

Parent Checklist – Certified Family Child Care Providers

Use of form: Use of this form is voluntary; however, completion of this form meets the requirements of DCF 202.04(7)(b)2.b. and 202.04(7)(b)3.c.

Instructions: The provider gives a copy of this document to the parent. The parent reviews and signs the form and returns it to the provider to be placed in the child's file.

Parent Responsibility: Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04 (1)(m), Wisconsin Statutes. As a parent you must complete the following documents:

- **Child Health Report:** The provider must have a current report of a physical examination on file for each child up to age 5 (who are not enrolled in school), as follows:
 - For a child under two years of age, a report of a physical examination conducted not more than six months prior to nor later than three months after the child is admitted, and a follow-up health examination at least once every six months after admission.
 - For a child two years of age or older, a report of a physical examination conducted not more than two years prior to nor later than three months after the child is admitted.
 - The physical examination report shall be signed and dated by a licensed physician, a physician's assistant or a health care provider.
- **Immunization Records:** You must give the provider a written record verifying that each child in care has been immunized.
- **Authorization to Administer Medication:** The provider may administer medication to a child only in accordance with written and signed permission from the child's parent.
- **Enrollment Form:** For each child in care, the provider must have an enrollment form that includes emergency contact information, consent for emergency medical care and permission to transport a child.
- **Intake for Child Under 2 Years:** This form is mandatory for children under 2 years of age.
- **Contract:** Provider must have a written contract with each parent that specifies the fee for child care and when the fee is due.

Complaint Procedure for County / Tribal Certified Child Care: Complaints / concerns regarding certification rule violation shall be directed to the certifying agency by telephone, email or by letter. The certifying agency shall investigate the complaint within 10 days. If a child is in immediate danger, local law enforcement is to be contacted immediately (child care providers are mandated reporters for suspected child abuse and neglect). For more information, contact the certifying agency. The list of certifiers can be found at: <http://dcf.wisconsin.gov/childcare/certification/pdf/certifiers.pdf>.

Maximum Number of Children in Certified Child Care:			
Related Children Under 7 Years of Age	Non-Related Children Under 7 Years of Age	Additional Children Ages 7 and Older	Maximum Number of Children*
0	3	Additional children ages 7 through age 12 (if special needs up to 19) may be cared for as long as the maximum total number of children is not exceeded	6
1	3		6
2	3		6
3	3		6
4	2		6
5	1		6
6	0		6

*The maximum number does not include the provider's natural, adopted or foster children 7 years of age and older.

When Children Under Age of 2 Years Are Present	
Number of Children Under 2 Years of Age	Maximum Number of Children**
0	6
1	6
2	6
3	5
4	4

**The maximum number does not include the provider's natural, adopted or foster children 7 years of age and older

Note: Under s. 48.65 (1), Wisconsin Statutes, if a provider takes care of 4 or more children under the age of 7 who are not related to the provider, for compensation, the provider must obtain a license to operate a child care center from the Department of Children and Families.

Parent Checklist

Check "Yes" if the statement is true; check "No" if the statement is not true. If you find statements that are not true, please discuss these with the certified provider or contact the certification agency in your county

<http://dcf.wisconsin.gov/childcare/certification/pdf/certifiers.pdf>.

Home Safety

- | Yes | No | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Each floor / level used for care has at least two unblocked exits and a working smoke detector. The home has a working carbon monoxide detector. |
| <input type="checkbox"/> | <input type="checkbox"/> | All areas used for child care have adequate and safe heat, light and ventilation. |
| <input type="checkbox"/> | <input type="checkbox"/> | The home is free of hazards. Firearms and ammunition materials are locked and stored in separate locked areas that are inaccessible to children. |
| <input type="checkbox"/> | <input type="checkbox"/> | Outdoor play areas are free of hazards and are fenced or the provider has taken special measures to ensure the safety of the children. Pools, hot tubs and large trampolines are inaccessible for child care children and are not used during the hours of child care. Wading pools, if used, are emptied and disinfected daily. |
| <input type="checkbox"/> | <input type="checkbox"/> | Pets that are kept in the home are tolerant of children and vaccinated against rabies. |
| <input type="checkbox"/> | <input type="checkbox"/> | The home must have a working phone. Emergency phone numbers are posted by each telephone. Phone numbers on this list include: 911, police, poison control center and emergency medical care. If a cell phone is used as a primary phone, it is operational during hours of child care. |
| <input type="checkbox"/> | <input type="checkbox"/> | The home is clean, uncluttered and free of insects and rodents. Bathrooms, including toilets, sinks and potty chairs are clean and in good working condition. Medications and other potentially hazardous products are not stored in the bathroom. |
| <input type="checkbox"/> | <input type="checkbox"/> | The well water is tested and found to be bacteriologically safe and to have safe nitrate and levels by a certified laboratory every two years (applies to providers with private wells). |
| <input type="checkbox"/> | <input type="checkbox"/> | Children do not share cups, eating utensils, washcloths or towels. |
| <input type="checkbox"/> | <input type="checkbox"/> | No one is allowed to smoke in any indoor or outdoor area in which child care children are present. |
| <input type="checkbox"/> | <input type="checkbox"/> | Areas, equipment and utensils for food preparation, serving and clean-up are clean and sanitary. |

Supervision

- | Yes | No | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | All visitors and members of the provider's household are in good physical and mental health that will not bring harm to the health and well-being of the children in care. No person is in contact with child care children who have symptoms of illness or of a communicable disease that may be transmitted through normal contact. |
| <input type="checkbox"/> | <input type="checkbox"/> | Certified providers are allowed to care for children up to 16 hours in any 24-hour period. My provider complies with this rule. |
| <input type="checkbox"/> | <input type="checkbox"/> | Each child has adult supervision at all times. Any substitute shall be at least 18 years of age, physically and emotionally able to provide responsible child care and approved by the certifying agency. |
| <input type="checkbox"/> | <input type="checkbox"/> | The child care provider is awake whenever the children are awake and the provider is not engaged in any other activity or occupation during the hours of operation that interferes with the care and supervision of children. |

Group Size

- | Yes | No | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | The provider is caring for no more than three non-relatives under seven years old. Note: When four or more children not related to the provider under seven years old are cared for at one time, a license is required. |
| <input type="checkbox"/> | <input type="checkbox"/> | The provider will care for children in accordance with the group size and age limitations per state requirements. |

Activities and Equipment

- | Yes | No | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | The provider offers children a variety of activities including active and quiet play, and indoor and outdoor activities, including infants and toddlers. |
| <input type="checkbox"/> | <input type="checkbox"/> | The provider reads to the children at least 15 minutes daily. |
| <input type="checkbox"/> | <input type="checkbox"/> | The provider offers play activities that enhance creativity, language development, use of large and small motor skills, and imagination. |
| <input type="checkbox"/> | <input type="checkbox"/> | Indoor and outdoor areas used for child care have sufficient space for play and for activities which meet the developmental needs of the children in care. |
| <input type="checkbox"/> | <input type="checkbox"/> | Provider has a variety of age-appropriate and developmentally appropriate equipment and toys. Indoor play equipment allows each child a choice of at least 3 activities when all children are using equipment at the same time. Outdoor equipment allows each child at least one activity when all children are using the equipment at the same time. |
| <input type="checkbox"/> | <input type="checkbox"/> | Television viewing is used only to supplement regular activities and no child is required to watch television. |

Provider Interaction with Children

- | | | |
|--------------------------|--------------------------|---|
| Yes | No | |
| <input type="checkbox"/> | <input type="checkbox"/> | The provider does not hit, spank, shake or inflict any other form of corporal punishment on the child, or use any discipline which is frightening to the child. |
| <input type="checkbox"/> | <input type="checkbox"/> | The provider is using positive guidance and redirection for the children and helps each child develop self-control, self-esteem, and respect for the rights of others. The provider is not using time-outs that exceed 5 minutes. |
| <input type="checkbox"/> | <input type="checkbox"/> | The provider will not verbally abuse or threaten a child or make derogatory remarks about the child or the child's family. |

Infant / Toddler Care

- | | | |
|--------------------------|--------------------------|--|
| Yes | No | |
| <input type="checkbox"/> | <input type="checkbox"/> | The provider responds promptly to a crying infant or toddler's needs and provides physical contact and attention to each infant and toddler throughout the day, including holding, rocking, talking to, singing to, and taking on walks inside and outside the home. |
| <input type="checkbox"/> | <input type="checkbox"/> | The provider (and any substitutes, assistants and volunteers) has taken training on Sudden Infant Death Syndrome (SIDS) and Shaken Baby Syndrome (SBS) prevention. SIDS applies to providers who care for infants under age 12 months; SBS applies to providers who care for children under age 5 years. |
| <input type="checkbox"/> | <input type="checkbox"/> | The provider changes the position and location of a non-walking child who is awake. |
| <input type="checkbox"/> | <input type="checkbox"/> | Diapers are changed on an easily cleanable surface that is cleaned and disinfected after each use. |

Nutrition

- | | | |
|--------------------------|--------------------------|---|
| Yes | No | |
| <input type="checkbox"/> | <input type="checkbox"/> | The provider ensures that each child receives proper nourishment while in care. A meal or a snack is served at least every three hours. Each child in attendance for 4 or more hours is served a meal which consists of a protein food, fruit and vegetable, a cereal or bread product and pasteurized grade A vitamin D milk. If the parents provide the food, the provider must make sure that the child receives all food categories listed above at every meal. |
| <input type="checkbox"/> | <input type="checkbox"/> | The provider makes sure that the children wash their hands prior to eating and after toileting. |

Rest

- | | | |
|--------------------------|--------------------------|--|
| Yes | No | |
| <input type="checkbox"/> | <input type="checkbox"/> | Each child has a clean, safe, quiet area to rest or nap. A safe crib or a playpen is available for children under age one. |

Transportation

- | | | |
|--------------------------|--------------------------|---|
| Yes | No | |
| <input type="checkbox"/> | <input type="checkbox"/> | If the provider's vehicle has a seating capacity of 6 or more passengers plus the driver, the vehicle is equipped with a child safety alarm. |
| <input type="checkbox"/> | <input type="checkbox"/> | Each child is seated and properly restrained in a car seat or seat belt when transported. I have signed written permission to transport my child. |
| <input type="checkbox"/> | <input type="checkbox"/> | The children are not left unattended in a motor vehicle. |
| <input type="checkbox"/> | <input type="checkbox"/> | The provider maintains vehicle liability insurance when transportation is provided. |

Provider and Parent Communication

- | | | |
|--------------------------|--------------------------|---|
| Yes | No | |
| <input type="checkbox"/> | <input type="checkbox"/> | Parents are allowed to visit and observe the program of care during any hours care is provided. |
| <input type="checkbox"/> | <input type="checkbox"/> | The provider informs me of any disciplinary action taken or any injury to my child that occurred during child care hours. |
| <input type="checkbox"/> | <input type="checkbox"/> | The provider keeps a written record of the daily hours of attendance of each child in care. |
| <input type="checkbox"/> | <input type="checkbox"/> | The provider has informed me whether or not the premises are covered by a child care liability insurance policy. |
| <input type="checkbox"/> | <input type="checkbox"/> | The child care provider is required by law to report suspected child abuse to the county/tribal social or human services department, or the police if the child is in immediate danger. |

Please review, sign the form, and return it to the provider. The provider has given a copy of this document to the parent.

SIGNATURE – Provider	Date Signed
SIGNATURE – Parent	Date Signed