

Certification Application – Family and In-Home Child Care Programs

Use of form: Completion of this form is mandatory to meet the requirements as stated in the DCF 202.04(4), 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. The provision of your social security number (SSN) or federal employee identification number (FEIN) is mandatory per DCF policy. Your application will not be processed if you fail to provide your SSN or FEIN. The department is legally responsible for protecting the confidentiality of personally identifiable information. Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04 (1)(m), Wisconsin Statutes]. If you fail to submit a complete application, your application will be closed.

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

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

A. APPLICANT INFORMATION

1. Applicant Name (legally responsible individual)	Applicant Date of Birth
Social Security Number (SSN) – the number used for tax purposes.	
<input type="checkbox"/> Yes <input type="checkbox"/> No Do you have a SSN? If "Yes", provide the number:	
Federal Employer Identification Number (FEIN) – the number used for tax purposes.	
<input type="checkbox"/> Yes <input type="checkbox"/> No Do you have a FEIN? If "Yes", provide the number:	
Primary Language	Is an interpreter needed?
<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Hmong <input type="checkbox"/> Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Race	
<input type="checkbox"/> Caucasian / White <input type="checkbox"/> Black / African American <input type="checkbox"/> American Indian <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Unknown	
Home Address	Home Telephone Number
Mailing Address (if different from home address)	Cell Phone Number
Email Address	

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

Adult Family Home Licensed Child Care Center
 Foster Home (children) Other – Specify: _____

NOTE: If you hold a current license or certificate to care for children or adults (e.g., foster care, licensed child care), the department form *Regulatory Agency Approval / Acknowledgement to Operate Child Care Business* (DCF-F-DWSW13259) must be submitted.

3. References. Check with certifying agency to determine if references are required. If required, provide the names of individuals who are familiar with you and your ability to care for children. Include the full name, address and telephone number of each individual. Note: PO Boxes are NOT accepted.

Name (first, last)	Address (Street, City, State, Zip Code)	Telephone Number
a.		
b.		
c.		

B. PROGRAM INFORMATION

1. Care Will Be Provided In: (check one) <input type="checkbox"/> Child's Home <input type="checkbox"/> Provider's Home	County Where Care Will be Provided
Program Name as You Want it Displayed on childcarefinder.wisconsin.gov Wisconsin's Child Care Search	
Physical Address Where Care Will be Provided (Street, City, State, Zip Code)	Telephone Number Where Care Will be Provided
Mailing Address Where Care Will be Provided (if different from the physical address)	Cell Phone Where Care Will be Provided

B. PROGRAM INFORMATION (continued)

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:

- January March May July September November
 February April June August October December

4. Program day:

- Full day
 Part day

5. Capacity:

6. Ages of Children to be Provided Care:

Youngest age:

Oldest age:

7. Employee and/or Volunteer Information. Attach a separate sheet if necessary.

- Include names of assistants, substitutes, volunteers, and any employees of the child care program including support staff such as cooks, drivers, secretaries, or maintenance personnel) who do not reside in the home.
- Submit a Background Check Request form for each person listed below.
- Submit documentation of SIDS / SBS / AHT and preservice training, if completed, for any caregivers listed below.

a. Name		Title / Role	
Birthdate (mm/dd/yyyy)	Date of Initial Employment (mm/dd/yyyy)	SIDS / SBS / AHT Training Date	

Yes No Does this person have access to children in care?

Yes No Does this person provide care and supervision of children?

b. Name		Title / Role	
Birthdate (mm/dd/yyyy)	Date of Initial Employment (mm/dd/yyyy)	SIDS / SBS / AHT Training Date	

Yes No Does this person have access to children in care?

Yes No Does this person provide care and supervision of children?

c. Name		Title / Role	
Birthdate (mm/dd/yyyy)	Date of Initial Employment (mm/dd/yyyy)	SIDS / SBS / AHT Training Date	

Yes No Does this person have access to children in care?

Yes No Does this person provide care and supervision of children?

d. Name		Title / Role	
Birthdate (mm/dd/yyyy)	Date of Initial Employment (mm/dd/yyyy)	SIDS / SBS / AHT Training Date	

Yes No Does this person have access to children in care?

Yes No Does this person provide care and supervision of children?

e. Name		Title / Role	
Birthdate (mm/dd/yyyy)	Date of Initial Employment (mm/dd/yyyy)	SIDS / SBS / AHT Training Date	

Yes No Does this person have access to children in care?

Yes No Does this person provide care and supervision of children?

8. Yes No Will the program provide transportation to children in care? If yes, answer questions below.

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

b. Yes No Will the program contract with a company or other agency to provide transportation? If yes, provide the name of the contracted individual or company:

9. Yes No Unsure Do you intend to participate in YoungStar, which makes you eligible to receive WI Shares payments? If yes, the applicant must complete and submit a YoungStar Contract. (In-home providers must complete and submit a Wisconsin Shares Contract)

C. PHYSICAL PLANT AND ENVIRONMENT

1. Is your water source public water or private well? If private well, submit water test results.
 • The water shall be tested annually by a laboratory certified under ch. ATCP 77 and shall be found bacteriologically safe. Date of last test: _____ (mm/dd/yyyy)
 • An operator certified to care for infants under six months of age shall have water tested annually for nitrates by a laboratory certified under ch. ATCP 77.

2. Yes No Are there pets in the home? If "Yes", submit current rabies test for cats, dogs and ferrets.

3. Household members **9 years of age and younger**: List all children age 9 and younger who live in the home (natural, adopted, foster or residential). Attach additional sheets if necessary.

Name (Last, First, MI)	Relationship to Applicant	Date of Birth
a.		
b.		
c.		
d.		
e.		
f.		

4. Household members **10 years of age and older**:
 • List all adults and children 10 years of age and older who live in the home including natural, adopted, foster, or residential children. Include position title if the household member works as a helper, volunteer or substitute in the child care program. Attach additional sheets if necessary.
 • Submit a Background Check Request form for each person listed below.

a. Name (Last, First, MI)	Birthdate (mm/dd/yyyy)
Previous Names (e.g., maiden name)	Relationship to Applicant (e.g. spouse, child) / Position Title
b. Name (Last, First, MI)	Birthdate (mm/dd/yyyy)
Previous Names (e.g., maiden name)	Relationship to Applicant (e.g. spouse, child) / Position Title
c. Name (Last, First, MI)	Birthdate (mm/dd/yyyy)
Previous Names (e.g., maiden name)	Relationship to Applicant (e.g. spouse, child) / Position Title
d. Name (Last, First, MI)	Birthdate (mm/dd/yyyy)
Previous Names (e.g., maiden name)	Relationship to Applicant (e.g. spouse, child) / Position Title
e. Name (Last, First, MI)	Birthdate (mm/dd/yyyy)
Previous Names (e.g., maiden name)	Relationship to Applicant (e.g. spouse, child) / Position Title
f. Name (Last, First, MI)	Birthdate (mm/dd/yyyy)
Previous Names (e.g., maiden name)	Relationship to Applicant (e.g. spouse, child) / Position Title
g. Name (Last, First, MI)	Birthdate (mm/dd/yyyy)
Previous Names (e.g., maiden name)	Relationship to Applicant (e.g. spouse, child) / Position Title

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, Federal Bureau of Investigation Criminal Justice Information, 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, state and 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 family / in-home 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, s. 48.686, s. 48.651, and s. 49.155 Wisconsin Shares: Child Care Subsidy of the Wisconsin Statutes, chs. DCF 202 Child Care Certification, DCF 13 Background Checks for Child Care Programs, 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, suspension or the assessment of forfeiture.

Name – Applicant (Type / Print)

Title (Type / Print)

SIGNATURE – Applicant

Date Signed (mm/dd/yyyy)