

## Initial License Application – Day Camps for Children

**Use of form:** Completion of this form is mandatory to apply for a license to operate a day camp. The information requested on this form is required under ch. DCF 252, *Licensing Rules for Day Camps for Children*. An application is officially received by the department only if it is completely filled out, signed, dated and submitted with all required materials and fees. Failure to return a completed application may result in denial of your license. Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04 (1) (m), Wisconsin Statutes].

**Instructions:** Check one of the three options listed below and enter the date by which you hope to open your day camp. The completed original license application shall be submitted to the department at least 60 days before the proposed opening date. A completed application for camp relocation shall be submitted at least 30 days before the proposed opening date.

New facility     Relocation of existing facility     New owner of existing facility

If relocation or new owner of existing facility, provide the facility number of the existing facility: \_\_\_\_\_

Proposed opening date (mm/dd/yyyy): \_\_\_\_\_

### A. APPLICANT INFORMATION

1. Business Type:

LLC – Single Owner     LLC – Corporation     Government Entity     Other  
 LLC – Partnership     Corporation / Church     Partnership

If your business is organized as a corporation or church, attach the Articles of Incorporation and By-laws **AND** a list that provides the name, title, address, telephone number, and dates of office of each member of the board of directors, its committees, and its officers. **Immediately notify the department when any changes are made to the governing board.**

If your business is organized as a partnership or limited liability company, attach the Articles of Organization and Operating Agreement **AND** a list of the full name and address of each partner / member.

2. Name of Business (as entered with IRS)	FEIN
Business Mailing Address	Business Telephone Number
Name of the Legally Responsible Individual (Owner, member / partner designated in the Operating Agreement, or board president)	

3.  Yes  No Does the legally responsible individual have contact with the children in care?

4.  Yes  No Does the legally responsible individual(s) reside in another state?

If "Yes," provide the name, address, and telephone number of the Wisconsin resident responsible for ensuring compliance with applicable statutes and rules.

Name of WI Resident responsible for ensuring compliance with applicable statutes and rules	Telephone Number
--	------------------

Mailing Address of WI Resident responsible for ensuring compliance with applicable statutes and rules

5. Submit a completed *Background Check Request* (BCR) form for the legally responsible individual identified in question 2.

**Note:** if the applicant is organized as a limited liability company or partnership, BCR forms are required for each member / partner unless one person has been designated in the Operating Agreement as the legally responsible individual.

6. Primary Language:

English     Spanish     Hmong     Other – Specify:  
 Yes  No Is a translator required?

7.  Yes  No Does the applicant currently operate other licensed or certified child care programs?

If "Yes," provide your WISCCRS Provider Number (the number located on the lower left of the license or certificate).

8.  Yes  No Has the applicant ever had any license, certification, or government approval denied, revoked, suspended, or not renewed?

If "Yes," attach a sheet which includes the specific type of license; certification or approval affected; in which state the action occurred; which agency took the action; the date of the action, and the name, address, telephone number, and type of facility or program that was affected.

**A. APPLICANT INFORMATION (continued)**

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

**Note:** The applicant may not combine the care of children enrolled in the child care center with foster care of other non-related children or adults without prior written approval from both licensing agencies.

**B. FACILITY AND LICENSE INFORMATION**

1. Day Camp Name (Maximum length – 50 characters including spaces)

Day Camp's Physical Address – (Street, City, State, Zip Code)	County
---	--------

Primary telephone number	Secondary Telephone Number
--------------------------	----------------------------

Yes  No Is the primary telephone for the day camp a cell phone?

2. Day Camp Director's Name

Yes  No Does the person in charge daily at the day camp have contact with the children in care?

Email address for the person who will be in charge daily at the day camp

3. Name and address of the person to whom ALL official notices, application materials, etc. will be addressed

Yes  No I agree to receive the results of monitoring inspections via email.

If yes, provide the email address.

4. Attach a current written delegation of administrative authority signed by the licensee that outlines the organizational structure and designates, in a chain of command form, those persons on the premises who will be in charge of the day camp for all hours of operation.

5. Name of the Contact Person for Pre-Camp Licensing Review	Telephone Number
---	------------------

Mailing Address of the Contact Person for Pre-Camp Licensing Review

6. Licensed Capacity Total number of children to be served by the licensed program. **Note:** See department publications *Procedure for Obtaining an Initial License to Operate a Day Camp* or *License Continuation Procedures – Day Camp* for information regarding determining camp capacity.

7. 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 |

8. Days of Operation

- Sunday  Monday  Tuesday  Wednesday  Thursday  Friday  Saturday

9. 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: _____ |   |

**B. FACILITY AND LICENSE INFORMATION (continued)**

10. Ages of Children to be Provided Care  
Youngest age in care: \_\_\_\_\_ Oldest age in care: \_\_\_\_\_
11. Type of day camp.  
 Permanent base camp location  Mobile camp site with permanent headquarters
12. Program Day  
 Full day (operates 5 or more consecutive hours in a day)  
 Part day (operates fewer than 5 consecutive hours in a day)
13. Dates of camp operation for current year (mm/dd/yyyy):  
Start: \_\_\_\_\_ End: \_\_\_\_\_
14. Dates of camp operation for next year (mm/dd/yyyy):  
Start: \_\_\_\_\_ End: \_\_\_\_\_
15.  Yes  No Is there multilingual programming support for children?  
If Yes, check all that apply:  English  Spanish  Hmong  Russian  Other – Specify: \_\_\_\_\_

**C. PHYSICAL PLANT AND ENVIRONMENT**

1. Provide directions to the camp. Include the fire number and / or township. If additional space is needed, attach a separate sheet.
2. Submit a general diagram of the base camp.  
  - Indicate the location and dimensions of all buildings and shelters that are used primarily for day camp purposes
  - indicate which building or shelter has been designated for use during inclement weather
  - indicate the location of all bodies of water**Immediately notify the department of any changes between applications.**
3. Submit a copy of the Wisconsin building inspection report evidencing compliance with the applicable building codes for each building and shelter used primarily for day camp purposes.
4. Is your water source  public water or  private well?  
If private well, submit a copy of the results of the tests for lead, bacteria, and nitrate.  
**Note:** Camps that meet the definition of a “public water system” in s. NR 809.04(67) are required to comply with ch. NR 809, Safe Drinking Water Act Standards. Contact the Department of Natural Resources for more information [www.dnr.wisconsin.gov](http://www.dnr.wisconsin.gov).
5.  Yes  No Is there a pool or beach on the premises?  
If yes, check all that apply:  inground pool  aboveground pool  wading pool  beach
6.  Yes  No Does your camp offer waterfront activities at a beach on the premises of the camp?  
If “Yes,” submit the results of the water test from any beach used by children in care.
7.  Yes  No Does anyone live on the premises of the camp? In the space provided below, list the name and birthdate for each adult and for each child who lives at the camp. The social security number is optional.  
**Immediately notify the department of any changes between applications.** If additional space is needed, attach separate sheet.
- a. Name (Last, First, MI)
- |                        |                                |
|------------------------|--------------------------------|
| Birthdate (mm/dd/yyyy) | Social Security No. (Optional) |
|------------------------|--------------------------------|
- b. Name (Last, First, MI)
- |                        |                                |
|------------------------|--------------------------------|
| Birthdate (mm/dd/yyyy) | Social Security No. (Optional) |
|------------------------|--------------------------------|
- c. Name (Last, First, MI)
- |                        |                                |
|------------------------|--------------------------------|
| Birthdate (mm/dd/yyyy) | Social Security No. (Optional) |
|------------------------|--------------------------------|

**C. PHYSICAL PLANT AND ENVIRONMENT (continued)**

8. Submit a completed *Background Check Request* form for all persons aged 10 years and older who live on the premises of the center.
9.  Yes  No Can a public or private rescue or emergency vehicle arrive at the camp within 10 minutes of a phone call? If "No," see DCF 252.44 (6) (bm) for additional requirements.
10. Provide the name and address of the source of emergency medical care as designated in your required written plan.  
Name – Emergency Care Facility  
  
Physical Address (Street, City, State, Zip Code)
11. Local fire departments have requested the location of licensed facilities in their jurisdiction. Provide the name and mailing address of your local fire department. The department will send them a copy of your licensing letter.  
Name – Local Fire Department | Email – Local Fire Department  
  
Mailing Address – Local Fire Department

**D. POLICIES, PROCEDURES, AND PROGRAM**

1. Submit a current certificate of general liability insurance. Include an indication that horseback riding is included in the liability coverage if applicable. Also include indication of specific adventure-based activities when offered as part of the camp program.
2.  Yes  No Are pets or animals allowed in areas of the center accessible to children during the hours of operation?
3.  Yes  No Will the day camp provide meals to the children in care?  
If the camp will provide meals to children in care, they will be prepared:  
 on premises by the licensee  off premises by the licensee  
 on premises by another agency  off premises by another agency  
If meals are prepared off premises or by another agency, submit a copy of the kitchen inspection report by a state agency. **Note:** If meals are prepared off premises in another child care center licensed by the department, no inspection report is required.
4. Transportation:  
a.  Yes  No Will transportation be provided by the camp to and from the camp?  
 Yes  No Will transportation be provided by the camp for field trips?  
If you answered "Yes" to either question, attach a completed *Vehicle Safety Inspection* form for each vehicle used to transport children that is owned or leased by the center or owned by the licensee or an employee. Licensed contract motor carrier vehicles are excluded.  
b.  Yes  No Is camp-provided transportation provided in camp-owned vehicles?  
If "Yes," submit documentation of vehicle liability insurance for all camp-owned vehicles used to transport children in care.  
c.  Yes  No Is camp-provided transportation provided in vehicles other than camp-owned vehicles (e.g., personal vehicles of employees or parents or vehicles donated by other agencies)?  
If "Yes," submit documentation of non-owned vehicle liability insurance. **Note:** This excludes public transportation vehicles and chartered vehicles.
5.  Yes  No Is horseback riding part of the camp programming?
6.  Yes  No Does your camp offer swimming, boating, canoeing, or other water activities whether at a pool or a beach?
7.  Yes  No Does your camp offer adventure-based activities as outlined in 252.44 (13)?
8. Attach a copy of the policies and procedures required under 252.41 (1) (f) along with a completed *Policy Checklist – Day Camps*.
9. If the program is a mobile camp site with permanent headquarters, submit the proposed itinerary of field trips. Include the planned source of emergency medical care in each area to be visited.

**E. STAFF**

1. In the spaces provided below list the Administrator, Director, and all caregiver employees (e.g., counselors). Attach a separate sheet if necessary. Submit a completed *Background Check Request* form and documentation of completed training for each person listed below.

a. Name	Birthdate (mm/dd/yyyy)
Title	Date of Initial Employment
Registry number, if applicable. Documentation must also be filed at the center.	

b. Name	Birthdate (mm/dd/yyyy)
Title	Date of Initial Employment
Registry number, if applicable. Documentation must also be filed at the center.	

c. Name	Birthdate (mm/dd/yyyy)
Title	Date of Initial Employment
Registry number, if applicable. Documentation must also be filed at the center.	

d. Name	Birthdate (mm/dd/yyyy)
Title	Date of Initial Employment
Registry number, if applicable. Documentation must also be filed at the center.	

2. In the spaces provided below, list all support staff, such as cooks, drivers, secretaries, or maintenance personnel. Attach a separate sheet if necessary. Submit a *Background Check Request* form for each person listed below.

a. Name	Birthdate (mm/dd/yyyy)
Title	Date of Initial Employment Lorem ipsu
<input type="checkbox"/> Yes <input type="checkbox"/> No Does this person have access to children in care?	
<input type="checkbox"/> Yes <input type="checkbox"/> No Does this person provide care and supervision to children in care?	

b. Name	Birthdate (mm/dd/yyyy)
Title	Date of Initial Employment
<input type="checkbox"/> Yes <input type="checkbox"/> No Does this person have access to children in care?	
<input type="checkbox"/> Yes <input type="checkbox"/> No Does this person provide care and supervision to children in care?	

**F. AUTHORIZATION**

Yes  No Is there a person who is authorized to sign subsequent applications on behalf of the licensee? If "Yes" print or type the person's name and title in the spaces provided below.

\_\_\_\_\_  
Name Title

Yes  No Is there a person who has been designated by the board president to fulfill the child care background check requirement? If "Yes" print or type the designee's name and title in the spaces provided below and submit a signed and completed *Background Check Request* form for the designee. (**Note:** The designee must be a member of the board of directors.) The department will run a child care background check on all members of an LLC unless the Articles of Organization or Operating Agreement identifies a manager on whom the child care background check will be run. Print or type the name of the manager identified in the Articles of Organization or Operating Agreement.

\_\_\_\_\_  
Name Title

Yes  No I, the owner or president of the governing board, grant authorization to the camp management to sign agreements and submit official documentation concerning the camp to the department on my behalf.

I authorize the Department of Children and Families to request and receive any information that is appropriate and necessary for the administration of regulation and licensing requirements for children's programs, including child care, children's residential facilities and child welfare agencies. 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 Licensing Rules for Day Camps for Children (DCF 252, Wis. Admin. Code) 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 signature, I signify a willingness to provide the department's licensing agency with information to verify whether or not the requirements for a license are met and further authorize the department to make such investigation as is necessary for verification of these factors, including access to the premises any time during licensed hours.

I understand that, pursuant to s. 48.66(2m), Wis. Stats., as a condition of licensure, I must give the department / agency my social security number (SSN) if an individual or my federal employer identification number (FEIN) if not an individual. My SSN / 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 any license issued by the department are owed.

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 department that contradict information I provide under my written attestation also may be grounds for denial, revocation, or other sanction of my license.

I will comply with all laws, rules, and regulations. I understand and agree that, as the licensee, I am responsible for ensuring that any person who is employed at my child care center or who has any role in the operation of my day camp 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 252 Day Camps, DCF 202 Child Care Certification, and DCF 201 Administration of Child Care Funds of the Wisconsin Administrative Codes; and s.7 CFR 226 Child and Adult Care Food Program of the Federal Regulations of the U.S. Department of Agriculture. I further understand and agree that, as the licensee, I may be held legally responsible under licensing laws and regulations for any actions or omissions of any person who is employed at my day camp or who has any role in the operation of my day camp. I understand and agree that failure to comply may result in an enforcement action against my day camp license including, but not limited to, revocation, denial, or the assessment of forfeiture.

**Note:** The signature below is to be that of the licensee (i.e., the owner or, in the case of an organization, the board president). If you have any questions, contact your regional licensing office.

\_\_\_\_\_  
Name – Licensee (Type / Print) Title (Type / Print)

\_\_\_\_\_  
**SIGNATURE** – Licensee 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.

- Articles of Incorporation and By-laws **AND** a list that provides the name, title, address, telephone number, and dates of office of each member of the board of directors, its committees, and its officers if the applicant is organized as a corporation or church (See A1).
- Articles of Organization and Operating Agreement **AND** a list of the full name and address of each partner / member if the applicant is organized as a partnership or limited liability company (See A1).
- A completed *Background Check Request* form for the legally responsible individual (See A5).
  - If your business type is corporation or church, the legally responsible individual is the president of the governing board.
  - If your business type is limited liability company – corporation, limited liability company – partnership, or partnership, all members of the LLC or partnership are required to fulfill this requirement unless the Articles of Organization or the Operating Agreement identify a manager on whom the child care background check will be run.
  - If your business type is limited liability company – sole proprietor, the legally responsible individual is the individual who is applying for the day camp license.
- Documentation if the applicant has ever had any license, certification, or government approval denied, revoked, suspended, or not renewed that includes the specific 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 (See A8).
- A current written delegation of administrative authority signed by licensee that outlines the organizational structure of the camp and designates, by position or name, those persons on the premises who are in charge of the camp for all hours of operation (See B4).
- A general diagram of the base camp. Indicate the location and dimensions of all buildings and shelters that are used primarily for day camp purposes, which building or shelter has been designated for use during inclement weather, and the location of all bodies of water (See C2).
- Building inspection report evidencing compliance with the applicable building codes, if applicable (See C3).
- A current statement from the state laboratory of hygiene or a state-approved laboratory indicating that the water has been tested (at least 2 weeks prior to the camp opening each year) and found to be safe if the camp is served by a private well (See C4).
- Proof that the private well is in compliance with Chapter NR 809, Safe Drinking Water Act Standards, if the camp meets the definition of a “public water system” in s. NR 809.04 (67). (See C4).
- The water test results indicating that the water is safe for swimming if swimming will be offered as part of the camp program (See C6).
- Completed *Background Check Request* (DCF-F-5296) for any household member over age 10 (See C7 and C8).
- The proposed itinerary of field trips including the planned sources of emergency medical care in each area to be visit if this program will be a mobile camp site that consists primarily of field trips (See C9).
- A certificate of insurance for general liability insurance coverage. The certificate of insurance must include coverage for horseback riding or adventure-based activities if they are offered as part of the camp programming (See D1).
- A kitchen inspection report by a state agency if meals are prepared off-premises in another agency. (See D3).
- A completed *Vehicle Safety Inspection* form for each vehicle used to transport children in care, if applicable (See D4a).
- Documentation of vehicle liability insurance for each vehicle used to transport children in care, if applicable (See D4b).
- Documentation of non-owned vehicle liability insurance for each vehicle not owned by the camp that is used to transport children in care, if applicable (See D4c).
- Camp policies along with a completed *Policy Checklist – Day Camps* (DCF-F-2409) (See D8)
- Completed *Background Check Request* (DCF-F-5296) for the administrator, director, and all caregiver employees (See E1).
- Documentation of all completed training for the administrator, director, and all caregiver employees (e.g., counselors) (see E1).
- Completed *Background Check Request* (DCF-F-5296) for all support staff, such as cooks, drivers, secretaries, or maintenance personnel (See E2).
- Completed *Licensing Checklist – Day Camps* (DCF-F-CFS70) confirming that you are in compliance and ready for the initial licensing visit.
- A completed and signed *Request for Taxpayer Identification Number and Certification* (IRS W-9) form.
- Six-month probationary licensing fee. See *Procedure for Obtaining an Initial License to Operate a Day Camp* (DCF-P-PFS4065) for information on determining the probationary fee.