

Certification Application – School-Age Care Programs

Use of form: Completion of this form is mandatory to meet the requirements as stated in the DCF 202.04(3), Wisconsin Administrative Code. An application is officially received by the agency only if it is completely filled out, signed, dated and submitted with all required materials. Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04 (1)(m), Wisconsin Statutes]. Failure to submit a complete application may result in denial of your certification application.

Instructions: Before completing this form, check one of the four options listed below, enter the date by which you hope to open your program and read the Authorization section. The completed application shall be submitted to the appropriate certifying agency.

- New Application
 Relocation of existing certified program
 New owner of existing certified program
 Renewal Application
- Proposed opening date: _____
(mm/dd/yyyy)

A. APPLICANT INFORMATION

1. Name – Applicant (legally responsible individual or corporation)

Name – Owner / President of Governing Board	Date of Birth – Owner / President
Mailing Address – Applicant (legally responsible individual or corporation)	Telephone Number – Applicant
Email Address – Applicant	Cell Phone Number – Applicant

Primary Language
 English Spanish Hmong Russian Other – Specify: _____

2. Yes No Is an interpreter required?

3. Yes No Does the applicant have contact with the children in care?

4. Yes No Does the applicant currently hold another type of license, certification or regulation? If "Yes", check all that apply.

- | | |
|---|---|
| <input type="checkbox"/> Adult Day Care | <input type="checkbox"/> Hospital |
| <input type="checkbox"/> Adult Family Home | <input type="checkbox"/> Licensed Child Care Center |
| <input type="checkbox"/> Alcohol and Other Drug Abuse Program | <input type="checkbox"/> Mental Health Program |
| <input type="checkbox"/> Child Placing Agency | <input type="checkbox"/> Nursing Home |
| <input type="checkbox"/> Community Based Residential Facility | <input type="checkbox"/> Residential Care Center for Children and Youth |
| <input type="checkbox"/> Foster Home (children) | <input type="checkbox"/> Shelter Care (children) |
| <input type="checkbox"/> Group Foster Home (children) | <input type="checkbox"/> Other – Specify: _____ |

5. Yes No Has the applicant ever had any license, certification or government approval denied, revoked, suspended or not renewed? If "Yes", specify below the type of license; certification or approval affected; in which state the action occurred; which agency took the enforcement action; the date of the action, and the name, address, telephone number and type of facility or program that was affected.

6. Yes No Does the applicant currently operate other certified child care programs? If "Yes", provide the names and locations of the other programs. If additional space is needed, attach a separate sheet.

7. References. Check with certifying agency to determine if names, addresses and phone numbers of references are required.

B. PROGRAM INFORMATION

1. Program Name	Telephone Number – Where Care Will be Provided
Physical Address – Where Care Will be Provided (Street, City, State, Zip Code)	Cell Phone – Where Care Will be Provided
Mailing Address – Where Care Will be Provided (if different from the physical address)	County – Where Care Will be Provided
Name – Person in Charge Daily at the Program	Does this person have contact with children in care? <input type="checkbox"/> Yes <input type="checkbox"/> No

2. Hours and Days of Operation:							
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
a. Start time:							
b. End time:							
c. Start time:							
d. End time:							

3. Months of Operation <input type="checkbox"/> January <input type="checkbox"/> March <input type="checkbox"/> May <input type="checkbox"/> July <input type="checkbox"/> September <input type="checkbox"/> November <input type="checkbox"/> February <input type="checkbox"/> April <input type="checkbox"/> June <input type="checkbox"/> August <input type="checkbox"/> October <input type="checkbox"/> December	4. Type of Care: <input type="checkbox"/> Full day <input type="checkbox"/> Before and After School <input type="checkbox"/> Part day <input type="checkbox"/> Summer Care
5. Capacity – Maximum number of children in care between 5:00 a.m. and 9:00 p.m.	6. Night Capacity – Number of children in care between 9:00 p.m. and 5:00 a.m.
7. Ages of Children to be Provided Care: Youngest age: Oldest age:	

8. Yes No Unsure Do you currently receive or wish to be eligible to receive Wisconsin Shares reimbursement?

9. Yes No Will the program provide transportation to children in care?

Yes No Will transportation be provided via program-owned or provider-owned vehicles?

Yes No Will the program contract with a company or other agency to provide transportation?

10. Will meals be served by the program? Yes, prepared on the premises. Yes, prepared off the premises. No.

11. Yes No Do you have support staff (e.g., cooks, maintenance personnel, secretaries)? If "Yes," attach a list that includes each person's name, job title and whether they have contact with the children in care.

12. Caregiver Information. Include teachers, assistants, substitutes and volunteers. Submit training information for each person listed below. Attach a separate sheet if necessary.

a. Name	Birthdate (mm/dd/yyyy)
Title	Date of Initial Employment (mm/dd/yyyy)
b. Name	Birthdate (mm/dd/yyyy)
Title	Date of Initial Employment (mm/dd/yyyy)
c. Name	Birthdate (mm/dd/yyyy)
Title	Date of Initial Employment (mm/dd/yyyy)
d. Name	Birthdate (mm/dd/yyyy)
Title	Date of Initial Employment (mm/dd/yyyy)

C. PHYSICAL PLANT AND ENVIRONMENT

1. Is your water source public water or private well?
If private well, submit a copy of the results of the annual water test. The water shall be tested and found to be bacteriologically safe and to have safe nitrate levels by a laboratory certified under 42 CFR 493 (CLIA) prior to initial certification and at least every following 2 years. Date of last test: _____
(mm/dd/yyyy)
2. Yes No Are there pets in the program location? If "Yes", submit current rabies test for cats, dogs and ferrets.
3. Submit the following diagrams, and use a separate page for each diagram.
a. Diagram outdoor play space. Indicate dimensions, enclosures, location of all buildings and bodies of water.
b. Diagram floor plan of total interior space. Clearly mark all spaces that will be used by the center, and indicate the dimensions, exits and room usage.
4. Yes No Does anyone live at the program location?
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D. AUTHORIZATION

I authorize the Department of Children and Families and / or the certifying agency to request and receive any information that is appropriate and necessary for the administration of certification for child care programs. Sources of information may include, but are not limited to, Department of Corrections, Department of Justice, Division of Unemployment Insurance, Department of Regulation and Licensing, Internal Revenue Service, Department of Revenue, Department of Transportation, Wisconsin Technical College System or any other educational institution, county departments of social / human services, law enforcement agencies or a current or former employer. Personally identifiable information collected on this form may be used, in part, through computer matching to verify information with the departments, agencies and employers identified above.

I acknowledge having received the rules for family child care certification, DCF 202, Wis. Admin. Code, including the standards and checklist for certified school-age child care, and accept legal responsibility for complying with all administrative rules as promulgated by the department under the authority of s. 48.651, Wis. Stats. By signature I signify a willingness to provide the certifying agency and / or Department of Children and Families with information to verify whether or not the requirements for certification are met and further authorize the certifying agency or department to make such investigation as is necessary for verification of these factors, including access to the premises any time during hours of operation.

I affirm that all statements made in this application and any attachments are true and correct to the best of my knowledge. I understand that failure to submit correct or truthful information or omitting information is grounds for denial, revocation or other sanction under the authority of applicable statutes or administrative codes. Credible statements made to the certifying agency and / or department that contradict information I provide under my written attestation also may be grounds for denial, revocation or other sanction of certification.

I will comply with all laws, rules and regulations. I understand and agree that I am responsible for ensuring that any person who is employed or who has any role in the operation of my child care program will comply with all laws and regulations pertaining to child care programs, including ch. 48 Children's Code and s. 49.155 Wisconsin Shares: Child Care Subsidy of the Wisconsin Statutes, chs. DCF 202 Child Care Certification and DCF 201 Administration of Child Care Funds of the Wisconsin Administrative Codes; and Title 7 C.F.R. Part 226 Child and Adult Care Food Program of the Federal Regulations of the U.S. Department of Agriculture. I further understand and agree that I may be held legally responsible for any actions or omissions of any person who is employed at my child care program or who has any role in the operation of my child care program. I understand and agree that failure to comply may result in an enforcement action including revocation, denial or the assessment of forfeiture.

Name – Applicant (Type / Print)

Title (Type / Print)

SIGNATURE – Applicant

Date Signed (mm/dd/yyyy)