**Information Required to Monitor Public School Operated Child Care Programs**

**Use of form:** Child care programs operated by a public school board that receive Wisconsin Shares Child Care Subsidy are required under federal law to be monitored annually for compliance with the health and safety rules in Chapter DCF 251 of the Wisconsin Administrative Code. Personal information you provide may be used for secondary purposes [Privacy Law, s.15.04(1)(m), Wisconsin Statutes]. Failure to submit this completed form will impact your eligibility to participate in the Wisconsin Shares Child Care Subsidy Program.

**Instructions:** Before completing this form, read Section F, "Authorization." The completed form and all requested attachments must be received prior to the date you wish to become eligible to receive Wisconsin Shares Child Care Subsidy.

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| **A. SCHOOL DISTRICT INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. | | | | Name | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. | | | | Federal Employer Identification Number (FEIN) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3. | | | | Email Address | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4. | | | | Mailing Address | | | | | | | | | | | | | | | | | | | | 5. | | School District Telephone Number | | | | | |
| 6. | | | | Yes  No Does the school district currently operate any licensed or certified child care centers? If “Yes”, provide the WISCCRS Provider Number from the lower left of the certificate issued to your currently regulated program. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7. | | | | School Board President Name (Last Name, First Name, Middle Initial) | | | | | | | | | | | | | | | | | | | | 8. | | School Board President Date of Birth | | | | | |
| **B. LOCATION INFORMATION AND PHYSICAL PLANT** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. | | | | Name of the Public School Operated Program (**Maximum length – 35 characters including spaces)** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. | | | | Physical Address of the Public School Operated Program (Street, City, State, Zip Code) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3. | | | | Primary Telephone | | | | | | | | | | | | | 4. | Secondary Telephone | | | | | | | | | | | | | |
| 5. | | | | Name and mailing address of the person to whom ALL official notices, application materials, etc. will be sent. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6. | | | | Yes  No The school district agrees to receive the monitoring inspection results via email. If yes, provide the email address. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7. | | | | Name of the Person in Charge Daily at the Program | | | | | | | | | | | | | | | 8. | | | Telephone Number of the Person in Charge | | | | | | | | | |
| 9. | | | | Email Address of the Person in Charge Daily at the Program | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10. | | | | Yes  No Does the person in charge daily at the program have contact with the children in care? | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11. | | | | Primary Language of the Person in Charge Daily at the Child Care Program  English  Spanish  Hmong  Other – Specify: | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12. | | | | Yes  No Is a translator required? | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13. | | | | Is there multilingual programming support for children? If Yes:  English  Spanish  Hmong  Other – Specify: | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 14. | | | | Yes  No Is this public school operated program located in a building currently in use as a school building? If “Yes”, provide the following: | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | School Name | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | School Principal Name | | | | | | | | | | | | | | | | | | | | | | | School Principal Telephone Number | | | | |
| **B. LOCATION INFORMATION AND PHYSICAL PLANT (continued)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | Yes  No Will your program only serve children age 4 and above who are also enrolled in the school district for academic purposes (4K-12)? | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | Yes  No Will your program serve children younger than age 5 who are not enrolled in the school district for academic purposes? If “Yes”, submit a copy of a building inspection report evidencing compliance with the applicable building codes. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 15. | | | | Yes  No Is the child care program located in a building other than a school building? If “Yes”, submit a copy of a building inspection report evidencing compliance with the applicable building codes. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 16. | | | Is the building’s water source  public water or  private well? If private well, submit a copy of the results of the tests for lead and bacteria. Include nitrate level test if caring for infants under 6 months of age. **Note**: Programs that use a private well that serves at least 25 of the same people over 6 months of the year are considered to have a non-transient noncommunity water system and must be in compliance with ch. NR 809, Safe Water Act Standards. Contact the Department of Natural Resources for information [www.dnr.state.wi.us](http://www.dnr.state.wi.us) | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 17. | | | Yes  No Is there an  in-ground pool,  above-ground pool,  wading pool, or  beach on the premises? | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 18. | | | Submit the following diagrams. Use a separate page for each diagram. **Note:** Notify the department of any changes. | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | a. | | | Outdoor play space. Indicate dimensions, enclosures, location of all buildings and bodies of water. | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | b. | | | Floor plan of total interior space. Clearly mark all spaces that will be used by the program, and indicate the dimensions, exits, and room usage. | | | | | | | | | | | | | | | | | | | | | | | |
| 19. | | | Yes  No Does anyone reside on the premises where the child care program is located? If “Yes”, list the name and the birthdate for **every person** (adults and children) who lives on the premises where the child care program is located. Attach additional pages if necessary. | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | a. | | | Name (Last, First, MI) | | | | | | | | | | | | | | | | | | | | | Birthdate (mm/dd/yyyy) | | |
|  | | | b. | | | Name (Last, First, MI) | | | | | | | | | | | | | | | | | | | | | Birthdate (mm/dd/yyyy) | | |
|  | | | c. | | | Name (Last, First, MI) | | | | | | | | | | | | | | | | | | | | | Birthdate (mm/dd/yyyy) | | |
| 20. | | | Submit a completed *Background Check Request* form for all persons aged 10 years and older who live on the premises of the program. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **C. CHILD CARE PROGRAM INFORMATION** (In this section, we are requesting information about the child care program only. If your child care program is located in a school building, do not incorporate the school information into your answers below.) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | | | Attach a current written delegation of administrative authority that outlines the organizational structure and designates, in a chain of command form, those persons on the premises who are in charge of the child care program for all hours of operation. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. | | | In the spaces provided below list the persons designated to fulfill the duties of Administrator and Director | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | a. | | | | | Administrator Name | | | | | | | | | | | | | | | | | | | | | Birthdate (mm/dd/yyyy) | |
|  | | b. | | | | | Director Name | | | | | | | | | | | | | | | | | | | | | Birthdate (mm/dd/yyyy) | |
| 3. | | | Months of Operation  January  March  May  July  September  November  February  April  June  August  October  December | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4. | | | Days of Operation  Sunday  Monday  Tuesday  Wednesday  Thursday  Friday  Saturday | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. | | | Hours of Operation (from / to) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| a. | | | | | Start time: | |  | |  | End time: | |  | | | | | |  | | Make sure to indicate the start and end times for each session if there will be more than 1 session during the course of the day. | | | | | | | | |
| b. | | | | | Start time: | |  | |  | End time: | |  | | | | | |  | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **C. CHILD CARE PROGRAM INFORMATION (continued)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6. | | | | | | Capacity – Maximum number of children in care of the child care program. | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7. | | | | | Ages of Children to be Provided Care | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Youngest age in care: | | | | | |  | | |  | | Oldest age in care: | | | | | | | | |  | | | |  | | |
| 8. | | | | | Yes  No Does the school district have 4K collaborative agreements with any licensed child care centers? “Yes”, provide the names and addresses of the licensed center(s) in the space below and attach copies of the agreement(s). | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9. | | | | | Yes  No Does the school district have collaborative agreements with any Head Start centers? “Yes”, provide the names and addresses of the Head Start center(s) in the space below and attach copies of the agreement(s). | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10. | | | | | Yes  No Will the child care program provide transportation to children in care whether for  regularly-scheduled transportation to and from school or home or for  field trips? | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11. | | | | | Yes  No Will transportation be provided in vehicles other than those operated by the school district bus company? | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **D. AUTHORIZATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Yes  No | | | | | | | | | I, the school board president grant authorization to the child care program management to sign agreements and submit official documentation concerning the program to the department on my behalf. | | | | | | | | | | | | | | | | | | | | | | |
| I, as president of the school board, acknowledge having received a copy DCF 251, Licensing Rules for Group Child Care Centers and accept legal responsibility for complying with all administrative rules as promulgated by the department under the authority of s. 48.67, Wis. Stats. By my signature, the school board signifies willingness to provide the department’s licensing agency with information to verify whether or not the licensing rules are met and further authorizing the department to make such investigation as necessary for verification of these factors, including access to the premises any time during the hours of operation.  I understand that, pursuant to s.48.66(2m), Wis. Stats., I must give the department / agency my federal employer identification number (FEIN). My FEIN, as well as other information I give the department, is subject to verification by federal, state or local licensing officials.  I affirm that no fees, forfeitures, or assessments related to the public school operated program issued by the department are due.  I affirm that all statements made in this document and any attachments are true and correct to the best of my knowledge.  I will comply with all laws, rules and regulations. I understand and agree that, as the school board president, I am responsible for ensuring that any person who is employed at the school district’s child care program or who has any role in the operation of the child care program will comply with all laws and regulations pertaining to child care centers, including but not limited to ch. 48 Children’s Code of the Wisconsin Statutes, chs. DCF 251 Licensing Rules for Group Child Care Centers, sec. 49.155, Wisconsin Statutes governing the Wisconsin Shares program and DCF 201, Wisconsin Administrative Code governing administration of child care funds; and s. 7 CFR 226 governing the Child and Adult Care Food Program of the US Department of Agriculture. I further understand and agree that the school board is responsible for any actions or omissions of any person who is employed at the child care program or who has any role in the operation of the child care program. I understand and agree that failure to comply may affect the child care program’s ability to receive Wisconsin Shares Child Care Subsidy. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Note:** The signature below is to be that of the school board president If you have any questions, contact your regional licensing office. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | |  | | | | | | | | | | | | | | | | |  | | | | |  | | | | | | |
|  | | | Name – School Board President (Type / Print) | | | | | | | | | | | | | | | | |  | | | | | Title (Type / Print) | | | | | | |
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|  | | | **SIGNATURE** – School Board President | | | | | | | | | | | | | | | | |  | | | | | Date Signed (mm/dd/yyyy) | | | | | | |

**Attachments**

Listed below are items that are required to be submitted as part of a complete application for initial licensure. Please take the time to go over this list and ensure you have included all required documents.

A building inspection report evidencing compliance with the applicable building codes (see B14 and B15).

A copy of the results of the water test for lead and bacteria if your water source is a private well. Include nitrate level test if caring for infants under 6 months of age (see B16).

A diagram of the outdoor play space which indicates dimensions, enclosures, location of all buildings and bodies of water (see B18a).

A diagram of the floor plan of the total interior space of the building which indicates all spaces that will be used by the program, the dimensions, exits and room usage (see B18b).

A completed *Background Check Request* form for each person aged 10 years and older who lives on the premises of the program (see B20).

A current written delegation of administrative authority that outlines the organizational structure and designates, in a chain of command form, those persons on the premises who are in charge of the child care program for all hours of operation (see C1).

Copies of 4K collaborative agreements with any licensed child care centers (see C8).

Copies of collaborative agreements with any Head Start centers (see C9).

A completed and signed *Request for Taxpayer Identification Number and Certification*, IRS W-9.