policy on program objectives and activities required under s. DCF 252.41 (1) (f) 5. and meets all of the following criteria:

1. Provides for large muscle development.
2. Provides construction activities and for the development of manipulative skills.
3. Encourages social interaction.
4. Provides intellectual stimulation.
5. Encourages creative expression.

(b) All equipment and furnishings, whether or not owned by the camp, shall be:

1. Scaled to the developmental level, size and ability of the children.
2. Safe, durable, 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, but are not limited to:

- *Metal toys with sharp edges.*
- *Playground equipment that has loose boards or other parts, splitting wood, etc.*
- *Hard plastic toys which have broken sharp edges.*
- *Equipment with protruding screws.*
- *Swing sets with chains that are rusting through.*
- *Permanently installed outdoor equipment that is not safely anchored.*

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

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

(c) 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.

252.44(3)(d)

(d) No trampolines or inflatable bounce surfaces on the premises may be accessible to children or 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.

(4) **REST.** When a session is more than 4 hours in length, there shall be a rest period or period of quiet activities of at least 30 minutes for all children under 5 years of age.

Cots, sleeping bags, or mats are not required.

(5) MEALS, SNACKS, AND FOOD SERVICE.

(a) Food shall be provided in accordance with Table DCF 252.44 which is based on the amount of time children are present. Food may be served at flexible intervals, but no child may go without nourishment for longer than 3 hours.

TABLE 252.44 MEAL AND SNACK REQUIREMENTS FOR EACH CHILD AT A DAY CAMP	
Time Children Are Present	Number of Meals and Snacks
2½ to 4 hours	1 snack
4 to 8 hours	1 snacks and 1 meal
8 to 10 hours	2 snacks and 1 meal
10 hours or more	2 meals and 2 or 3 snacks

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

It is recommended that staff document if and when a child refuses food by their own choice and goes more than 3 hours without eating.

(b) Camp-provided transportation time shall be included in determining the total number of hours a child is present for the purpose of par. (a).

(c) Food allergies of specific children shall be reported to cooks, counselors and substitutes having direct contact with children.

(d) Menus for meals and snacks provided by the camp shall:

1. Be posted in the kitchen and in a conspicuous place accessible to parents.
2. Be planned at least one week in advance, dated and kept on file for 3 months.
3. Be available for review by the department.
4. Include diverse types of food.

A diverse menu means a menu that is not be repeated within a one-week time frame.

(e) At a minimum, each meal and snack provided to children shall meet the U.S. department of agriculture child and adult care food program minimum meal requirements for amounts and types of food. Additional portions of vegetables, fruits, bread, and milk shall be available.

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

252.44(5)(e) Note: continued

According to the minimum meal requirements specified by the USDA, milk served to children 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.

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.

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 a minimum 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.

(f) When food for a child is provided by the child's parent, the camp 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.

(g) 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. A special diet based on a food allergy may be served upon the written 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.

(6) HEALTH.

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

(b) *Health supervision.* There shall be an adult at the camp at all times who is responsible for health supervision. The on-site health supervisor shall be one of the following:

1. A physician licensed in Wisconsin.
2. A registered nurse or practical nurse licensed in Wisconsin.
3. A physician assistant licensed in Wisconsin.
4. An emergency medical technician.
5. A person currently certified as having completed the American Red Cross Standard First Aid course or equivalent.

If more than one person is present who meets the requirements for a health supervisor, the camp needs to identify one person as the health supervisor. The specific responsibilities of the health supervisor should be identified in the job description. The health supervisor may be counted in counselor-to-child ratios.

252.44(6)(bm)

(bm) If a public or private rescue or emergency vehicle cannot arrive at the camp within 10 minutes of a phone call, a person who is certified by the department as a first responder under ch. DHS 110 must be on the premises during the hours when children are present. This person may serve as the camp health supervisor.

A card indicating that a person is certified as a First Responder by the WI Department of Health Services is required to document compliance with this rule.

(c) Ill child procedure.

1. There shall be an isolation or first aid area for the care of children who become 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.

It is recommended that a camp have a cot or mat available for a child who becomes ill during the camp day and that the camp cleans and disinfects that surface after use.

2. When an apparently ill child is observed in the day camp, the following procedures shall apply:

a. A child with symptoms of illness or a condition such as vomiting or diarrhea, shall be isolated and shall be made comfortable, with a place to lie down available, with a staff member within the sight or hearing of the child. Isolation shall be used until the child can be removed from the camp.

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.

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. The child's parent, or a designated responsible person when parents cannot be reached, shall be contacted as soon as possible after the illness is discovered to take the child from the camp.

(d) Communicable disease.

1. No child or any other person with a reportable communicable disease specified in ch. DHS 145 may be admitted or readmitted to a camp, be permitted to remain in a camp, or be permitted to have contact with children in care during the period when the disease is communicable.

3. A person in contact with children or a child may be allowed to return to a camp if the person's physician provides a written statement that the condition is no longer contagious or the person has been absent for a period of time equal to the longest usual incubation period of the disease as specified by the department.

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

(e) Medication.

1. Camp staff may give prescription and non-prescription medication to a child only under the following conditions:

252.44(6)(e)1. continued

These rules allow prescription and non-prescription medication to be administered by the camp under controlled circumstances as specified. The camp 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 request that medication be administered. The camp 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.

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

Note: The department's form, Authorization to Administer Medication, or the provider's own form may be used to obtain the parent's authorization to administer medication. Information on how to obtain the form is available on the department's website, <http://dcf.wisconsin.gov>, or from any of the regional licensing offices in Appendix A.

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.

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.

b. The medication is in the original container and labeled with the child's name, and the label includes the dosage and directions for administering.

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).

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.

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.

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.

2. All medications shall be stored so that they are not accessible to the children.

3. Medications shall be stored at the appropriate temperature as indicated on the label.

3m. All medication for a child in care shall be administered by the camp as directed on the label and as authorized by the parent.

252.44(6)(e)5.

4. No medication may be kept at the camp without a current 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.

5. Bee sting medication, inhalers, an insulin syringe, or other medication or device used in the event of a life-threatening situation may be carried by a child over the age of 7 years with written authorization from the parent and the child's physician.

If the camp allows a child over the age of 7 years to carry medication or a device to assist in a life-threatening event and the child self-administers that medication, the camp health policy should address how the counselor assigned to that child will be made aware that the child self-administered the medication and that the administration is recorded in the medical log book.

(f) *Injury.* Written procedures for the treatment of children who are in accidents or otherwise injured shall be available, made known to staff, and carried out as follows:

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 camp. The camp 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.

Note: The camp may use the department's form, *Child Care Enrollment*, or its own form for obtaining medical consent from the parent. 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. Prior to the opening of camp, a planned source of emergency medical care, such as a hospital emergency room, clinic, or other constantly staffed medical facility, shall be designated and made known to staff and parents.

Parents may be made aware of the planned source of emergency care through a statement in camp policies or handbook or it may be posted in a visible place in the camp.

3. A camp shall establish and follow written procedures for treating minor injuries and for taking a child to an emergency medical care facility.

4. First aid equipment shall be available at a designated location at the base camp.

5. Standard first aid procedures shall be followed for injuries.

Follow standard first-aid procedures for slivers and ticks.

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

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

6. Superficial wounds may be cleaned with soap and water only and protected.

No medication (including anti-bacterial creams or ointments) may be applied or administered to the child by the camp for injuries since the administering of non-prescriptive medication must be at specific parent direction for each incident.

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

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?

252.44(6)(g)*(g) Medical Log.*

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 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 camp.

b. Any injuries received by a child while in the care of the camp 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.

See DCF 252.07 (2) (c) – ACCESS TO RECORDS & REPORTS – PARENTS. The medical log is confidential because it contains individual medical information. Parents may see entries relating to their child only; therefore, it is recommended that each entry contain only one child's name. If more than one child is involved in an accident and sustains an injury, 2 separate entries should be made in the log.

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

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 a civil suit. The log should be kept as long as the camp is in operation.

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

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.

4. The director or a designee shall review records of injuries with staff monthly during camp operations to ensure that all possible preventive measures are being taken. The reviews shall be documented in the medical logbook under subd. 1.

It is recommended that the camp review records of injuries monthly during camp season to identify patterns.

(i) Health precautions and personal cleanliness.

1. A child's hands shall be washed with soap and running water before meals and snacks and after handling animals and toileting or diapering.

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

2. Persons working with children shall wash their hands with soap and running water before handling food, after assisting with toileting and after wiping bodily secretions from a child.

3. Soap and water-based wet wipes may be used to wash hands when there is no running water immediately available. Disinfecting hand sanitizers may not replace the use of soap and water when washing hands.

252.44(6)(i)4.

4. Cups, eating utensils, toothbrushes, combs and towels may not be shared and shall be kept in a sanitary condition.

5. Children shall be clothed to ensure body warmth and comfort. Wet or soiled clothing and diapers shall be changed promptly from an available supply of clean clothing.

6. There shall be a supply of dry and clean clothing and diapers sufficient to meet the needs of all children at the camp.

7. As appropriate, children shall be protected from sunburn and insect bites with protective clothing, if not protected by sunscreen or insect repellent. Sunscreen and insect repellent may only be applied on the written authorization of the parent. The authorization shall include the ingredient strength of the sunscreen or repellent. If parents provide the sunscreen or insect repellent, the sunscreen or repellent shall be labeled with the child's name. Children may apply their own sunscreen or insect repellent with written parental authorization. Recording the application of sunscreen or insect repellent is not required.

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 camp 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.

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

9. 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.

(j) *Diapering.* When children are diapered, the camp counselor shall do all of the following:

1. Consult with the child's parent to develop a toilet training plan so that a child's toilet routine is consistent between the camp and the child's home, if the child is in the process of becoming toilet trained.

2. Change wet or soiled diapers and clothing promptly.

3. Change each child on an easily cleanable surface that is cleaned with soap and water and a disinfectant solution after each use. 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.

4. If the diapering surface is above floor level, provide a barrier or restraint to prevent falling. A child may not be left unattended on the diapering surface.

5. Place disposable soiled diapers and gloves, if used, in a plastic-lined, hands-free, covered container immediately.

6. Remove soiled diapers from containers as needed but at least daily for washing or disposal. Containers shall be washed and disinfected daily.

7. Apply lotions, powders or salves to a child during diapering only at the specific written direction of the parent or the child's physician. The directions shall be posted in the diapering area. The application of diapering lotions, powders or salves is not required to be recorded in the camp medical log.

8. Wash the child's diaper area before each diapering with a disposable or fabric towel used only once.

(7) SWIMMING AND WATER ACTIVITY AREAS.

(a) *Definitions.* In this subsection, "waterfront" means a pool or beach accessible to or used by children in care.

(am) *Swimming area.*

252.44(7)(am)1.

1. Pools and other swimming areas used by children shall be located, constructed, equipped and operated according to the requirements of chs. SPS 390 and ATCP 76 for pools and water attractions. A beach shall be in compliance with applicable local ordinances.

2. a. Swimming pools shall be enclosed with a 5 foot fence with a self-closing, self-latching door. Spaces between the vertical posts of the fence shall be 3½ inches or less. In addition, all of the following restrictions apply when the pool is not in use by children.

Wisconsin Admin. Code SPS 390.18 (4) (f) regarding outdoor pools states that fences serving as barriers shall have no opening greater than 4 inches in width or diameter. No exception is necessary.

b. If access to the pool is through a gate, the gate shall be closed and locked.

c. If access to the pool is through a door, the door shall be closed, visibly locked and equipped with an alarm at the door that signals when someone has entered the pool area. The door may not be used as an exit.

d. Locks shall be located so that the locks cannot be opened by children.

e. The free-standing wall of an above ground pool may not serve as an enclosure unless it is at least 5 feet in height and not climbable. If a ladder is present, the ladder shall be removed or raised up so that it is inaccessible to children.

f. The area around the pool enclosure shall be free of toys or equipment that would allow a child to climb or otherwise gain access to the pool.

3. The swimming area used by a day camp shall have designated areas for non-swimmers, intermediate swimmers, advanced swimmers and divers. A child shall be restricted to the area of the pool or beach that is within the child's swimming ability.

4. Access to a water activity area or beach shall be controlled so that children may not enter the area without the knowledge of waterfront staff and any area used for swimming shall be clearly marked.

See DCF 252.41 (1) (f) 8. – POLICY SUBMITTED & IMPLEMENTED – WATER / WATERFRONT ACTIVITIES. The plan should address situations where children have access to water that is not a pool or beach area, such as a creek or pond on the premises of the camp. The plan should identify whether children will be allowed to use the water for activities, such as fishing, and how children's access to the water will be addressed by the camp. A waterfront supervisor is not required to be present when children have access to water that is not a pool or beach area.

5. Equipment in water activity areas, including docks, ladders, rafts, diving boards, boats, life jackets, and paddles, shall be maintained and in good repair.

6. Rescue equipment, including a shepherd's crook type pole, a backboard, ring buoy, and rescue tube shall be maintained and immediately available at each water activity area as specified in s. ATCP 76.26.

(b) *Waterfront supervisor.*

1. Each day camp offering swimming, boating, canoeing, or other water activities whether at a pool or a beach shall designate a staff person as waterfront supervisor. All water activities, whether on or off the premises, shall be under the direction of the waterfront supervisor or an equally qualified adult who is present at the waterfront during water activities. The waterfront supervisor shall:

If a center has multiple water activity areas, there must be an adult who meets the qualifications below and is the designated waterfront supervisor at each water activity area.

a. Be 18 years of age or older; and

252.44(7)(b)1.b.

b. Hold a current certification as a life-guard from a nationally recognized certifying agency.

1m. If the center uses a pool, beach, or other water attraction that is not located on the center premises and certified lifesaving personnel are on duty, the waterfront supervisor is not required to meet the qualification in subd. 1. b.

2. The camp shall maintain a ratio of one person with a current Red Cross certified lifesaving certificate per 25 children in the water, except where a public swimming place has life-saving personnel on duty. While children are in the water, only staff who can swim may be included when determining counselor-to-child ratios under Table DCF 252.425.

The lifesaving certificate may be from a nationally recognized certifying agency.

3. The waterfront supervisor or an equally qualified person shall be on duty at all times whenever children are in the water.

4. The waterfront supervisor shall establish and enforce a method for supervising children in the water such as the buddy system, the colored cap system or another method of supervising children. The supervision plan shall be included in the camp's written waterfront plan and reviewed during pre-camp training.

5. The waterfront supervisor shall establish and enforce a method for checking persons in and out of the water. The check-in and check-out procedures shall be included in the camp's written waterfront plan and reviewed during pre-camp training.

5m. The waterfront supervisor shall establish and enforce procedures for ensuring that children who have access to a beach or are engaged in fishing or other shoreline activities are properly supervised.

A waterfront supervisor is not required to be present when children have access to water that is not a pool or beach area.

6. The waterfront supervisor or person acting as the waterfront supervisor may not be included when determining counselor-to-child ratios during any period when children are in the water.

(c) Swimming procedures.

1. The swimming ability of each child shall be assessed by either the parent or the camp. Documentation of the assessment shall be kept in the child's file.

2. Children shall be restricted to swimming areas within their swimming classification.

(d) Boating prohibited in swimming areas. Except in an emergency, no rowboat, canoe, motor boat or other craft, except a lifeboat used by lifeguards, is permitted in a swimming area, pursuant to s. 30.68 (7), Stats.

(8) BOATS.

(a) In this section, "boat" means every description of watercraft used or capable of being used as a means of transportation on water, including canoes, kayaks, large inner tubes, inflatable boats, paddleboards, and sailboards. Small inflatable toys such as swim rings and air mattresses are not considered "boats" under this definition.

(am) All boats shall comply with ch. NR 5.

(b) Each occupant of a boat shall wear a type I or II coast guard-approved personal flotation device which is appropriate to the weight of the person wearing it as specified in s. 30.62 (3) (a), Stats., and s. NR 5.13.

(c) There shall be at least one adult in each boat who is a competent swimmer as determined by the waterfront supervisor. When children are using single-seat boats, such as kayaks, a counselor who is a competent swimmer shall be close enough to the children to provide assistance if necessary.

252.44(8)(d)

(d) Children who have not demonstrated advanced swimming skills shall be limited to the use of the rowboats only.

(e) All boats, oars and paddles shall be in good repair and inspected annually for safety.

(9) FIREARMS AND ARCHERY. Firearms and archery equipment may not be used by children under 7 years of age. When firearms and archery equipment are used by children 7 years of age and older, the following precautions shall apply:

(a) The archery or shooting range may be used only under the supervision of a trained adult instructor who holds a certification in bowhunter or hunter safety, respectively.

There is no specific organization that the archery and/or shooting range supervisor must take hunter or bowhunter safety from.

Archery range supervisors may take the USA Archery Instructor certification course to meet this requirement.

(b) Other program activities shall be in an area away from the designated archery or shooting range. The range shall be fenced in with rope or wire and marked with danger signs or flags.

(c) Firearms, ammunition, and archery equipment shall be stored under lock and key when not in use.

(d) All firearms, archery equipment, and unused ammunition shall be returned to the instructor.

(10) TOOLS.

(a) Power tools shall not be used by children under 7 years of age.

(b) Children under 7 years of age shall not be allowed in areas where power tools are in use.

(c) When power tools and other tools are not in use, they shall be stored in an area not accessible to children.

(11) HORSEBACK RIDING.

(a) This subsection shall apply whether the camp owns, rents, or leases horses.

(b) Children may ride horseback only in a ring or other enclosed area.

(c) The riding tack shall be maintained in good repair to provide maximum safety for children. It shall be appropriate to the age, size, and ability of the rider.

(d) Horseback riding shall be specifically covered by the camp's liability insurance.

(12) FIELD TRIPS. For field trips away from the base camp:

(a) Staff shall carry emergency contact information and signed parental permission for the emergency medical care of all children on the field trip.

(b) The counselor-to-child ratio under Table DCF 252.425 shall be maintained, except that the number of adults accompanying children away from the base camp shall be no fewer than 2.

(c) A planned source of emergency medical care in the area to be visited shall be known to staff.

(d) A list of children participating in the field trip shall be maintained by the camp director and a counselor accompanying the children.

(e) Parents shall be notified in advance of the times and location of each field trip.

252.44(12)(e) continued

The options for meeting this rule are:

- *The Field Trip or Other Activity Notification/Permission – Child Care Centers form or a similar center-created form that will be used for each child on each field trip; OR*
- *A blanket permission form signed by parents that covers all field trips involving use of a vehicle; and notification to parents of the date, time, and destination of the field trip for each child prior to each trip.*

(f) First aid supplies shall be taken on all field trips.

(13) ADVENTURE-BASED ACTIVITIES.

(a) This subsection applies whether the camp owns, rents, or leases equipment used in adventure-based activities. Adventure-based activities include but are not limited to experiences such as ropes or challenge courses, hiking and rock climbing.

(b) The licensee shall ensure that personnel leading and providing training to children are trained and have experience for the type of adventure-based experience they are supervising.

(c) Equipment used in adventure-based activities shall be properly installed, maintained in good condition and working order and appropriate to the size, developmental and ability level of the children using the equipment.

(d) Before a child is permitted to participate in an adventure-based activity, the licensee shall ensure that the child's medical history does not prohibit participation in the type of activity planned. If there is a question about a child's ability to participate for medical reasons, the licensee shall not permit participation without the written approval of the child's physician and written authorization from the child's parent.

252.44(13)(e)

(e) Counselor-to-child ratios shall be adequate to manage and supervise the adventure-based activity based upon the number of children participating and type of activity. At no time, shall the counselor-to-child ratio be less than that specified in Table DCF 252.425.