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**Child Care and Development Fund (CCDF) Plan
for
State/Territory Wisconsin**

FFY 2025 – 2027

Version: Initial Plan

Plan Status: Approved as of 2024-11-09 00:25:06 GMT

This Plan describes the Child Care and Development Fund program to be administered by the State or Territory for the period from 10/01/2024 to 9/30/2027, as provided for in the applicable statutes and regulations. The Lead Agency has the flexibility to modify this program at any time, including amending the options selected or described.

For purposes of simplicity and clarity, the specific provisions of applicable laws printed herein are sometimes paraphrases of, or excerpts and incomplete quotations from, the full text. The Lead Agency acknowledges its responsibility to adhere to the applicable laws regardless of these modifications.

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Overview

Introduction

The Child Care and Development Block Grant Act (CCDBG) (42 U.S.C. 9857 *et seq.*), together with section 418 of the Social Security Act (42 U.S.C. 618), authorize the Child Care and Development Fund (CCDF), the primary federal funding source devoted to supporting families with low incomes afford child care and increasing the quality of child care for all children. The CCDF program is administered by the Office of Child Care (OCC) within the Administration for Children and Families (ACF) at the U.S. Department of Health and Human Services and provides resources to State, Territory, and Tribal governments via their designated CCDF Lead Agency.

CCDF plays a vital role in supporting family well-being and child development; facilitating parental employment, training, and education; improving the economic well-being of participating families; and promoting safe high-quality care and learning environments for children when out of their parents' care.

As required by CCDBG, this CCDF Plan serves as the State/Territory Lead Agency's application for a three-year cycle of CCDF funds and is the primary mechanism OCC uses to determine Lead Agency compliance with the requirements of the statute and regulations. CCDF Lead Agencies must comply with the rules set forth in CCDBG and corresponding ACF-issued rules and regulations. The CCDF Plan is a fundamental part of OCC's oversight of CCDF and is designed to align with and complement other oversight mechanisms including administrative and financial data reporting, the monitoring process, error rate reporting, audits, and the annual Quality Progress Report.

Organization of Plan

In their CCDF Plans, State/Territory Lead Agencies must describe how they implement the CCDF program. The Plan is organized into the following sections:

1. CCDF Program Administration
2. Child and Family Eligibility and Enrollment and Continuity of Care
3. Child Care Affordability
4. Parental Choice, Equal Access, Payment Rates, and Payment Practices
5. Health and Safety of Child Care Settings
6. Support for a Skilled, Qualified, and Compensated Child Care Workforce
7. Quality Improvement Activities
8. Lead Agency Coordination and Partnerships to Support Service Delivery
9. Family Outreach and Consumer Education
10. Program Integrity and Accountability

Completing the Plan

This revised Plan aims to capture the most accurate and up-to-date information about how a State/Territory is implementing its CCDF program in compliance with the requirements of CCDF. In responding to plan questions, Lead Agencies should provide concise and specific summaries and/or bullet points as appropriate to the question. Do not insert tables or charts, add attachments, or copy manuals into the Plan. A State/Territory's CCDF Plan is intended to stand on its own with sufficient information to describe how the Lead Agency is implementing its CCDF program without need for added attachments, tables, charts, or State manuals.

OCC recognizes that Lead Agencies use different mechanisms to establish CCDF policies, such as State statute, regulations, administrative rules, policy manuals, or policy issuances. Lead Agencies must submit their CCDF Plan no later than July 1, 2024.

Review and Amendment Process

OCC will review submitted CCDF Plans for completeness and compliance with federal policies. Each Lead Agency will receive a letter approximately 90 days after the Plan is due that includes all Plan non-compliances to be addressed. OCC recognizes that Lead Agencies continue to modify and adapt their programs to address evolving needs and priorities. Lead Agencies must submit amendments to their Plans as they make substantial policy and program changes during the three-year plan cycle, including when addressing non-compliances.

Appendix 1: Implementation Plan

As part of the Plan review process, if OCC identifies any CCDF requirements that are not fully implemented, OCC will communicate a preliminary notice of non-compliance for those requirements via an emailed letter. OCC has created a standardized template for Lead Agencies to submit as their 60-day response to that preliminary notice. This template is found at Appendix 1: Lead Agency Implementation Plan. This required response via the Appendix will help create a shared understanding between OCC and the Lead Agency on which elements of a requirement are unmet, how they are unmet, and the Lead Agency's steps and associated timelines needed to fully implement those unmet elements.

CCDF Plan Submission

CCDF Lead Agencies will submit their Plans electronically through the Child Care Automated Reporting System (CARS). CARS will include all language and questions included in the final CCDF Plan template approved by the Office of Management and Budget (OMB). Note that the format of the questions in CARS could be modified from the Word version of the document to ensure compliance with Section 508 policies regarding accessibility to electronic and information technology for individuals with disabilities.

1 CCDF Program Administration

Strong organizational structures, operational capacity, and partnerships position States and Territories to administer CCDF efficiently, effectively, and collaboratively.

This section identifies the CCDF Lead Agency, CCDF Lead Agency leadership, and the entities and individuals who will participate in the implementation of the program. It also identifies the partners who were consulted to develop the Plan.

1.1 CCDF Leadership

The governor of a State or Territory must designate an agency (which may be an appropriate collaborative agency) or establish a joint interagency office to represent the State or Territory as the Lead Agency. The Lead Agency agrees to administer the program in accordance with applicable federal laws and regulations and the provisions of this Plan, including the assurances and certifications.

1.1.1 Designated Lead Agency

Identify the Lead Agency or joint interagency office designated by the State or Territory. OCC will send official grant correspondence, such as grant awards, grant adjustments, Plan approvals, and disallowance notifications, to the designated contact identified here.

- a. Lead Agency or Joint Interagency Office Information:
 - i. Name of Lead Agency: **Wisconsin Department of Children and Families**
 - ii. Street Address: **201 W. Washington Ave.**
 - iii. City: **Madison**
 - iv. State: **Wisconsin**
 - v. ZIP Code: **53703**
 - vi. Web Address for Lead Agency: **<https://dcf.wisconsin.gov/>**
- b. Lead Agency or Joint Interagency Official contact information:
 - i. Lead Agency Official First Name: **Jeff**
 - ii. Lead Agency Official Last Name: **Pertl**
 - iii. Title: **Secretary**
 - iv. Phone Number: **(608) 422-7067**
 - v. Email Address: **Jeff.pertl@wisconsin.gov**

1.1.2 CCDF Administrator

Identify the CCDF Administrator designated by the Lead Agency, the day-to-day contact, or the person with responsibility for administering the State's or Territory's CCDF program. The OCC will send programmatic communications, such as program announcements, program instructions, and data collection instructions, to the designated contact identified here. If there is more than one designated contact with equal or shared responsibility for administering the CCDF program, identify the Co-Administrator or the person with administrative responsibilities and include their contact information.

- a. CCDF Administrator contact information:
 - i. CCDF Administrator First Name: **Priya**

- ii. CCDF Administrator Last Name: **Bhatia**
 - iii. Title of the CCDF Administrator: **Administrator, Division of Early Care and Education**
 - iv. Phone Number: **(414) 940-2480**
 - v. Email Address: **Priya.Bhatia@wisconsin.gov**
- b. CCDF Co-Administrator contact information (if applicable):
- i. CCDF Co-Administrator First Name:
 - ii. CCDF Co-Administrator Last Name:
 - iii. Title of the CCDF Co-Administrator:
 - iv. Phone Number:
 - v. Email Address:
 - vi. Description of the Role of the Co-Administrator:

1.2 CCDF Policy Decision Authority

The Lead Agency has broad authority to administer (i.e., establish rules) and operate (i.e., implement activities) the CCDF program through other governmental, non-governmental, or public or private local agencies as long as the Lead Agency retains overall responsibility for the administration of the program. Administrative and implementation responsibilities undertaken by agencies other than the Lead Agency must be governed by written agreements that specify the mutual roles and responsibilities of the Lead Agency and other agencies in meeting the program requirements.

1.2.1 Entity establishing CCDF program rules

Which of the following CCDF program rules and policies are administered (i.e., set or established) at the State or Territory level or local level? Identify whether CCDF program rules and policies are established by the State or Territory (even if operated locally) or whether the CCDF policies or rules are established by local entities, such as counties or workforce boards.

Check one of the following:

- a. All program rules and policies are set or established by the State or Territory. (If checked, skip to question 1.2.2.)
- b. Some or all program rules and policies are set or established by local entities or agencies. If checked, indicate which entities establish the following policies. Check all that apply:
 - i. Eligibility rules and policies (e.g., income limits) are set by the:
 - State or Territory.
 - Local entity (e.g., counties, workforce boards, early learning coalitions).
 - Other. Identify the entity and describe the policies the entity can set:
 - ii. Sliding-fee scale is set by the:

- State or Territory.
- Local entity (e.g., counties, workforce boards, early learning coalitions).
- Other. Identify the entity and describe the policies the entity can set:
- iii. Payment rates and payment policies are set by the:
 - State or Territory.
 - Local entity (e.g., counties, workforce boards, early learning coalitions).
 - Other. Identify the entity and describe the policies the entity can set:
- iv. Licensing standards and processes are set by the:
 - State or Territory.
 - Local entity (e.g., counties, workforce boards, early learning coalitions).
 - Other. Identify the entity and describe the policies the entity can set:
- v. Standards and monitoring processes for license-exempt providers are set by the:
 - State or Territory.
 - Local entity (e.g., counties, workforce boards, early learning coalitions).
 - Other. Identify the entity and describe the policies the entity can set:
- vi. Quality improvement activities, including QIS, are set by the:
 - State or Territory.
 - Local entity (e.g., counties, workforce boards, early learning coalitions).
 - Other. Identify the entity and describe the policies the entity can set:
- vii. Other. List and describe any other program rules and policies that are set at a level other than the State or Territory level:

1.2.2 Entities implementing CCDF services

The Lead Agency has broad authority to operate (i.e., implement activities) through other agencies, as long as it retains overall responsibility for CCDF. Complete the table below to identify which entity(ies) implements or performs CCDF services.

Check the box(es) to indicate which entity(ies) implement or perform CCDF services.

| CCDF Activity | CCDF Lead Agency | TANF Agency | Local Government Agencies | CCR&R | Other |
|--|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|------------------------------------|
| Who conducts eligibility determinations? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Describe: |
| Who assists parents in locating child care (consumer education)? | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> Describe: |

| CCDF Activity | CCDF Lead Agency | TANF Agency | Local Government Agencies | CCR&R | Other |
|--|------------------|-------------|---------------------------|-------|--|
| Who issues payments? | [x] | [] | [] | [] | [] Describe: |
| Who monitors licensed providers? | [x] | [] | [x] | [] | [] Describe: |
| Who monitors license-exempt providers? | [x] | [] | [] | [] | [] Describe: |
| Who operates the quality improvement activities? | [x] | [] | [] | [x] | [x] Describe: The Lead Agency contracts with Shine Early Learning to provide coaching, evaluation, and assessment for our Quality Rating and Improvement System (QRIS). |

1.2.3 Information systems availability

For any activities performed by agencies other than the Lead Agency as reported above in 1.2.1 and 1.2.2, identify the processes the Lead Agency uses to oversee and monitor CCDF administration and implementation activities to retain overall responsibility for the CCDF program.

Check and describe how the Lead Agency includes in its written agreements the required elements. Note: The contents of the written agreement may vary based on the role the agency is asked to assume or type of project but must include, at a minimum, the elements below.

- a. Tasks to be performed.

[x] Yes. If yes, describe: **The Lead Agency contracts with all local Tribal and County Income Maintenance agencies include Performance Monitoring Plans (PMP) which identify key performance benchmarks that must be met to ensure compliance with all CCDF regulations. This includes the accuracy of eligibility and authorization development in all child care cases.**

Additionally, the Lead Agency outlines the requirement for county and tribal agencies to complete unannounced annual provider visits regarding health and safety requirements for child care providers certified by their local agency.

No. If no, describe:

- b. Schedule for completing tasks.

Yes. If yes, describe: **The Lead Agency outlines in the contract language that identifies the quarterly timeframe associated with the TCR case reviews and annual visits of local agency certified providers.**

No. If no, describe:

- c. Budget which itemizes categorical expenditures in accordance with CCDF requirements.

Yes. If yes, describe: **The Lead Agency's Bureau of Regional Operations (BRO) utilizes payment system data to monitoring the expenditures of administrative, certification, and fraud funding provided to local Tribal and county agencies. This funding is provided on an annual basis for county agencies and on a federal fiscal year basis for Tribal Agencies.**

No. If no, describe:

- d. Indicators or measures to assess performance of those agencies.

Yes. If yes, describe: **The Lead Agency clearly outlines the benchmarks for annual child care provider visits at 100% of all certified providers must receive an annual visit to ensure compliance with CCDF regulations. The TCR process has an 80% approval threshold when determining if child care eligibility and authorizations have been completed accurately by the local agencies.**

No. If no, describe:

- e. In addition to the written agreements identified above, describe any other monitoring and auditing processes used to oversee CCDF administration. **The Lead Agency performs an annual Targeted Case Review (TCR) of up to 800 child care cases that includes all tribal, county, MILES, and Milwaukee Early Care Administration (MECA) cases. The TCR process mirrors the three-year Federal Improper Payment (FIP) review and identifies both eligibility and fiscal related performance issues. Additionally, the Lead Agency signs a calendar year contract with both tribal and county agencies that provide child care services. This contract includes multiple subrecipient monitoring requirements and performance standards, such as timely processing of child care subsidy applications, accuracy of child care authorizations, and conducting site visits for certified providers. Agencies are required to meet the standard of 80% accuracy of child care authorizations and must conduct one unannounced visit to each certified child care program annually. For equity purposes the Lead Agency is in the process of developing a benchmark specifically related to tribal and small county agencies due to the reduced caseloads of these agencies. This benchmark will ensure all child care agencies have the opportunity to meet identified benchmarks and receive annual performance awards. The Lead Agency regularly monitors service deliverables for each of the nine Child Care Resource and Referral (CCR&R) agencies across the state. The Lead Agency measures the four core services provided by CCR&R agencies: referrals to families, technical assistance to families, assistance to early education programs, and community collaborations and visibility. For example, the Lead Agency measures the number of unique families receiving referral services, the number of unique families receiving referrals to other support services, and the number of trainings and/or technical assistance interactions with both families and providers. Each CCR&R agency must also attempt to serve all**

clients that contact them seeking support for the types of services offered under this contract. The Lead Agency has a contract with DHS and MILES to provide eligibility functions for all Wisconsin Child Care Subsidy recipients in Milwaukee County. This contract outlines how eligibility functions will be completed as well as monitoring and staff training requirements.

1.2.4 Certification of shareable information systems.

Does the Lead Agency certify that to the extent practicable and appropriate, any code or software for child care information systems or information technology for which a Lead Agency or other agency expends CCDF funds to develop is made available to other public agencies? This includes public agencies in other States for their use in administering child care or related programs.

Yes.

No. If no, describe:

1.2.5 Confidential and personally identifiable information

Certification of policies to protect confidential and personally identifiable information

Does the Lead Agency certify that it has policies in place related to the use and disclosure of confidential and personally identifiable information about children and families receiving CCDF assistance and child care providers receiving CCDF funds?

Yes.

No. If no, describe:

1.3 Consultation in the Development of the CCDF Plan

The Lead Agency is responsible for developing the CCDF Plan, and consultation with and meaningful input and feedback from a wide range of representatives is critical for CCDF programs to continually adapt to the changing needs of families, child care programs, and the workforce. Consultation involves meeting with or otherwise obtaining input from an appropriate agency in the development of the State or Territory CCDF Plan. As part of the Plan development process, Lead Agencies must consult with the following:

- (1) Appropriate representatives of general-purpose local government. General purpose local governments are defined by the U.S. Census at https://www2.census.gov/govs/cog/g12_org.pdf.
- (2) The State Advisory Council (SAC) on Early Childhood Education and Care (pursuant to 642B(b)(1)(A)(i) of the Head Start Act) or similar coordinating body pursuant to 98.14(a)(1)(vii).
- (3) Tribe(s) or Tribal organization(s) within the State. This consultation should be done in a timely manner and at the option of the Tribe(s) or Tribal organization(s).

1.3.1 Consultation efforts in CCDF Plan development

Describe the Lead Agency's consultation efforts in the development of the CCDF Plan, including how and how often the consultation occurred.

- a. Describe how the Lead Agency consulted with appropriate representatives of general-purpose local government: **The Lead Agency meets with county and tribal representatives on a monthly basis and provides regular updates on the status of the CCDF State Plan. During meetings of the Child Care Advisory Committee (CCAC), the Child Care Program Committee (CCPC), and the Economic Support Policy Advisory Committee (ES PAC), drafts of the proposed Child Care Development Fund (CCDF) State Plan language are shared with the county and tribal staff for their review, edits, and suggested changes to the responses developed by the Lead Agency.**
- a. Describe how the Lead Agency consulted with the State Advisory Council or similar coordinating body: **The Lead Agency 's Secretary is one of the co-chairs for the Governor's Early Childhood Advisory Council (ECAC). The Lead Agency participates in all aspects of the ECAC, from meeting planning and support to leadership and direction. The Lead Agency plays a major role in the development of recommendations sent to the Governor on behalf of the Council. The Lead Agency held a special meeting of the ECAC to gather its feedback on a draft of the State Plan. In addition, the ECAC was invited to review the CCDF State Plan again during the formal review period. ECAC members will receive an update on the final version of the CCDF State Plan at an upcoming meeting.**
- b. Describe, if applicable, how the Lead Agency consulted with Indian Tribes(s) or Tribal organizations(s) within the State: **The Lead Agency conducted two formal consultation meetings with the Tribal Governments. The Consultation meetings were held on March 13 and 14, 2024 and included tribal leadership and direct service child care supervisors and staff. The meetings were structured around receiving input on all aspects of the CCDF State Plan. The Lead Agency walked through each section of the CCDF State Plan and received tribal feedback on every response. Additionally, the Lead Agency provided all Tribal Governments with a draft of the CCDF State Plan prior to its release during the public comment period.**
- c. Identify other entities, agencies, or organizations consulted on the development of the CCDF Plan (e.g., representatives from the child care workforce, or statewide afterschool networks) and describe those consultation efforts: **The Wisconsin Head Start Collaboration Office (HSCO), which is part of the Lead Agency, was a significant contributor to the CCDF State Plan, as was the Wisconsin Early Childhood Collaborating Partners (WECCP). WECCP is a group that focuses on collaboration among many public and private agencies, associations, and individuals that care about Wisconsin's young children and their families. The Lead Agency asked subscribers to the WECCP listserv to comment on the Plan. Additionally, the Wisconsin Afterschool Network (WAN) is an important contributor in the development of the state plan and the ultimate goal to ensure that all children and families through the state have access to to a high-quality afterschool and out of school programs.**

1.3.2 Public hearing process

Lead Agencies must hold at least one public hearing in the State or Territory, with sufficient Statewide or Territory-wide distribution of notice prior to such a hearing to enable the public to comment on the provision of child care services under the CCDF Plan.

Describe the Statewide or Territory-wide public hearing process held to provide the public with an opportunity to comment on the provision of child care services under this Plan.

- i. Date of the public hearing: **5/14/2024**
Reminder: Must be no earlier than January 1, 2024. If more than one public hearing was held, enter one date (e.g., the date of the first hearing, the most recent hearing date, or any hearing date that demonstrates this requirement).
- ii. Date of notice of public hearing: **4/15/2024**
- iii. Was the notice of public hearing posted publicly at least 20 calendar days prior to the date of the public hearing?
 Yes.
 No. If no, describe:
- iv. Describe how the public was notified about the public hearing, including outreach in other languages, information on interpretation services being available, etc. Include specific website links if used to provide notice **Wisconsin Department of Administration (DOA) public hearing website (<https://publicmeetings.wi.gov/>), Administration Register (<https://docs.legis.wisconsin.gov/code/register/2024>), Listserv messages, Lead Agency's website, and social media posts.**
- v. Describe how the approach to the public hearing was inclusive of all geographic regions of the State or Territory: **The Lead Agency hosted the public hearing via Zoom which allowed individuals to join from across the state.**
- vi. Describe how the content of the Plan was made available to the public in advance of the public hearing (e.g., the Plan was made available in other languages, in multiple formats, etc.): **The Lead Agency posted the draft CCDF State Plan on its public-facing website for public review. Additionally, the draft plan was translated into other languages as requested.**
- vii. Describe how the information provided by the public was taken into consideration regarding the provision of child care services under this Plan: **Following the public hearing process all written and verbal feedback was reviewed and evaluated, by the Lead Agency, for inclusion into the CCDF State Plan. All responses will be retained per Wisconsin Record Retention Schedules and made available to anyone per the Open Records Request process.**

1.3.3 Public availability of final Plan, amendments, and waivers

Lead Agencies must make the submitted and approved final Plan, any approved Plan amendments, and any approved requests for temporary waivers publicly available on a website.

- a. Provide the website link to where the Plan, any Plan amendments, and waivers (if applicable) are available. Note: A Plan amendment is required if the website address where the Plan is posted changes. **<https://dcf.wisconsin.gov/childcare/ccdbg>**
- b. Describe any other strategies that the Lead Agency uses to make submitted and approved CCDF Plan and approved Plan amendments available to the public. Check all that apply and describe the strategies below, including any relevant website links as examples.

- i. Working with advisory committees. Describe: **The CCDF Plan was shared with Lead Agency advisory committees via email and a link to the Plan is available on the Lead Agency's public website: <https://dcf.wisconsin.gov/childcare/rptplangrants>.**
- ii. Working with child care resource and referral agencies. Describe: **The CCDF Plan was shared with CCR&R agencies via email distribution to listservs and a link to the Plan is available on the Lead Agency's public website: <https://dcf.wisconsin.gov/childcare/rptplangrants>.**
- iii. Providing translation in other languages. Describe: **When the Lead Agency has shared or posted the State Plan, it notes that translation is available upon request.**
- iv. Sharing through social media (e.g., Facebook, Instagram, email). Describe: **The Lead Agency utilized social media (X, Facebook, and email listservs) to notify the public of the CCDF State Plan and provided necessary weblinks to view the document.**
- v. Providing notification to key constituents (e.g., parent and family groups, provider groups, advocacy groups, foundations, and businesses). Describe: **The Lead Agency sent emails via listservs notifying provider and parent groups that a draft of the 2025-2027 CCDF Plan was available for review on the Lead Agency's webpage: <https://dcf.wisconsin.gov/childcare/ccdbg>.**
- vi. Working with Statewide afterschool networks or similar coordinating entities for out-of-school time. Describe: **The Lead Agency includes the Wisconsin Afterschool Network (WAN) and provided multiple collaboration opportunities prior to required Public Hearing. Comments and narrative were received from WAN prior to the public hearing.**
- vii. Direct communication with the child care workforce. Describe: **The Lead Agency utilizes a weekly Listserv message (every Tuesday) to share CCDF State Plan information to child care providers and the child care workforce. The information regarding the required CCDF State Plan Public Hearing information will also be shared to early care education (ECE) stakeholders through this Listserv process as well as other required notices.**
- viii. Other. Describe:

2 Child and Family Eligibility and Enrollment and Continuity of Care

Stable and reliable child care arrangements facilitate job stability for parents and healthy development of children. CCDF eligibility and enrollment policies can contribute to these goals. Policies and procedures that create barriers to families accessing CCDF, like inaccessible subsidy applications and onerous reporting requirements, interrupt a parent's ability to work and may deter eligible families from participating in CCDF.

To address these concerns, Lead Agencies must provide children with a minimum of 12 months between eligibility determinations, limit reporting requirements during the 12-month period, and ensure eligibility determination and redetermination processes do not interrupt a parent's work or school.

In this section, Lead Agencies will identify how they define eligible children and families and how the Lead Agency’s eligibility and enrollment policies support access for eligible children and families.

2.1 Reducing Barriers to Family Enrollment and Redetermination

Lead Agency enrollment and redetermination policies may not unduly disrupt parents’ employment, education, or job training activities to comply with the Lead Agency’s or designated local entity’s requirements. Lead Agencies have broad flexibility to design and implement the eligibility practices that reduce barriers to enrollment and redetermination.

Examples include developing strategies to inform families and their providers of an upcoming redetermination and the information that will be required of the family, pre-populating subsidy renewal forms, having parents confirm that the information is accurate, and/or asking only for the information necessary to make an eligibility redetermination. In addition, Lead Agencies can offer a variety of family-friendly methods for submitting documentation for eligibility redetermination that considers the range of needs for families in accessing support (e.g., use of languages other than English, access to transportation, accommodation of parents working non-traditional hours).

2.1.1 Eligibility practices to reduce barriers to enrollment

- a. Does the Lead Agency implement any of the following eligibility practices to reduce barriers at the time of initial eligibility determination? Check all that apply and describe those elements checked.
 - i. Establishing presumptive eligibility while eligibility is being determined. Describe the policy, including the populations benefiting from the policy, and identify how long the period of presumptive eligibility is:
 - ii. Leveraging eligibility from other public assistance programs. Describe:
 - iii. Coordinating determinations for children in the same household (while still ensuring each child receives 12 months of eligibility). Describe:
 - iv. Self-assessment screening tools for families. Describe: **The Lead Agency collaborates with other public benefit programs to provide an “Am I Eligible” screening tool through the ACCESS application. This application is also used for parents to apply for programs, complete renewals, review eligibility information, and submit documentation.**
 - v. Extended office hours (evenings and/or weekends).
 - vi. Consultation available via phone.
 - vii. Other. Describe the Lead Agency policies to process applications efficiently and make timely eligibility determinations: **Parents can apply online and initiate renewals through the ACCESS application. Workers are required to schedule the subsequent interview within 5 business days following receipt of the application or renewal. Eligibility must be determined within 30 days of the application date for new applications and no later than the end of the 13th month for annual renewals.**
 - viii. None.

- b. Does the Lead Agency use an online subsidy application?
 Yes.
 No. If no, describe why an online application is impracticable.
- c. Does the Lead Agency use different policies for families receiving TANF assistance?
 Yes. If yes, describe the policies:
 No.

2.1.2 Preventing disruption of eligibility activities

- a. Identify, where applicable, the Lead Agency’s procedures and policies to ensure that parents do not have their employment, education, or job training unduly disrupted to comply with the State’s/Territory’s or designated local entity’s requirements for the redetermination of eligibility. Check all that apply.
 - i. Advance notice to parents of pending redetermination.
 - ii. Advance notice to providers of pending redetermination.
 - iii. Pre-populated subsidy renewal form.
 - iv. Online documentation submission.
 - v. Cross-program redeterminations.
 - vi. Extended office hours (evenings and/or weekends).
 - vii. Consultation available via phone.
 - viii. Leveraging eligibility from other public assistance programs.
 - ix. Other. Describe: **Parents can use the ACCESS application to start an application or renewal. The application is available 24/7 - 365. This allows parents to complete the interview process faster.**
- b. Does the Lead Agency use different policies for families receiving TANF assistance?
 Yes. If yes, describe the policies:
 No.

2.2 Eligible Children and Families

At eligibility determination or redetermination, children must (1) be younger than age 13; (2) reside with a family whose income does not exceed 85 percent of the State's median income (SMI) for a family of the same size and whose family assets do not exceed \$1,000,000; and (3)(a) reside with a parent or parents who are working or attending a job training or educational program (which can include job search) or (b) receive, or need to receive, protective services as defined by the Lead Agency.

2.2.1 Eligibility criteria: age of children served

Lead Agencies may provide child care assistance for children less than 13 years of age, including continuing to provide assistance to children if they turn 13 during the eligibility period. In addition,

Lead Agencies can choose to serve children up to age 19 if those children are unable to care for themselves.

- a. Does your Lead Agency serve the full federally allowable age range of children through age 12?

Yes.

No. If no, describe the age range of children served and the reason why you made that decision to serve less than the full range of allowable children.

Note: Do not include children incapable of self-care or under court supervision, who are reported below in 2.2.1b and 2.2.1c.

- b. Does the Lead Agency extend eligibility for CCDF-funded child care to children ages 13 and older but below age 19 who are physically and/or mentally incapable of self-care?

No.

Yes.

- i. If yes, the upper age is (may not equal or exceed age 19): **18.00**

- ii. If yes, provide the Lead Agency definition of physical and/or mental incapacity: **An emotional, behavioral, physical, or personal need of a child requiring more than the usual amount of care and supervision for the child's age, as documented by a physician, psychologist, special educator, or other qualified licensed professional. A special need includes a developmental disability.**

- c. Does the Lead Agency extend eligibility for CCDF-funded child care to children ages 13 and older but below age 19 who are under court supervision?

No.

Yes. If yes, and the upper age is (may not equal or exceed age 19):

- d. How does the Lead Agency define the following eligibility terms?

- i. "residing with": **Living in the same household.**

- ii. "in loco parentis": **A person who is living in the same household and acting as the case head of the household with decision-making responsibility and authority and control of the child, formally or informally. A "parent" is a custodial parent, guardian, foster parent, legal custodian, subsidized guardian, interim caretaker, or person acting in place of a parent.**

2.2.2 Eligibility criteria: reason for care

Lead Agencies have broad flexibility on the work, training, and educational activities required to qualify for child care assistance. Lead Agencies do not have to set a minimum number of hours for families to qualify for work, training, or educational activities, and there is no requirement to limit authorized child care services strictly based on the work, training, or educational schedule/hours of the parent(s). For example, the Lead Agency can include travel or study time in calculating the amount of needed services.

How does the Lead Agency define the following terms for the purposes of determining CCDF eligibility?

- a. Identify which of the following activities are included in your definition of “working” by checking the boxes below:
- i. An activity for which a wage or salary is paid.
 - ii. Being self-employed.
 - iii. During a time of emergency or disaster, partnering in essential services.
 - iv. Participating in unpaid activities like student teaching, internships, or practicums.
 - v. Time for meals or breaks.
 - vi. Time for travel.
 - vii. Seeking employment or job search.
 - viii. Other. Describe: **Employment also includes employer-sponsored training, sheltered employment, or workshop, supported employment, participation in Transform Milwaukee Jobs Program, Transitional Jobs Program, Trial Employment Match Program, W-2 Case Management Follow-up, and AmeriCorps.**
- b. Identify which of the following activities are included in your definition of “attending job training” by checking the boxes below:
- i. Vocational/technical job skills training.
 - ii. Apprenticeship or internship program or other on-the-job training.
 - iii. English as a Second Language training.
 - iv. Adult Basic Education preparation.
 - v. Participation in employment service activities.
 - vi. Time for meals and breaks.
 - vii. Time for travel.
 - viii. Hours required for associated activities such as study groups, lab experiences.
 - ix. Time for outside class study or completion of homework.
 - x. Other. Describe:
- c. Identify which of the following diplomas, certificates, degrees, or activities are included in your definition of “attending an educational program” by checking the boxes below:
- i. Adult High School Diploma or GED.
 - ii. Certificate programs (12-18 credit hours).
 - iii. One-year diploma (36 credit hours).
 - iv. Two-year degree.
 - v. Four-year degree.
 - vi. Travel to and from classrooms, labs, or study groups.
 - vii. Study time.

- viii. Hours required for associated activities such as study groups, lab experiences.
 - ix. Time for outside class study or completion of homework.
 - x. Applicable meal and break times.
 - xi. Other. Describe: **Education includes unpaid student teaching and unpaid internships as part of the education activity.**
- d. Does the Lead Agency impose a Lead Agency-defined minimum number of hours of activity for eligibility?
- No.
 - Yes.
- If yes, describe any Lead Agency-imposed minimum requirement for the following:
- Work. Describe:
 - Job training. Describe:
 - Education. Describe:
 - Combination of allowable activities. Describe:
 - Other. Describe:
- e. Does the Lead Agency allow parents to qualify for CCDF assistance based on education and training without additional work requirements?
- Yes.
 - No. If no, describe the additional work requirements:
- f. Does the Lead Agency extend eligibility to specific populations of children otherwise not eligible by including them in its definition of “children who receive or need to receive protective services?”
- Note: A Lead Agency may elect to provide CCDF-funded child care to children in foster care when foster care parents are *not* working or are *not* in education/training activities, but this provision should be included in the Lead Agency’s protective services definition.
- No. If no, skip to question 2.2.3.
 - Yes. If yes, answer the questions below:
- Provide the Lead Agency’s definition of “protective services” by checking below the sub-populations of children that are included:
- Children in foster care.
 - Children in kinship care.
 - Children who are in families under court supervision.
 - Children who are in families receiving supports or otherwise engaged with a child welfare agency.
 - Children participating in a Lead Agency’s Early Head Start - Child Care

Partnerships program.

Children whose family members are deemed essential workers under a governor-declared state of emergency.

Children experiencing homelessness.

Children whose family has been affected by a natural disaster.

Other. Describe:

g. Does the Lead Agency waive the income eligibility requirements for cases in which children receive, or need to receive, protective services on a case-by-case basis?

No.

Yes.

h. Does the Lead Agency waive the eligible activity (e.g., work, job training, education, etc.) requirements for cases in which children receive, or need to receive, protective services on a case-by-case basis?

No.

Yes.

i. Does the Lead Agency use CCDF funds to provide respite care to custodial parents of children in protective services?

No.

Yes.

2.2.3 Eligibility criteria: deciding entity on family income limits

How are income eligibility limits established?

There is a statewide limit with no local variation.

There is a statewide limit with local variation. Provide the number of income eligibility tables and describe who sets the limits:

Eligibility limits are established locally only. Provide the number of income eligibility tables and describe who sets the limits:

Other. Describe:

2.2.4 Initial eligibility: income limits

a. Complete the appropriate table to describe family income limits.

i. Complete the table below to provide the statewide maximum income eligibility percent and dollar limit or threshold:

| Family Size | 100% of SMI (\$/Month) | Maximum Initial Eligibility Limit (or Threshold) % | Maximum Initial Eligibility Limit (or Threshold) \$ |
|-------------|------------------------|--|---|
| 1 | | | |

| Family Size | 100% of SMI (\$/Month) | Maximum Initial Eligibility Limit (or Threshold) % | Maximum Initial Eligibility Limit (or Threshold) \$ |
|-------------|------------------------|--|---|
| 2 | 6148.00 | 200.00 | 3407.00 |
| 3 | 7594.00 | 200.00 | 4303.00 |
| 4 | 9041.00 | 200.00 | 5200.00 |
| 5 | 10487.00 | 200.00 | 6097.00 |

ii. Does the Lead Agency certify that they use other funds if the income eligibility limit percent exceeds 85% SMI?

Not applicable. The Lead Agency does not allow income eligibility limits above 85% SMI.

Yes, the Lead Agency certifies that they use other funds (non-CCDF funds) for families with income that exceeds 85% SMI.

No. The Lead Agency establishes income eligibility limits above SMI and includes CCDF funds to pay for families with income that exceeds 85% SMI. If checked, describe:

b. Complete the table below if the Lead Agency has local variation in the maximum income eligibility limit. Complete the table for the region/locality with the highest eligibility limit, region/locality with the lowest eligibility limit, and the region/locality that is most populous:

i. Region/locality with the highest eligibility limit:

| Family Size | 100% of SMI (\$/Month) | Maximum Initial Eligibility Limit (or Threshold) % | Maximum Initial Eligibility Limit (or Threshold) \$ |
|-------------|------------------------|--|---|
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |

ii. Region/locality with the lowest eligibility limit:

| Family Size | 100% of SMI (\$/Month) | Maximum Initial Eligibility Limit (or Threshold) % | Maximum Initial Eligibility Limit (or Threshold) \$ |
|-------------|------------------------|--|---|
| 1 | | | |

| Family Size | 100% of SMI (\$/Month) | Maximum Initial Eligibility Limit (or Threshold) % | Maximum Initial Eligibility Limit (or Threshold) \$ |
|-------------|------------------------|--|---|
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |

iii. Region/locality that is most populous:

| Family Size | 100% of SMI (\$/Month) | Maximum Initial Eligibility Limit (or Threshold) % | Maximum Initial Eligibility Limit (or Threshold) \$ |
|-------------|------------------------|--|---|
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |

iv. Does the Lead Agency certify that they use other funds if the income eligibility limit percent exceeds 85% SMI?

Not applicable. The Lead Agency does not allow income eligibility limits above 85% SMI.

Yes, the Lead Agency certifies that they use other funds (not CCDF funds) for families with income that exceeds 85% SMI.

No. The Lead Agency establishes income eligibility limits above 85% SMI and includes CCDF funds to pay for families with income that exceeds 85% SMI. If checked, describe:

c. How does the Lead Agency define “income” for the purposes of eligibility at the point of initial determination? Check all that apply:

- i. Gross wages or salary.
- ii. Disability or unemployment compensation.
- iii. Workers’ compensation.
- iv. Spousal support, child support.
- v. Survivor and retirement benefits.
- vi. Rent for room within the family’s residence.
- vii. Pensions or annuities.

- viii. Inheritance.
- ix. Public assistance.
- x. Other. Describe: **Income also includes dividends, interest on savings or bonds, income from estates or trusts, royalties, Supplemental Security Income (SSI) of adults, Social Security payments for all Assistance Group members, any student financial aid provided by public or private organizations that are not used for tuition and books, and capital gains income from selling securities and other property. Note: child support is only included in income if the total amount the parent receives for all children is greater than \$1,250 per month.**

d. What is the effective date for these income eligibility limits? **July 1, 2024**

e. Income limits must be established and reported in terms of current SMI based on the most recent data published by the Bureau of the Census, even if the federal poverty level is used in implementing the program.

What federal data does the Lead Agency use when reporting the income eligibility limits?

LIHEAP. If checked, provide the publication year of the LIHEAP guideline estimates used by the Lead Agency: **2024**

Other. Describe:

f. Provide the direct URL/website link, if available, for the income eligibility limits.
<https://dcf.wisconsin.gov/manuals/wishares-cc-manual/> (Sections 6.1.1 Application Income Limit and 6.1.2 Ongoing Eligibility Income Limit).

2.2.5 Income eligibility: irregular fluctuations in earnings

Lead Agencies must take into account irregular fluctuations in earnings in initial eligibility determination and redetermination processes. The Lead Agency must ensure that temporary increases in income, including temporary increases that can result in a monthly income exceeding 85 percent of SMI from seasonal employment or other temporary work schedules, do not affect eligibility or family co-payments.

Check the processes that the Lead Agency uses to take into account irregular fluctuations in earnings.

i. Average the family’s earnings over a period of time (e.g., 12 months).

Identify the period of time **Monthly income is budgeted prospectively by making the best estimate of income based upon the information available. Income that is normally obtained, but received on an irregular basis, is averaged over the number of months between the irregular payments.**

ii. Request earning statements that are most representative of the family’s monthly income.

iii. Deduct temporary or irregular increases in wages from the family’s standard income level.

iv. Other. Describe the other ways the Lead Agency takes into account irregular fluctuations in earnings: **Because families must be at or below 200% FPL at**

application, the family copayment per month is capped based on the family's lowest FPL during the 12-month eligibility period and will not increase based on an increase in income until the following annual eligibility renewal. If the family's income was at or below 200% FPL at the family's annual eligibility renewal and the parent's income increases during the following 12-month eligibility period, the family copayment per hour is capped based on the family's lowest FPL during the 12-month eligibility period. If a family experiences an increase in income, their copayment per hour will not increase until the family's next annual eligibility renewal. If the family's income was above 200% FPL at their previous renewal, the family copayment will increase \$1 for every \$5 by which the family income exceeds 200% FPL until the family reaches 85% SMI at which point eligibility ends. If a family's income decreases at any time during the eligibility period, the copayment per hour is decreased accordingly.

2.2.6 Family asset limit

- a. When calculating income eligibility, does the Lead Agency ensure each eligible family does not have assets that exceed \$1,000,000?

Yes.

No. If no, describe:

- b. Does the Lead Agency waive the asset limit on a case-by-case basis for families defined as receiving, or in need of, protective services?

No.

Yes. If yes, describe the policy or procedure: **Foster parents, subsidized guardians, interim caretakers, relatives with court-ordered placement who receive Kinship Care payment, and children in tribal placement homes under a substantially similar Wisconsin tribal law, are not subject to the asset test.**

2.2.7 Additional eligibility criteria

Aside from the eligibility conditions or rules which have been described in 2.2.1 – 2.2.6, is any additional eligibility criteria applied during:

- a. Eligibility determination? If checked, describe: **Additional eligibility conditions that are limited to once per lifetime at the initial eligibility determination include: identity of all parents, date of birth for each family member, and citizenship of children. In addition, residency verification, alien status of children, marital status, and child placement arrangements must be verified if questionable or if changed. The Lead Agency has an ongoing eligibility requirement for parents to cooperate with the Child Support agency to identify and locate an absent parent and obtain a child support order. The child's Social Security number is a current additional eligibility condition that is limited to once per lifetime, however, Wisconsin is reviewing the administrative code and analyzing steps to address this requirement.**
- b. Eligibility redetermination? If checked, describe: **Verification of income, assets, and approved activity. Address, residency, child placement, and marital status would only need to be verified if questionable.**

2.2.8 Documentation of eligibility determination

Lead Agencies must document and verify that children receiving CCDF funds meet eligibility criteria at the time of eligibility determination and redetermination.

Check the information that the Lead Agency documents and verifies at initial determination and redetermination and describe what information is required and how often.

| Required at Initial Determination | Required at Redetermination | Description |
|-----------------------------------|-----------------------------|---|
| [x] | [] | Applicant identity. Describe how you verify: Identity is typically verified via data exchange with the Social Security Administration (SSA). Other acceptable sources include driver's license, State-issued ID card, Photo Employee ID card, Photo Student ID card, Military ID card, Native American ID card issued by a federally recognized Tribe, Photo ID issued by USCIS, or U.S. Passport. Identity is verified once per lifetime. |
| [x] | [] | Applicant's relationship to the child. Describe how you verify: Self-attestation is accepted regarding an applicant's relationship to the child. |
| [x] | [] | Child's information for determining eligibility (e.g., identity, age, citizen/immigration status). Describe how you verify: Citizenship or qualified immigrant status are documented and verified only once per lifetime. Citizenship is typically verified through a data exchange with the SSA. Immigration status can change and is updated; if this changes the agency worker will verify this through the Systematic Alien Verification for Entitlements (SAVE) resource. The child's Social Security number is a current additional eligibility condition that is limited to once per lifetime, however, Wisconsin is reviewing the administrative code and analyzing steps to address this requirement. |
| [x] | [x] | Work. Describe how you verify: Employment is verified by pay stubs, employment verification form, a signed letter from the employer, or through data exchange with the Federal Data Services Hub (FDSH). Work is verified at application, renewal and if there is an employment change. |

| Required at Initial Determination | Required at Redetermination | Description |
|-----------------------------------|-----------------------------|--|
| [x] | [] | Job training or educational program. Describe how you verify: Proof of school enrollment and school schedules are provided by the parent. Parents who are engaged in the TANF program or the FSET program have Employability Plans that verify their activities. The local agency verifies this in the shared eligibility system. Job training or educational programs are verified at application, renewal, and if there is a change. |
| [x] | [x] | Family income. Describe how you verify: Pay stubs, employer verification, wage records from the FDSH, and tax records for self-employed parents. Most unearned income is verified through data exchanges, including Unemployment Insurance, child support, Social Security, and Supplemental Security Income. Other types are verified through documentation from the parent, such as divorce documents showing family support, maintenance, or financial settlement; Documentation of court-awarded settlement; Veteran's Administration award letter; educational financial aid award letter. Household earned and unearned income is verified at application, renewal, and if there is a change in income above the reporting threshold. |
| [x] | [x] | Household composition. Describe how you verify: The Lead Agency accepts self-declaration of household composition unless questionable. If questionable, the family may provide a lease agreement or other documentation that includes a list of household resident. |
| [x] | [x] | Applicant residence. Describe how you verify: The applicant residence may be verified by a lease agreement; utility bill for water, gas, electricity, or telephone that includes name and address; mortgage receipt; subsidized housing program approval document; weatherization program approval document; paycheck stub that includes name, address, and employer; current Wisconsin driver's license; current Wisconsin ID card; current motor vehicle registration. Applicant residence is verified at application and when an address change is reported. |

| Required at Initial Determination | Required at Redetermination | Description |
|-----------------------------------|-----------------------------|--|
| [x] | [x] | Other. Describe how you verify: Wis. Admin. Code DCF 101.11 requires that all non-financial and financial eligibility criteria be verified prior to providing a child care subsidy. Wis. Admin. Code DCF 201.037 requires parents to notify the local agency of any change in circumstances that affect eligibility or the need for child care within ten days of the change. |

2.2.9 Exception to TANF work requirements

Lead Agencies must ensure that families with young children participating in TANF will be informed of their right not to be sanctioned under the TANF work requirement if the custodial parent has a demonstrated inability to obtain child care for a child under age six, in accordance with Section 407(e)(2) of the Social Security Act.

- a. Identify the TANF agency that established these criteria or definitions: **The Department of Children and Families (DCF).**
- b. Provide the following definitions established by the TANF agency:
 - i. “Appropriate child care”: **The W-2 program defines appropriate care as both formal and informal child care.**
 - ii. “Reasonable distance”: **The W-2 program defines reasonable distance as no more than 60 minutes travel time one-way, using available transportation, from the parent's home to the childcare provider's location to the parent's work site. Travel time may be extended up to 90 minutes one-way if there is a good placement opportunity for the participant and the parent is willing to enter into this arrangement.**
 - iii. “Unsuitability of informal child care”: **The W-2 program defines informal child care as an arrangement in which a child care provider is not regulated (licensed or certified). Parents who use informal child care are not eligible for child care assistance. "Unsuitability" is not defined by the W-2 program; this would be determined by the parent.**
 - iv. “Affordable child care arrangements”: **The W-2 program does not define affordable child care arrangements.**
- c. How are parents who receive TANF benefits informed about the exception to the individual penalties associated with the TANF work requirements?
 - i. In writing
 - ii. Verbally
 - iii. Other. Describe:

2.3 Prioritizing Services for Vulnerable Children and Families

Lead Agencies must give priority for child care assistance to children with special needs, families with very low incomes (considering family size), and children experiencing homelessness. A Lead Agency has the flexibility to prioritize other populations of children.

Note: Statute defines children with disabilities, and CCDF rule gives flexibility to Lead Agencies to include vulnerable populations in their definition of children with special needs.

CCDF defines “child experiencing homelessness” as a child who is homeless, as defined in Section 725 of Subtitle VII-B of the McKinney-Vento Act (42 U.S.C. 11434a).

2.3.1 Lead Agency definition of priority groups

Describe how the Lead Agency defines:

- d. “Children with special needs.” **A developmental, emotional, behavioral, physical or personal need of a child requiring more than the usual amount of care and supervision for the child's age, as documented by a physician, psychologist, special educator, or other qualified licensed professional, per Wis. Admin. Code DCF 201.02(20).**
- e. “Families with very low incomes.” **The Lead Agency does not define "families with very low income" but sets financial eligibility limits based on 42 U.S.C. 9902(2) per Wis. Statutes s. 49.001(5). (SME review/discussion re: definition of low income). However, starting on November , the lead agency will waive copayments for families with income below 100% FPL.**

2.3.2 Prioritization of child care services

Identify how the Lead Agency will prioritize child care services for the following children and families.

- a. Complete the table below to indicate how the identified populations are prioritized.

| Population Prioritized | Prioritize for enrollment in child care services | Serve without placing on waiting list | Waive co-payments as described in 3.3.1 | Pay higher rate for access to higher quality care | Use grants or contracts to reserve spots | Other |
|--|--|---------------------------------------|---|---|--|--|
| Children with special needs | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> Describe: The Lead Agency can provide eligible parents who have a child with a special need or disability with an increased subsidy benefit to assist their child care provider with any additional costs for services, materials, and/or equipment necessary to support the inclusive care of the child, per Wis. Admin. Code DCF 201.06(7). |
| Families with very low incomes | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Describe: |
| Children experiencing homelessness, as defined by CCDF | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Describe: |
| (Optional) Families receiving TANF, those attempting to transition off TANF, and those at risk of becoming dependent on TANF | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Describe: |

a. Does the Lead Agency define any other priority groups?

No.

Yes. If yes, identify the populations prioritized and describe how the Lead Agency prioritizes services:

2.3.3 Enrollment and grace period for children experiencing homelessness

Lead Agencies must allow (after an initial eligibility determination) children experiencing homelessness to receive CCDF services while required eligibility documentation is obtained.

Lead Agencies must establish a grace period that allows children experiencing homelessness and children in foster care to receive CCDF assistance while providing their families with a reasonable time to take any necessary actions to comply with State, Territory, or local immunization and other health and safety requirements. The length of such a grace period must be established in consultation with the State, Territorial, or Tribal public health agency.

Note: Any payment for such a child during the grace period may not be considered an error or improper payment.

- a. Describe the strategies to allow CCDF enrollment of children experiencing homelessness while required eligibility documentation is obtained: **Families experiencing homelessness are not required to provide verification of homeless status or address but must verbally state that they reside in Wisconsin and intend to continue residing in Wisconsin. No other verification requirements may be waived. Wis. Statutes, s. 49.145(2)(g) allows extensions to the verification time limits for families who need more time to obtain required verification. Families may also request assistance from the local agency to obtain needed verification information.**
- b. Describe the grace period for each population below and how it allows them to receive CCDF assistance while providing their families with a reasonable time to take any necessary actions to comply with immunization and other health and safety requirements.
 - i. Provide the policy for a grace period for:

Children experiencing homelessness: **Wis. Statutes, s.252.04(2) -**

i. Children experiencing homelessness: Wisconsin Statutes and Administrative Rules allow a 30-school day grace period after the date on which a child is admitted (first day of attendance) to a child care center to supply immunization records. Wis. Stat. s. 252.04(2), Wis. Admin. Code DHS 144.07(1m). While the referenced statute and administrative rule only specify "child care centers," additional administrative rules further applies the requirements and grace period to certified providers (DCF 202.08(4)) and day camps (DCF 252.41(4)(a)6m.). Eligibility for Wisconsin Shares is not conditioned on compliance with the immunization requirement and subsidy will not be delayed or denied for failure to meet the requirements for immunization. Many resources are available on the Lead Agency's website to assist child care programs in strategizing ways to best serve and work with families experiencing homelessness. Resources include guidance for programs to utilize the grace period in which children can receive services while families are taking the necessary actions to comply with the immunization and other documentation requirements, and also to work closely with families to help them collect the appropriate documentation.

Any student admitted to any elementary, middle, junior, or senior high

school or into any child care center or nursery school shall, within 30 school days after the date on which the student is admitted, present written evidence to the school, child care center, or nursery school of having completed the first immunization for each vaccine required for the student's grade and being on schedule for the remainder of the basic and recall (booster) immunization series for mumps, measles, rubella (German measles), diphtheria, pertussis (whooping cough), poliomyelitis, tetanus, and other diseases that the department specifies by rule or shall present a written waiver under sub. (3).

Wis. Admin. Code DHS 144.07(1m).

Children who are in foster care: Wis. Statutes, s.252.04 and Wis. Admin. Code DHS 144.

ii. Children who are in foster care: Wisconsin Statutes and Administrative Rules allow a 30-school day grace period after the date on which a child is admitted (first day of attendance) to a child care center to supply immunization records. Wis. Stat. s. 252.04(2), Wis. Admin. Code DHS 144.07(1m). While the referenced statute and administrative rule only specify "child care centers," additional administrative rules further applies the requirements and grace period to certified providers (DCF 202..08(4)) and day camps (DCF 252.41(4)(a)6m.). Eligibility for Wisconsin Shares is not conditioned on compliance with the immunization requirement and subsidy will not be delayed or denied for failure to meet the requirements for immunization. "

ii. Does the Lead Agency certify that the length of the grace period was established in consultation with the State, Territorial, or Tribal public health agency?

Yes.

No. If no, describe:

c. Describe how the Lead Agency coordinates with licensing agencies and other relevant State, Territorial, Tribal, and local agencies to provide referrals and support to help families with children receiving services during a grace period comply with immunization and other health and safety requirements: **The Lead Agency partners with the state Department of Health Services (DHS) as well as with local health departments to ensure providers are aware of local services where they can refer families to meet immunization and other health and safety requirements. The Lead Agency in collaboration with the State Cross Sector Homelessness Task Force has developed a Homelessness Tool Kit to help serve families and children experiencing homelessness:** <http://www.collaboratingpartners.com/wpcontent/uploads/2017/CPlinkedDocs/Final-Proof.pdf>. This kit contains resources and information for assisting families with children in child care programs. A set of modules has been created to compliment the information found in the tool kit. These materials and/or resource information is available on our website and through CCR&Rs and/or family resource centers: <https://dcf.wisconsin.gov/files/youngstar/pdf/homelessness/identify-homelessness.pdf> and <https://dcf.wisconsin.gov/cwportal/connectionscount>. The Lead Agency has

developed a webpage dedicated to supporting families experiencing homelessness: <https://dcf.wisconsin.gov/youngstar/providers/homelessness> . CCR&Rs use this information to support families that contact the agency to be connected to available supports. The CCR&Rs provide referrals to families (via phone, in person, and email) related to available child care, information on Wisconsin Shares subsidy qualifications and the application process, as well as local community supports to avoid homelessness.

2.4 Lead Agency Outreach to Families Experiencing Homelessness, Families with Limited English Proficiency, and Persons with Disabilities

The Lead Agency must conduct outreach and provide services to families with limited English proficiency, families experiencing homelessness, and persons with disabilities.

2.4.1 Families with limited English proficiency and persons with disabilities: outreach and services

- a. Check the strategies the Lead Agency or partners utilize to conduct outreach and provide services to eligible families with limited English proficiency. Check all that apply.
 - i. Application in languages other than English (application and related documents, brochures, provider notices).
 - ii. Informational materials in languages other than English.
 - iii. Website in languages other than English.
 - iv. Lead Agency accepts applications at local community-based locations.
 - v. Bilingual caseworkers or translators available.
 - vi. Bilingual outreach workers.
 - vii. Partnerships with community-based organizations.
 - viii. Collaboration with Head Start, Early Head Start, or Migrant and Seasonal Head Start.
 - ix. Home visiting programs.
 - x. Other. Describe: **The Lead Agency has identified potentially eligible families through coordination with local county/tribal human services agencies, Family Resource Centers (FRCs), CCR&R agencies, migrant worker service providers and through local TANF agencies. This outreach will be expanded to include homeless service programs, domestic abuse service programs, and housing programs. Spanish and Hmong are the predominant languages in addition to English. The Lead Agency has the ability to provide interpretation and translations for all languages. The Lead Agency provides training and technical assistance in other languages.**
- b. Check the strategies the Lead Agency or partners utilize to conduct outreach and provide services to eligible families with a person(s) with a disability. Check all that apply.
 - i. Applications and public informational materials available in braille and other communication formats for access by individuals with disabilities.
 - ii. Websites that are accessible (e.g., Section 508 of the Rehabilitation Act).

- iii. Caseworkers with specialized training/experience in working with individuals with disabilities.
- iv. Ensuring accessibility of environments and activities for all children.
- v. Partnerships with State and local programs and associations focused on disability- related topics and issues.
- vi. Partnerships with parent associations, support groups, and parent-to-parent support groups, including the Individuals with Disabilities Education Act (IDEA) federally funded Parent Training and Information Centers.
- vii. Partnerships with State and local IDEA Part B, Section 619 and Part C providers and agencies.
- viii. Availability and/or access to specialized services (e.g., mental health, behavioral specialists, therapists) to address the needs of all children.
- ix. Other. Describe: **To promote access to person(s) with disabilities, the YoungStar website was made accessible for people using screen readers by using meta and alt tags or descriptions. These tags can play a crucial role in how people interpret a webpage and help to give written information for images found on pages. The Wisconsin Shares subsidy program provides added financial support to families seeking high quality child care for children with a disability. A family that receives Wisconsin Shares may be eligible to receive a higher subsidy amount to assist the child care provider with any additional costs (e.g., specialized training, individualized services, etc.) to care for children with disabilities who may require a higher level of care within the child care setting.**

2.4.2 Families experiencing homelessness: Outreach and technical assistance efforts

- a. Check, where applicable, the procedures used to conduct outreach for children experiencing homelessness and their families.
 - i. Lead Agency accepts applications at local community-based locations.
 - ii. Partnerships with community-based organizations.
 - iii. Partnering with homeless service providers, McKinney-Vento liaisons, and others who work with families experiencing homelessness to provide referrals to child care.
 - iv. Other. Describe:
- b. The Lead Agency must provide training and technical assistance (TA) to providers and appropriate Lead Agency (or designated entity) staff on identifying and serving children and families experiencing homelessness.
 - i. Describe the Lead Agency’s training and TA efforts for providers in identifying and serving children and their families experiencing homelessness. **The Lead Agency collaborated with the State Cross Sector Homelessness Task Force to develop a Homelessness Tool Kit to help serve families and children experiencing homelessness in 2017. The tool kit contains resources and information for how child care programs can assist families and children experiencing homelessness. The tool as well as other homelessness resources, can be found on the**

Collaborating Partners website (<http://www.collaboratingpartners.com/diverse-populations/homelessness/>) or on the YoungStar Homelessness webpage (<https://dcf.wisconsin.gov/youngstar/providers/homelessness>).

Through braided funding with DPI and DHS, a Regional Early Childhood Outreach Specialist was contracted to support children and families experiencing homelessness. This specialist disseminates materials and provides or facilitates professional learning opportunities around the topic of homelessness. In 2023, the specialist was able to provide six learning opportunities to various stakeholders around the state. In addition to real-time professional learning opportunities, the specialist piloted a free online computer-based training for pre-service educators around supporting learners experiencing homelessness. In 2024, that training is being launched statewide and being exhibited statewide to direct-care providers and pre-service education institutions. The specialist also disseminated quarterly newsletters on topical issues related to homelessness. The specialist partnered with the child care resource and referral network through ECE homelessness workgroup out of the greater Dane County area to create a resource for families experiencing homelessness to find appropriate child care settings. The specialist helped to plan a Homelessness Awareness Month kick-off event at the state capitol.

The YoungStar Homelessness webpage also contains links to other state agencies, specific information for Milwaukee County residents, and resources that technical assistance providers can use to support the child care providers who care for children of families experiencing homelessness. The Lead Agency works to disseminate the tool kit to Child Care Resource and Referral agencies, as well as other state agencies, that are in direct contact with families that may be experiencing homelessness. These agencies also inform families about how to access Wisconsin Shares child care funding so their children can attend, or continue to attend, a high-quality child care program.

- ii. Describe the Lead Agency’s training and TA efforts for Lead Agency (or designated entity) staff in identifying and serving children and their families experiencing homelessness. Lead Agency staff have received training on homelessness and poverty in early care and education. Lead Agency contracts with a specialist through Wisconsin Early Childhood Collaborating Partners who collaborates with the DPI McKinney-Vento Homeless Program Team to share and disseminate information. This specialist helps to connect and support the different regions of the state through training opportunities and resources.

Continuing the work started with the State Cross Sector Homelessness Task Force, the Lead Agency works to strengthen its collaboration and coordination with Head Start Directors, WCCAA, ECAC, statewide CCR&R agencies and, through DPI, with Wisconsin Homeless Education Coordinators, to help ensure that young children experiencing homelessness are accessing quality early childhood programs. The Lead Agency continues to encourage collaboration and individual partnerships at the local level to expand capacity to meet the needs of families and children experiencing homelessness. This includes, but is not limited to, local educational

agencies/school districts/local homeless liaisons, local early intervention or early learning councils, Head Start and Early Head Start programs, local child care providers, HUD Continuums of Care, domestic violence shelters, homeless coalitions, CCR&R agencies, and the Salvation Army.

2.5 Promoting Continuity of Care

Lead Agencies must consider children’s development and promote continuity of care when authorizing child care services and must establish a minimum 12-month period for each child, both at the initial eligibility determination and redetermination.

2.5.1 Children’s development

Describe how the Lead Agency’s eligibility, enrollment, reporting, and redetermination policies promote continuity of care in order to support children’s development. **Wis. Statutes, s.49.155(6g)(a)5 allows the child's learning and development to be considered and continuity of care to be promoted when authorizing hours of child care. The Lead Agency is not required to limit authorized hours based on the parent's schedule of activities or the number of hours the parent spends in those activities. Wis. Admin. Code DCF s. 201.039(2g)(b) states that during a parent's 12-month eligibility period, parents may continue the most recent authorization, extend the most recent authorization, or receive an authorization for up to the same number of hours as the parent's previous authorization when any of the following changes begin: 1. The parent is continuing to participate in an approved activity, but the number of hours that the assistance group needs child care is decreasing. 2. The parent is beginning a temporary break. 3. The parent is beginning an approved activity search period.**

2.5.2 Minimum 12-month eligibility

Lead Agencies must establish a minimum 12-month eligibility period for each child, both at the initial eligibility determination and at redetermination to support continuity in child care assistance and reduce barriers to families retaining eligibility. This requirement is:

- Regardless of changes in income, Lead Agencies may not terminate CCDF assistance during the minimum 12-month period if a family has an increase in income that exceeds the Lead Agency’s income eligibility threshold but not the federal threshold of 85 percent of SMI; and
- Regardless of temporary changes in participation in work, training, or educational activities.

a. Does the Lead Agency certify that their policies or procedures provide a minimum 12-month eligibility period for each child at initial eligibility determination?

Yes.

No. If no, describe: **A parent’s renewal is due by the end of the 12th month from the application month or previous renewal month. A renewal can be completed in the 13th month without requiring the parent to apply. The first month of application may be a partial month, making the eligibility period 11 full months and potentially one partial month. The renewal is also due for the entire Assistance Group, so children added during the eligibility period receive only the amount remaining in the original eligibility period. The Lead Agency has submitted a corrective action plan to ACF-OCC identifying policy and system changes needed to ensure full-compliance with the full 12-month eligibility period.**

b. Does the Lead Agency certify that its definition of “temporary change” includes each of the minimum required elements?

1. Any time-limited absence from work for an employed parent due to such reasons as the need to care for a family member or an illness.
2. Any interruption in work for a seasonal worker who is not working between regular industry work seasons.
3. Any student holiday or break for a parent participating in a training or educational program.
4. Any reduction in work, training, or education hours, as long as the parent is still working or attending a training or educational program.
5. Any cessation of work or attendance at a training or educational program not listed above. In these cases only, Lead Agencies may establish a period of 3 months or longer.
6. Any change in age, including a child turning 13 years old during the minimum 12-month eligibility period.
7. Any changes in residency within the State or Territory.

Yes.

No. If no, describe:

c. Are the policies different for redetermination?

No.

Yes. If yes, provide the additional/varying policies for redetermination: **A 3-month break period begins the calendar month following the first day of the break. Parents who experience a temporary break in approved activity during the last month of the 12-month eligibility period are not eligible for a new 12-month eligibility period until they resume participation in their approved activity or start a new approved activity.**

2.5.3 Job search and continued assistance

a. Does the Lead Agency consider seeking employment (engaging in a job search) as an eligible activity at initial eligibility determination and/or at the minimum 12-month eligibility redetermination? (Note: If yes, Lead Agencies must provide a minimum of 3 months of job search.) Check all that apply:

i. Yes. The Lead Agency does consider seeking employment (engaging in a job search) as an eligible activity at initial eligibility determination. If yes, describe:

ii. Yes. The Lead Agency does consider seeking employment (engaging in a job search) as an eligible activity at redetermination. If yes, describe:

iii. No. The Lead Agency does not consider seeking employment (engaging in a job search) as an eligible activity at initial eligibility determination or redetermination.

b. Does the Lead Agency continue assistance during the minimum 12-month eligibility period when a parent has a non-temporary loss or cessation of eligible activity?

Yes. The Lead Agency continues assistance.

No, the Lead Agency discontinues assistance.

- i. If no, describe the Lead Agency's policies for discontinuing assistance due to a parent's non-temporary change:
- ii. If no, describe what specific actions/changes trigger the job-search period after each such loss or cessation:
- iii. If no, how long is the job-search period where a family can continue assistance (must be at least 3 months)?

c. The Lead Agency may discontinue assistance prior to the next minimum 12-month redetermination in the limited circumstances listed below. Check and provide the policy for all circumstances in which the Lead Agency chooses to discontinue assistance prior to the next minimum 12-month redetermination:

i. Not applicable.

ii. Excessive unexplained absences despite multiple attempts by the Lead Agency or designated entity to contact the family and provider, including the prior notification of a possible discontinuation of assistance.

Provide the Lead Agency's policy defining the number of unexplained absences identified as excessive: **Excessive unexplained absence is defined as no attendance by the child for the 30 previous days when the provision of child care services was expected by the child care provider, based on the agreement between the provider and the parent, and the parent has not contacted the provider to explain the child's absence. The parent's eligibility for Wisconsin Shares will continue but the parent's subsidy will be ended if the agency cannot reach the parent after multiple attempts.**

iii. A change in residency outside of the State or Territory.

Provide the Lead Agency's policy for a change in residency outside the State or Territory: **Wisconsin residency is a condition of eligibility per Wis. Statutes, s.49.145(2)(d). Eligibility is terminated if a family moves out of Wisconsin. All changes that may affect eligibility must be reported to the local agency within 10 days after the change per Wis. Statutes, s.49.145(2)(m).**

iv. Substantiated fraud or intentional program violations that invalidate prior determinations of eligibility.

Provide the Lead Agency's definition of fraud/intentional program violations that lead to discontinued assistance: **The following are Client Intentional Program Violations (IPVs): misrepresentation of income, misrepresentation of household composition, misrepresentation of child care needs, misrepresentation of residency, misrepresentation of participation in an approved activity, selling access to a subsidy account (trafficking), providing false or fraudulent documentation, misrepresentation of hardship need, using child care subsidy (as a client) to pay themselves as a provider, providing false identification or Social**

Security Number (SSN). Assistance can also be discontinued for a client's collusion with a child care provider to defraud the Wisconsin Shares program. The Lead Agency denies subsidy funds for the following durations: six months for a first violation, 12 months for a second violation, and permanent suspension from the Wisconsin Shares program for a third violation. The information on client IPVs is located in Wis. Statutes, s. 49.151(2) and the Wisconsin Shares Handbook Section 4.5.4.3 and 4.5.4.3.2. The violations that lead to discontinued assistance are listed in 4.5.4.3.5.

2.5.4 Reporting changes during the minimum 12-month eligibility period

Lead Agencies may only require families to report changes that impact a family's eligibility, including only if the family's income exceeds 85 percent of the SMI, taking into account irregular fluctuations in income, or there is a non-temporary change in the parent's work, training, or education status, during the 12-month eligibility period. Lead Agencies may also require families to report that enable the lead agency to contact the family or pay providers, such as a new telephone number or address.

Note: The response below should exclude reporting requirements for a graduated phase-out, which are described in question 2.5.5.

Does the Lead Agency limit what families must report during the 12-month eligibility period to the changes described above?

Yes.

No. If no, describe:

2.5.5 Policies and procedures for graduated phase-out of assistance at redetermination

Lead Agencies that establish initial family income eligibility below 85 percent of SMI must provide a graduated phase-out of assistance for families whose income has increased above the Lead Agency's initial income threshold at the time of redetermination but remains below the federal threshold of 85 percent of SMI.

Lead Agencies that provide a graduated phase-out must implement a two-tiered eligibility threshold, with the second tier of eligibility (used at the time of eligibility redetermination) to be set at:

- (i) 85 percent of SMI for a family of the same size; or,
- (ii) An amount lower than 85 percent of SMI for a family of the same size but above the Lead Agency's initial eligibility threshold that:
 - (A) Takes into account the typical household budget of a family with a low income
 - (B) Provides justification that the second eligibility threshold is:
 - (1) Sufficient to accommodate increases in family income over time that are typical for workers with low incomes and that promote and support family economic stability
 - (2) Reasonably allows a family to continue accessing child care services without unnecessary disruption

At redetermination, a child must be considered eligible if their parents are participating in an eligible activity even if their income exceeds the Lead Agency’s initial eligibility income limit as long as their income does not exceed the second tier of eligibility. Note that once determined eligible, the child must be considered eligible for a full minimum 12-month eligibility period, even if the parents’ income exceeds the second tier of eligibility during the eligibility period, as long as it does not exceed 85 percent of SMI.

A child eligible for services via the graduated phase-out of assistance is considered eligible under the same conditions as other eligible children with the exception of the co-payment restrictions, which do not apply to a graduated phase-out. To help families transition from child care assistance, Lead Agencies may gradually adjust co-payment amounts in proportion to a family’s income growth for families whose children are determined eligible under a graduated phase-out. Lead Agencies may require additional reporting on changes in family income but must still ensure that any additional reporting requirements do not constitute an undue burden on families.

Check and describe the option that best identifies the Lead Agency’s policies and procedures regarding the graduated phase-out of assistance.

- a. Not applicable. The Lead Agency sets its initial eligibility threshold at 85 percent of SMI and therefore is not required to provide a graduated phase-out period. (If checked, skip to question 3.1.1.)
- b. The Lead Agency sets the second tier of eligibility at 85 percent of SMI. If checked, describe the policies and procedures: **Families at or below 200% FPL must report if their gross monthly household income exceeds 85% SMI, while a family with income above 200% must report if their household’s gross monthly income increases by \$250 or more**
 - i. Lead Agency adjusts the family’s co-pay during the graduated phase-out period. If checked, describe how the Lead Agency gradually adjusts co-payment for families under a graduated phase-out period in proportion to a family’s income growth. Include information on the percentage or amount of change made in the co-payment during graduated phase-out: **Families at or below 200% are eligible at initial application. At redetermination, a family will remain eligible if the income remains below 85% SMI. Families at or below 200% FPL must report if their gross monthly household income exceeds 85% SMI, while a family with income above 200% must report if their household’s gross monthly income increases by \$250 or more.**
 - ii. Lead Agency requires additional reporting requirements during the graduated phase-out period. If checked, describe:
- c. The Lead Agency sets the second tier of eligibility at an amount lower than 85 percent of SMI for a family of the same size but above the Lead Agency’s initial eligibility threshold. If checked, provide the following information:
 - i. Provide the income level (\$/month) and the percent of SMI for the second tier of eligibility for a family of three:
 - ii. Describe how the second eligibility threshold takes into account the typical household budget of a low-income family:
 - iii. Describe how the second eligibility threshold is sufficient to accommodate increases in family income over time that are typical for low-income workers and

that promote and support family economic stability:

- iv. Describe how the second eligibility threshold reasonably allows a family to continue accessing child care services without unnecessary disruption:
- v. Lead Agency adjusts the family's co-pay during the graduated phase-out period. If checked, describe how the Lead Agency gradually adjusts co-payment for families under a graduated phase-out period in proportion to a family's income growth. Include information on the percentage or amount of change made in the co-payment during graduated phase-out:
- vi. Lead Agency requires additional reporting requirements during the graduated phase-out period. If checked, describe:

3 Child Care Affordability

CCDF subsidies make child care more affordable for eligible families, providing access to a greater range of child care options that allow parents to work, go to school, or enroll in training and they allow parents to access higher quality care options that better support children's development. CCDF requires some families participating in CCDF to pay an affordable co-payment set by the Lead Agency to cover a part of their care. But co-payments can be a significant and destabilizing financial strain on family budgets and a barrier to parent employment, and the CCDBG Act requires that the co-payment amount not be a barrier to families participating in CCDF. Lead Agencies may not set parent co-payments above 7% of family income regardless of gradual phase-out policies and regardless of the number of children receiving assistance. Lead Agencies are encouraged to set co-payments much lower than 7% to make child care more affordable for more families and have broad flexibility to waive co-payments for to many participants. Lead Agencies must ensure that the total payment to a child care provider is not reduced because of family's lowered or waived co-payment.

In this section, Lead Agencies will identify how they determine an eligible family's co-payment, the policies in place to waive or ensure co-payments are affordable for families, and how the Lead Agency improves access for children and families in economically and/or socially marginalized communities.

3.1 Family Co-payments

Lead Agencies must establish and periodically revise a sliding-fee scale for families receiving CCDF services that varies based on income and the size of the family to determine each family's contribution (i.e., co-payment) and does not create a barrier to receiving CCDF assistance. In addition to income and the size of the family, the Lead Agency may use other factors as appropriate when determining family contributions/co-payments. Lead Agencies may not use price of care or amount of subsidy payment in determining co-payments. Lead Agencies must ensure that the total payment to a child care provider is not reduced because of family's lowered or waived co-payment.

3.1.1 Family co-payment

Lead Agencies may not charge any family more than 7% of a family's gross income, regardless of the number of children participating in CCDF.

- a. What is the maximum percent of a family's gross income any family could be charged as a

co-payment? Previous Wisconsin State Statutes required the Lead Agency to charge a family a up to 31% of their family income. Beginning 7/1/2024, the Lead Agency will charge many families no more than 7% of their income, however, families nearing 85% SMI may see a copay maximum amount of 12% of their family income under the new Wisconsin Statute signed into law in 2023. Additionally, as of 6/30/24 the Lead Agency has submitted an implementation waiver to allow the legislative efforts that will be necessary to comply with the 2024 OCC Rule requiring copays do not exceed 7% gross income for all families receiving Wisconsin Shares subsidy payments.

b. Does the Lead Agency certify that their sliding fee scales are always based on income and family size (regardless of how many different scales they may use)?

Yes.

No. If no, describe:

3.1.2 Sliding fee scale

Provide the CCDF co-payments for eligible families in the table(s) below according to family size for one child in care.

a. Is the sliding fee scale set statewide?

Yes.

No. If no, describe how the sliding fee scale is set:

b. Complete the table below. If the sliding fee scale is not set statewide, complete the table for the most populous locality:

| | <i>A</i> | <i>B</i> | <i>C</i> | <i>D</i> | <i>E</i> | <i>F</i> |
|-------------|---|--|---|---|--|--|
| Family Size | Lowest monthly income at initial eligibility where the family is first charged a co-pay (greater than \$0). | What is the monthly co-payment for a family of this size based on the income level in (A)? | What percentage of income is the co-payment in (B)? | Highest monthly income at initial eligibility where a family is charged a co-pay before a family is no longer eligible. | What is the monthly co-payment for a family of this size based on the income level in (D)? | What percentage of income is this co-payment in (E)? |
| 1 | | | | | | |
| 2 | 85.00 | 22.80 | 27.00 | 5226.00 | 962.00 | 18.00 |
| 3 | 108.00 | 22.80 | 21.00 | 6455.00 | 1073.00 | 17.00 |
| 4 | 130.00 | 22.80 | 18.00 | 7685.00 | 1184.00 | 15.00 |
| 5 | 152.00 | 22.80 | 15.00 | 8914.00 | 1295.00 | 15.00 |

c. What is the effective date of the sliding-fee scale(s)? 02/01/2024

d. Provide the link(s) to the sliding-fee scale(s):

https://docs.legis.wisconsin.gov/code/admin_code/dcf/201_252/201.pdf#page=12

e. Does the Lead Agency allow providers to charge families additional amounts above the required co-payment in instances where the provider’s price exceeds the subsidy payment?

No.

Yes.

If yes:

i. Provide the rationale for the Lead Agency’s policy to allow providers to charge families additional amounts above the required co-payment, including a demonstration of how the policy does not provide a barrier and promotes affordability and access for families: **The provider’s price used in the copayment calculation does not include additional things for which the provider may charge families, such as transportation costs, field trips, meals, etc.**

ii. Provide data (including data on the size and frequency of such amounts) on the extent to which CCDF providers charge additional amounts to families: **The Lead Agency does not require providers to report on the size and frequency of additional amounts charged to families.**

3.2 Calculation of Co-Payment

Lead agencies must calculate a family’s contribution (or co-payment), taking into account income and family size, and Lead Agencies may choose to consider other factors in their calculation.

3.2.1 Family co-payment calculation

a. How is the family’s contribution calculated, and to whom is it applied? Check if the fee is a dollar amount or if the fee is a percent of income below, and then check all that apply under the selection, as appropriate.

i. The fee is a dollar amount and (check all that apply):

The fee is per child, with the same fee for each child.

The fee is per child and is discounted for two or more children.

The fee is per child up to a maximum per family.

No additional fee is charged after a certain number of children.

The fee is per family.

The contribution schedule varies because it is set locally/regionally (as indicated in 1.2.1). Describe:

Other. Describe: **The fee is a dollar amount based on the number of children in care up to a maximum number of hours per child and per family.**

ii. The fee is a percent of income and (check all that apply):

The fee is per child, with the same percentage applied for each child.

The fee is per child, and a discounted percentage is applied for two or

more children.

The fee is per child up to a maximum per family.

No additional percentage is charged after a certain number of children.

The fee is per family.

The contribution schedule varies because it is set locally/regionally (as indicated in 1.2.1). Describe:

Other. Describe:

- b. Does the Lead Agency use other factors in addition to income and family size to determine each family's co-payment? (Lead Agencies may not use price of care or amount of subsidy payment in determining co-payments).

No.

Yes.

If yes, check and describe those additional factors below:

i. Number of hours the child is in care. Describe:

ii. Quality of care (as defined by the Lead Agency). Describe:

iii. Other. Describe:

- c. Describe any other policies the Lead Agency uses in the calculation of family co-payment to ensure it does not create a barrier to access. Check all that apply:

i. Base co-payments on only a portion of the family's income. For instance, only consider the family income over the federal poverty level.

ii. Base co-payments on the number of children in the family and reduce a portion of the co-payments as the number of children being served increases.

iii. Other. Describe:

3.3 Waiving Family Co-payment

3.3.1 Waiving family co-payment

The Lead Agency may waive family contributions/co-payments for many families to lower their costs and maximize affordability for families. Lead Agencies have broad flexibility in determining for which families they will waive co-payments.

Does the Lead Agency waive family contributions/co-payments?

No, the Lead Agency does not waive any family contributions/co-payments. (Skip to question 4.1.1.)

Yes. If yes, identify and describe which family contributions/co-payments waived.

i. Families with an income at or below 100% of the Federal Poverty Level for families of the same size.

ii. Families with an income above 100% but at or below 150% of the Federal Poverty Level for families of the same size.

- iii. Families experiencing homelessness.
- iv. Families with children with disabilities.
- v. Families enrolled in Head Start or Early Head Start.
- vi. Children in foster care or kinship care, or otherwise receiving or needing to receive protective services. Describe the policy: **A family caring for a child in foster care, subsidized guardianships, interim caretakers, and a child residing with a relative under court-ordered placement (Kinship Care) are assessed a \$0 copayment reduction to the subsidy amount.**
- vii. Families meeting other criteria established by the Lead Agency. Describe the policy: **Teen parents participating in the Learnfare program due to their custodial parent participating in Wisconsin Works (W-2) are assessed a \$0 copayment reduction to the subsidy amount.**

4 Parental Choice, Equal Access, Payment Rates, and Payment Practices

Core purposes of CCDF are to provide participating parents choice in their child care arrangements and provide their children with equal access to child care compared to those children not participating in CCDF. CCDF requirements approach equal access and parental choice comprehensively to meet these foundational program goals. Providing access to a full range of child care providers helps ensure that families can choose a child care provider that meets their family’s needs. CCDF payment rates and practices must be sufficient to support equal access by allowing child care providers to recruit and retain skilled staff, provide high-quality care, and operate in a sustainable way. Supply-building strategies are also essential.

This section addresses many of the CCDF provisions related to equal access, including access to the full range of providers, payment rates for providers, co-payments for families, payment practices, differential payment rates, and other strategies that support parental choice and access by helping to ensure that child care providers are available to serve children participating in CCDF.

In responding to questions in this section, OCC recognizes that each Lead Agency identifies and defines its own categories and types of care. OCC does not expect Lead Agencies to change their definitions to fit the CCDF-defined categories and types of care. For these questions, provide responses that closely match the CCDF categories of care.

4.1 Access to Full Range of Provider Options

Lead Agencies must provide parents a choice of providers and offer assistance with child care services through a child care certificate (or voucher) or with a child care provider that has a grant or contract for the provision of child care services. Lead Agencies are reminded that policies and procedures should not restrict parental access to any type or category of care or provider (e.g., center care, home care, in-home care, for-profit provider, non-profit provider, or faith-based provider, etc.).

4.1.1 Parent choice

- a. Identify any barriers to provider participation, including barriers related to payment rates and practices, (including for family child care and in-home providers), based on provider

feedback, public comment, and reports to the Lead Agency: **Barriers include a two-touch eligibility and authorization system, insufficient number of high-quality providers that meet the needs of families, and Wisconsin statutes do not allow purchasing slots via contracts/grants.**

- b. Does the Lead Agency offer child care assistance through vouchers or certificates?
 Yes.
 No.
- c. Does the Lead Agency offer child care assistance through grants or contracts?
 Yes.
 No.
- d. Describe how the parent is informed that the child care certificate allows the option to choose from a variety of child care categories, such as private, not-for-profit, faith-based providers; centers; family child care homes; or in-home providers: **During the authorization process, parents are informed by the local agency worker of their responsibility to select a child care provider, and they are provided with consumer education materials and information about the Lead Agency's Child Care Finder website and resources available through CCR&Rs. Parents may select any child care provider who is participating in Wisconsin's quality rating system, which includes private, non-for-profit, faith-based providers, centers, FCC homes, and in-home providers.**
- e. Describe what information is included on the child care certificate: **The Lead Agency authorizes child care by creating an authorization in the automated system and funds are loaded to the parent's Electronic Benefit Transfer (EBT) card each month. An authorization is created after the parent selects a provider. An authorization notice is sent to parents after the authorization is written. The authorization notice informs parents of the monthly authorized hours for the next three months and any additional authorized hours the parent requested for times that school is expected to be closed. The quarterly authorization notice contains the child's name, monthly subsidy amount, and the months in that quarter for which the child has an authorization. The authorization notice also includes the name of the provider, provider number, and provider location. The authorization notice lists reporting requirements; provides information regarding overpayments, recoupments, and sanctions; informs parents that subsidy funds will drop off if not used within 90 days; and provides information regarding appeal rights.**

4.2 Assess Market Rates and Analyze the Cost of Child Care

To establish subsidy payment rates that ensure equal access, Lead Agencies must collect and analyze statistically valid and reliable data and have the option to conduct either a (1) market rate survey (MRS) reflecting variations in the price to parents of child care services by geographic area, type of provider, and age of child, or (2) an ACF pre-approved alternative methodology, such as a cost estimation model, which estimates the cost of care by incorporating both data and assumptions to estimate what expected costs would be incurred by child care providers and parents under different scenarios. All Lead Agencies must analyze the cost of providing child care through a narrow cost analysis or pre-approved alternative methodology.

Prior to conducting the MRS or pre-approved alternative, Lead Agencies must consult with the State Advisory Council on Early Childhood Education and Care (designated or established pursuant to the Head Start Act (42 U.S.C. 9837b(b)(1)(A)(i)) or similar coordinating body, local child care program administrators, local child care resource and referral agencies, and other appropriate entities; and organizations representing child care caregivers, teachers, and directors. Prior to conducting the MRS or pre-approved alternative methodology, Lead Agencies must consult with the State Advisory Council on Early Childhood Education and Care (designated or established pursuant to the Head Start Act (42 U.S.C. 9837b(b)(1)(A)(i)) or similar coordinating body, local child care program administrators, local child care resource and referral agencies, and other appropriate entities; and organizations representing child care caregivers, teachers, and directors.

Note: Any Lead Agency considering using an alternative methodology instead of a market rate survey to set payment rates, is required to submit a description of its proposed approach to OCC for pre-approval in advance of developing and conducting the alternative methodology. Advance approval is not required if the Lead Agency plans to implement both an MRS and an alternative methodology to set rates at a percentile of the market rate, but a Lead Agency conducting a limited market rate survey and using it to inform their cost model would need pre-approval for this approach. In its request for ACF pre-approval, a Lead Agency must provide details on the following elements of their proposed alternative methodology:

- Overall approach and rationale for using proposed methodology
- Description of stakeholder engagement
- Data collection timeframe (if applicable)
- Description of the data and assumptions included in the methodology, including how these elements will yield valid and reliable results from the model
- Description of how the methodology will capture the universe of providers, and reflect variations by provider type, age of children, geographic location, and quality

4.2.1 Completion of the market rate survey or ACF pre-approved alternative methodology

Did the Lead Agency conduct a statistically valid and reliable MRS or ACF pre-approved alternative methodology to meet the CCDF requirements to assess child care prices and/or costs and determine payment rates? Check only one based on which methodology was used to determine your payment rates.

- a. Market rate survey.
- i. When were the data gathered (provide a date range; for instance, September – December 2023)? **The data for the Market Rate Survey was captured during the timeframe of January 2023 through December of 2023.**
- b. ACF pre-approved alternative methodology.
- i. The alternative methodology was completed.
- ii. The alternative methodology is in process.

If the alternative methodology was completed:

When were the data gathered and when was the study completed?

Describe any major differences between the pre-approved methodology and the final methodology used to inform payment rates. Include any major changes to stakeholder engagement, data, assumptions or proposed scenarios.

If the alternative methodology is in progress:

Provide a status on the alternative methodology and timeline (i.e., dates when the alternative methodology activities will be conducted, any completed steps to date, anticipated date of completion, and expected date new rates will be in effect using the alternative methodology).

c. Consultation on data collection methodology.

Describe when and how the Lead Agency engaged the following partners and how the consultation informed the development and execution of the MRS or alternative methodology, as appropriate.

- iii. State Advisory Council or similar coordinating body: **The Lead Agency met with the Governor’s Early Childhood Advisory Council (ECAC) on Thursday, April 4, 2024, to collaborate on the 2025 – 2027 CCDF State Plan including the development and completion of the required Market Rate Survey (MRS).**
- iv. Local child care program administrators: **Local child care program administrators work closely with Child Care Resource and Referral (CCR&R) agencies in providing critical data necessary to understand the true cost of child care services up to and including current child care rates. Additionally, the Lead Agency has collaborated with the Tribal and County child care agencies on the completion of the MRS. Local agencies serve an important role in encouraging providers to respond to the CCR&R surveys sent to them.**
- v. Local child care resource and referral agencies: **The Lead Agency works closely with Supporting Families Together Association (SFTA) and all nine of the regional CCR&R’s to improve survey templates, increase survey response rates, and explore new and innovative ways to capture critical data elements. The CCR&R’s and SFTA are collaborative partners in ongoing MRS workgroup meetings led by the Lead Agency.**
- vi. Organizations representing child care caregivers, teachers, and directors from all settings and serving all ages: **The Lead Agency will be consulting with the Wisconsin Department of Public Instruction (DPI) and key Early Care and Education (ECE) stakeholders across the state to ensure full involvement of all providers, teachers, and caregivers in the completion of the MRS survey tool. These interactions may occur through collaboration with the ECAC or through specific collaboration with individual stakeholders.**
- vii. Other. Describe: **The Lead Agency has met with Tribal agencies throughout the state to discuss all aspects of the CCDF state plan, including ways to improve the MRS process to fully capturing true cost of care data from tribal providers.**

d. An MRS must be statistically valid and reliable.

An MRS can use administrative data, such as child care resource and referral data, if it is representative of the market. Please provide the following information about the market rate survey:

- i. When was the market rate survey completed? **6/15/2024**
- ii. What was the time period for collecting the information (e.g., all of the prices in the survey are collected within a three-month time period)? **The data for the Market Rate Survey was collected during the timeframe of January 2023 through December 2023.**
- iii. Describe how it represented the child care market, including what types of providers were included in the survey: **The MRS contains data received from all licensed family and group providers across the state to ensure updated rate information in all rural and urban regions.**
- iv. What databases are used in the survey? Are they from multiple sources, including licensing, resource and referral, and the subsidy program? **The primary source of data for the MRS is the survey of licensing child care providers by the regional CCR&R through the completion of the Business Information Form (BIF) that was co-developed by SFTA and the CCR&R's. Additionally, the Lead Agency does access provider rate information that is self-entered by providers into the Child Care Provider Portal (CCPP) to supplement survey data received.**
- v. How does the survey use good data collection procedures, regardless of the method for collection (mail, telephone, or web-based survey)? **Child Care Resource and Referral Agencies (CCR&R) collect survey data through mail, telephone, and web-based survey responses. All data are entered into a Salesforce database, however the child care provider responds. Child care providers can update their details directly in the web-based survey. Trained CCR&R staff enter details given through mail or phone. Updated dates are tracked for each survey response. An automated interface transfers data from each CCR&R to a central Salesforce database at the Supporting Families Together Association (SFTA) which then transfers to WI DCF. CCR&Rs coordinate each year to reach out to child care providers in order to collect the bulk of survey data during the same period of time. Providers can also access the web portal year-round to update CCR&Rs whenever there are changes.**
- vi. What is the percent of licensed or regulated child care centers responding to the survey? **61.00**
- vii. What is the percent of licensed or regulated family child care homes responding to the survey? **61.00**
- viii. Describe if the survey conducted in any languages other than English: **The Lead Agency has the capability to provide the BIF form in Spanish or Hmong if requested.**
- ix. Describe if data were analyzed in a manner to determine price of care per child: **The MRS results are used to determine the overall percent of available slots that are open to families participating in the Wisconsin Shares Subsidy program. This information is used to developed data-informed decisions regarding the allocation of funding towards the improvement of child care rates.**
- x. Describe if data were analyzed from a sample of providers and if so, how the sample was weighted: **Surveys were sent to all licensed child care providers. Price information is weighted by day-time child care capacity, so that Wisconsin can**

measure slot availability for families as closely as possible.

e. Price variations reflected.

The market rate survey data or ACF pre-approved alternative methodology data must reflect variations in child care prices or cost of child care services in specific categories.

- i. Describe how the market rate survey or pre-approved alternative methodology reflected variation in geographic area (e.g., county, region, urban, rural). Include information on whether parts of the State or Territory were not represented by respondents and include information on how prices or costs could be linked to local geographic areas. **All licensed child care providers are invited to participate in the survey. Results are analyzed in various groupings, primarily by county, age group, and provider type (family or group setting). Tribal territories had too few respondents to evaluate separately, so they were included in their neighboring county. Some counties had no respondents. When setting rates for WI Shares, Wisconsin uses neighboring county rates to set the prices for these. Missing geographies are from rural areas that have few or no licensed child care providers.**
- ii. Describe how the market rate survey or pre-approved alternative methodology reflected variation in type of provider (e.g., licensed providers, license-exempt providers, center-based providers, family child care home providers, home based providers). **Three types of licensed providers were surveyed: licensed group centers, licensed camp, and licensed family providers. Licensed group centers and licensed camp were evaluated as one type of provider; licensed family providers were evaluated separately.**
- iii. Describe how the market rate survey or pre-approved alternative methodology reflected age of child (e.g., infant, toddler, preschool, school-age): **The Lead Agency uses four age groups to evaluate the market rates: under 2 years, 2-3 year-olds, 4-5 year-olds, and 6 and older. When surveying, providers are asked their price for each year of the child (i.e., under 1, 1-year-old price, 2-year-old price, etc.).**
- iv. Describe any other key variations examined by the market rate survey or ACF pre-approved alternative methodology, such as quality level: **The Lead Agency also looks at groupings of counties by percent of the population in urban areas: rural areas (<25%), semi-rural (25-49%), semi-urban (50-74%), and urban (75-100%). The Lead Agency also looks at price by YoungStar level as combined with urban groupings.**

4.2.2 Cost analysis

If a Lead Agency does not complete a cost-based pre-approved alternative methodology, they must analyze the cost of providing child care services through a narrow cost analysis. A narrow cost analysis is a study of what it costs providers to deliver child care at two or more levels of quality: (1) a base level of quality that meets health, safety, staffing, and quality requirements, and (2) one or more higher levels of quality as defined by the Lead Agency. The narrow cost analysis must estimate costs by levels of quality; include relevant variation by provider type, child's age, or location; and analyze the gaps between estimated costs and payment rates to inform payment rate setting. Lead agencies are not required to complete a separate narrow cost analysis if their

pre-approved alternative methodology addresses all of the components required in the narrow cost analysis.

Describe how the Lead Agency analyzed the cost of child care through a narrow cost analysis or pre-approved alternative methodology for the FFY 2025–2027 CCDF Plan, including:

- a. How did the Lead Agency conduct a narrow cost analysis (e.g., a cost model, a cost study, existing data or data from the Provider Cost of Quality Calculator)? **A narrow cost analysis was completed in May 2024 to capture the cost of operating operate a high-quality child care program, including non-personnel costs that are included in the Lead Agency's Quality Rating Improvement System at higher levels and compensation that is commensurate with education completed. The narrow cost analysis data collection included the collection of publicly available data, and the use of the ACF-OCC Provider Cost of Quality Calculator (PCQC). Data collected through these processes included: cost of implementing high-quality care, staff costs, facility expenses, professional development, and ensuring sufficient child-to-staff ratios.**
- b. In the Lead Agency's analysis, were there any relevant variations by geographic location, category of provider, or age of child? **The narrow cost analysis reflects four urban groups: 0-24% urban, 25-49% urban, 50-74% urban, and 75- 100% urban. Child care programs are identified by Wisconsin's quality rating system (YoungStar) participation status and quality level rating through the Narrow Cost Analysis by each YoungStar level (e.g., 2 Star, 3 Star, 4 Star, and 5 Star). The Lead Agency also breaks it down by provider regulation type (family, group) and the child's age rage(infant and toddler, 2 year olds, 3 year olds, 4 year olds, school age).**
- c. What assumptions and data did the Lead Agency use to determine the cost of care at the base level of quality (e.g., ratios, group size, staff compensations, staff training, etc.)? **Child care programs are identified by the Lead Agency's quality rating system (YoungStar) participation status and quality level rating through the Narrow Cost Analysis. The YoungStar quality rating is reflected in the overall costs associated with running a high-quality child care program. The narrow cost analysis provides annual per child costs by each YoungStar level (e.g., 2 Star, 3 Star, 4 Star, and 5 Star). The base level quality is seen in the costs associated with programs rated as a 2 Star program.**
- d. How does the Lead Agency define higher quality and what assumptions and data did the Lead Agency use to determine cost at higher levels of quality (e.g., ratio, group size, staffing levels, staff compensation, professional development requirements)? **A Lead Agency can use a quality improvement system or other system of quality indicators (e.g., accreditation, pre-Kindergarten standards, Head Start Program Performance Standards, or State-defined quality measures). Child care programs are identified by the Lead Agency's quality rating system (YoungStar) participation status and quality level rating through the Narrow Cost Analysis. The YoungStar quality rating is reflected in the overall costs associated with running a high-quality child care program. The narrow cost analysis provides annual per child costs by each YoungStar level (e.g., 2 Star, 3 Star, 4 Star, and 5 Star). High quality child care programs are inclusive of programs rated 3, 4, and 5 Star. Staff current and recommended salaries at these quality levels reflect the quality rating criteria requirement of higher staff education, additional staffing structure, and non-personnel costs also reflect adjustments to costs at higher quality levels consistent with the rating criteria requirements.**

- e. What is the gap between cost and price, and how did the Lead Agency consider this while setting payment rates? Did the Lead Agency target any rate increases where gaps were the largest or develop any long-term plans to increase rates based on this information? **Historically, the Lead Agency has funded rate increases to all child care providers. Effective 10/1/2018, the Lead Agency provided funding to increase the rate for infant care to a minimum of \$5.00 per hour based on Market Rate Survey (MRS) data and stakeholder feedback. On 01/01/2019, all rates were increased by 5% and on 10/1/2019 all rates were again increased to bring all rates to the 35th percentile. Additionally, effective 1/1/22, the Lead Agency allocated approximately \$50 million in funding to raise state-wide payment rates to the 75th percentile. This large allocation was used to increase the rates for all child age ranges and provider types of bring the entire state up to the 75th percentile. The 2024 Child Care Market Survey analysis provided additional information on how investments listed above have impacted the gap between cost and price:**
- Child Care provider prices have increased between 2022 and 2023.
 - Because of these price increases, the buying power of Wisconsin Shares has decreased. In 2022, the maximum Wisconsin Shares rate was at or above the price of 74% of slots. In 2023, it was at or above the price of 50% of slots.
 - Provider prices do not always reflect the true cost of providing quality care. The true costs of providing quality care would include pay parity with kindergarten educators in K-12 settings.
- Moving forward the Lead Agency will continue to review MRS and Cost of Care data to identify other specific areas where payment rates have fallen below the agency's goal of all rates being at the 75th percentile and consider new approaches, such as alternative cost of care methodologies, that will help inform these critical efforts.**

4.2.3 Publicly available report on the cost and price of child care

The Lead Agency must prepare a detailed report containing the results of the MRS or ACF pre-approved alternative methodology and include the Narrow Cost Analysis if an ACF pre-approved alternative methodology was not conducted.

The Lead Agency must make this report widely available no later than 30 days after completion of the report, including posting the results on the Lead Agency website. The Lead Agency must describe in the detailed report how the Lead Agency took into consideration the views and comments of the public or stakeholders prior to conducting the MRS or ACF pre-approved alternative methodology.

a. Describe how the Lead Agency made the results of the market rate survey or ACF pre-approved alternative methodology report widely available to the public by responding to the questions below.

- i. Provide the date the report was completed: **5/30/2024**
- ii. Provide the date the report containing results was made widely available (no later than 30 days after the completion of the report): **6/24/2024**
- iii. Provide a link to the website where the report is posted and describe any other strategies the Lead Agency uses to make the detailed report widely available: **The Lead Agency posts all Market Rate Survey and Narrow Cost Analysis documents at <https://dcf.wisconsin.gov/childcare/ccdbg>. Additionally, the Lead Agency notifies**

the public that the MRS / Narrow Cost Analysis documents have been completed and posted through weekly Listserv messages, X, and Facebook. Each messaging platform includes the appropriate link to access the final report and summary document.

- iv. Describe how the Lead Agency considered partner views and comments in the detailed report. Responses should include which partners were engaged and how partner input influenced the market rate survey or alternative methodology: **The Lead Agency works closely with the local CCR&Rs in the throughout the development and completion of the MRS final report. The CCR&Rs engaged with the Lead Agency on the wording of the Business Information Form (BIF) which is the one of the primary data instruments used to gather statewide provider data.**

4.3 Adequate Payment Rates

The Lead Agency must set CCDF subsidy payment rates in accordance with the results of the current MRS or ACF pre-approved alternative methodology and at a level to ensure equal access for eligible families to child care services comparable with those provided to families not receiving CCDF assistance. Lead Agencies are also required to provide a summary of data and facts to demonstrate how payment rates ensure equal access, which means the Lead Agency must also consider the costs of base level care and higher quality care as part of its rate setting. Finally, the Lead Agency must re-evaluate its payment rates at least every 3 years.

The ages and types of care listed in the base payment rate tables are meant to provide a snapshot of the categories of rates and are not intended to be comprehensive of all categories that might exist or to reflect the terms used by the Lead Agency for particular ages. If rates are not statewide, please provide all variations of payment rates when reporting base payment rates below.

Base rates are the lowest, foundational rates before any differentials are added (e.g., for higher quality or other purposes) and must be sufficient to ensure that minimum health, safety, quality, and staffing requirements are covered. These are the rates that will be used to determine compliance with equal access requirements.

4.3.1 Payment rates

- a. Are the payment rates that the Lead Agency is reporting in 4.3.2 set statewide by the Lead Agency?
 - Yes.
 - i. If yes, check if the Lead Agency:
 - Sets the same payment rates for the entire State or Territory.
 - Sets different payment rates for different regions in the State or Territory.
 - No.
 - ii. If no, identify how many jurisdictions set their own payment rates:
- b. Provide the date the current payment rates became effective (i.e., date of last payment rate update based on most recent MRS or ACF pre-approved alternative methodology as reported in 4.2.1). **1/1/2022**

- c. If the Lead Agency does not publish weekly rates, then how were the rates reported in 4.3.2 or 4.3.3 calculated (e.g., were daily rates multiplied by 5 or monthly rates divided by 4.3)? **The Lead Agency gives primacy to the provider’s weekly rates if available. If the provider charges a monthly rate, but not a weekly rate, then the monthly rate is divided by 4.348125. If neither a weekly nor monthly rate exists for the provider, then the provider’s daily rate is multiplied by 5. If none of these rates exist, the provider’s rate information is skipped.**

4.3.2 Base payment rates

- a. Provide the base payment rates in the tables below. If the Lead Agency completed a market rate survey (MRS), provide the percentiles based on the most recent MRS for the identified categories. If the Lead Agency sets different payment rates for different regions in the State or Territory (and checked 4.3.1aii), provide the rates for the most populous region as well as the region with payment rates set at the lowest percentile. Percentiles are not required if the Lead Agency also conducted an ACF pre-approved alternative methodology but must be reported if the Lead Agency conducted an MRS only.

The preamble to the 2016 final rule states that a benchmark for adequate payment rates is the 75th percentile of the most recent MRS. The 75th percentile benchmark applies to the base rates. The 75th percentile is the number separating the lowest 75 percent of rates from the highest 25 percent. Setting rates at the 75th percentile, while not a requirement, would ensure that eligible families can afford three out of four child care providers. In addition to reporting the 75th percentile in the tables below, the Lead Agency must also report the 50th percentile and 60th percentile for each identified category.

If the Lead Agency conducted an ACF pre-approved alternative methodology, provide the estimated cost of care for the identified categories, as well as the percentage of the cost of care covered by the established payment rate. If the Lead Agency indicated it sets different payment rates for different regions in the State or Territory in 4.3.1.a, provide the estimated cost of care and the percentage of the cost of care covered by the established payment rate for the most populous region as well as the region with rates established at the lowest percent of the cost of care.

For each identified category below, provide the percentage of providers who are receiving the base rate without any add-ons or differential payments.

Provide the full-time weekly base payment rates in the table below. If weekly payment rates are not published, then the Lead Agency will need to calculate its equivalent.

i. Table 1: Complete if rates are set statewide. If rates are not set statewide, provide rates for most populous region. Percentiles are not required if the Lead Agency also conducted an ACF pre-approved alternative methodology but must be reported if the Lead Agency conducted an MRS only.

| Care Type | Base payment rate (specify unit, e.g., per day, per week, per month) | % of providers receiving Base rate | Full-Time Weekly Base Payment Rate | What is the percentile of the rate? (MRS) | What is the 50th percentile of the rate? (MRS) | What is the 60th percentile of the rate? (MRS) | What is the 75th percentile of the rate? (MRS) | What is the estimated cost of care? (Alternative Methodology) | What percent of the estimated cost of care is the rate? |
|--|--|------------------------------------|------------------------------------|---|--|--|--|---|---|
| Center Care for Infants (6 months) | 343.00 Per Week | 75.00 | 343.00 | 45.00 | 350.00 | 370.00 | 379.34 | | |
| Family Child Care for Infants (6 months) | 275.10 Per Week | 95.00 | 275.10 | 45.00 | 290.00 | 295.60 | 314.40 | | |
| Center Care for Toddlers (18 months) | 299.95 Per Week | 74.00 | 299.95 | 34.00 | 304.00 | 325.00 | 339.00 | | |
| Family Child Care for Toddlers (18 months) | 249.90 Per Week | 94.00 | 249.90 | 38.00 | 258.71 | 270.00 | 290.00 | | |
| Center Care for Preschoolers (4 years) | 275.10 Per Week | 79.00 | 275.10 | 51.00 | 275.00 | 295.00 | 300.00 | | |
| Family Child Care for Preschoolers (4 years) | 239.05 Per Week | 95.00 | 239.05 | 50.00 | 238.70 | 247.23 | 270.00 | | |
| Center Care for School-Age (6 years) | 245.00 Per Week | 83.00 | 245.00 | 49.00 | 255.00 | 266.19 | 285.00 | | |
| Family Child Care for School-Age (6 years) | 220.15 Per Week | 97.00 | 220.15 | 51.00 | 220.00 | 239.31 | 250.00 | | |

ii. Table 2: Do not complete if rates are set statewide. If rates are not set statewide, provide rates for region with payment rates set at the lowest percentile. Percentiles are not required if the Lead Agency

also conducted an ACF pre-approved alternative methodology but must be reported if the Lead Agency conducted an MRS only.

| Care Type | Base payment rate (specify unit, e.g., per day, per week, per month) | % of providers receiving Base rate | Full-Time Weekly Base Payment Rate | What is the percentile of the rate? (MRS) | What is the 50th percentile of the rate? (MRS) | What is the 60th percentile of the rate? (MRS) | What is the 75th percentile of the rate? (MRS) | What is the estimated cost of care? (Alternative Methodology) | What percent of the estimated cost of care is the rate? |
|--|--|------------------------------------|------------------------------------|---|--|--|--|---|---|
| Center Care for Infants (6 months) | 205.10 Per Week | 100.00 | 205.10 | 0.00 | 280.00 | 295.00 | 295.00 | | |
| Family Child Care for Infants (6 months) | 185.15 Per Week | 100.00 | 185.15 | 83.00 | 160.00 | 180.00 | 185.00 | | |
| Center Care for Toddlers (18 months) | 194.95 Per Week | 100.00 | 194.95 | 0.00 | 250.00 | 260.00 | 260.00 | | |
| Family Child Care for Toddlers (18 months) | 179.90 Per Week | 100.00 | 179.90 | 67.00 | 150.00 | 160.00 | 185.00 | | |
| Center Care for Preschoolers (4 years) | 186.90 Per Week | 100.00 | 186.90 | 0.00 | 237.00 | 240.00 | 260.00 | | |
| Family Child Care for Preschoolers (4 years) | 179.90 Per Week | 100.00 | 179.90 | 67.00 | 150.00 | 160.00 | 185.00 | | |
| Center Care for School-Age (6 years) | 165.90 Per Week | 100.00 | 165.90 | 11.00 | 209.00 | 230.00 | 245.00 | | |
| Family Child Care for School-Age (6 years) | 159.95 Per Week | 100.00 | 159.95 | 40.00 | 160.00 | 160.00 | 185.00 | | |

- b. Does the Lead Agency certify that the percentiles reported in the table above are calculated based on their most recent MRS or ACF pre-approved Alternative Methodology?

Yes.

No. If no, what is the year of the MRS or ACF pre-approved alternative methodology that the Lead Agency used? What was the reason for not using the most recent MRS or ACF pre-approved alternative methodology? Describe:

4.3.3 Tiered rates, differential rates, and add-ons

Lead Agencies may establish tiered rates, differential rates, or add-ons on top of their base rates as a way to increase payment rates for targeted needs (e.g., a higher rate for serving children with special needs).

a. Does the Lead Agency provide any rate add-ons above the base rate?

Yes. If yes, describe the add-ons, including what they are, who is eligible to receive the add-ons, and how often are they paid: **Child care providers that are rated as a 4- or 5-star program in YoungStar (the Lead Agency's quality rating and improvement system) receive a percentage bonus relative to the amount of subsidy dollars loaded to parents' cards whose children are authorized to their program. The amounts are paid prospectively at the beginning of each month. Four-star programs receive up to 15% increase, and 5-star programs receive up to 30% increase.**

No.

b. Has the Lead Agency chosen to implement tiered reimbursement or differential rates?

Yes.

No. Tiered or differential rates are not implemented.

If yes, identify below any tiered or differential rates, and, at a minimum, indicate the process and basis used for determining the tiered rates, including if the rates were based on the MRS or an ACF pre-approved alternative methodology. Check and describe all that apply:

i. Differential rate for non-traditional hours. Describe:

ii. Differential rate for children with special needs, as defined by the Lead Agency. Describe: **Children with disabilities may receive an increased rate of up to \$19.99/hour. This is used in more severe cases when additional staff are required to care for the child. Most children with disabilities receive the same rate as other children.**

iii. Differential rate for infants and toddlers. Note: Do not check if the Lead Agency has a different base rate for infants/toddlers with no separate bonus or add-on. Describe:

iv. Differential rate for school-age programs. Note: Do not check if the Lead Agency has a different base rate for school-age children with no separate bonus or add-on. Describe:

v. Differential rate for higher quality, as defined by the Lead Agency. Describe:

vi. Other differential rates or tiered rates. For example, differential rates for geographic area or for type of provider. Describe:

vii. If applicable, describe any additional add-on rates that you have besides those

identified above.

Does the Lead Agency reduce provider payments if the price the provider charges to private-pay families not participating in CCDF is below the Lead Agency's established payment rate?

Yes. If yes, describe: **If the provider charges less than the county or tribe maximum rate, then the provider's rate is used in the calculation formula instead of the maximum rate.**

No.

4.3.4 Establishing payment rates

Describe how the Lead Agency established payment rates:

- a. What was the Lead Agency's methodology or process for setting the rates or how did the Lead Agency use their data to set rates? **In January 2022, the Lead Agency set the county and tribe maximum county rates at the 80th percentile of private-pay price for each geography, provider type, and age group.**
- b. How did the Lead Agency determine that the rates are adequate to meet health, safety, quality, and staffing requirements under CCDF? **The Lead Agency set the subsidy amount such that providers would receive the same amount from WI Shares Subsidy participants as private-paying families, assuming that participants of private paying families pay their calculated copayment amounts. This covered over 80% of the slots in WI. All programs are required to and monitored for compliance with health and safety regulations. All providers receiving WI Shares subsidies must participate in YoungStar, the Lead Agency's quality rating and improvement system.**
- c. How did the Lead Agency use the cost of care, either from the narrow cost analysis or the ACF pre-approved alternative methodology to inform rate setting, including how using the cost of care promotes the stabilization of child care providers? **It was not used to determine the rates that were set.**
- d. How did the Lead Agency account for the cost of higher quality while setting payment rates? **The Lead Agency provides quality adjustment payments to providers with 4- and 5-star quality ratings.**
- e. Identify and describe any additional facts (not covered in responses to 4.3.1 – 4.3.3) that the Lead Agency considered in determining its payment rates to ensure equal access. **The Lead Agency set a \$5/hour minimum (weekly: \$5/hour * 35 hours) for infant care rates throughout the state. This raised the infant rates in some rural counties so that 100% of infant slots were accessible to families in WI Shares.**

4.4 Payment Practices to Providers

Lead Agencies must use subsidy payment practices that reflect practices that are generally accepted in the private pay child care market. The Lead Agency must ensure timeliness of payment to child care providers by paying in advance or at the beginning of delivery of child care services. Lead Agencies must also support the fixed cost of child care services based on paying by the child's authorized enrollment, or if impracticable, an alternative approach that will not undermine the stability of child care programs as justified and approved through this Plan.

Lead Agencies must also (1) pay providers based on established part-time or full-time rates rather than paying for hours of service or smaller increments of time, and (2) pay for reasonable, mandatory registration fees that the provider charges to private-paying parents. These policies apply to all provider types unless the Lead Agency can demonstrate that in limited circumstances the policies would not be considered generally-accepted payment practices.

In addition, Lead Agencies must ensure that child care providers receive payment for any services in accordance with a payment agreement or an authorization for services, ensure that child care providers receive prompt notice of changes to a family's eligibility status that could impact payment, and have timely appeal and resolution processes for any payment inaccuracies and disputes.

4.4.1 Prospective and enrollment-based payment practices

Lead Agencies must use payment practices for all CCDF child care providers that reflect generally-accepted payment practices of providers serving private-pay families, including paying providers in advance or at the beginning of the delivery of child care services and paying based on a child's authorized enrollment or an alternative approach for which the Lead Agency must demonstrate paying for a child's authorized enrollment is not practicable and it will not undermine the stability of child care programs. Lead Agencies may only use alternate approaches for subsets of provider types if they can demonstrate that prospective payments and authorized enrollment-based payment are not generally-accepted for a type of child care setting. Describe the Lead Agency payment practices for all CCDF child care providers:

- a. Does the Lead Agency pay all provider types prospectively (i.e., in advance of or at the beginning of the delivery of child care services)?

Yes. If yes, describe: **The Lead Agency ensures a full month's subsidy benefit amount is made available through the parent's EBT card at the beginning of each month. A provider will enter into a written payment agreement with each parent that receives a child care subsidy. Parents are responsible for determining when the payment is transferred to the child care provider's account.**

No, it is not a generally-accepted payment practice for each provider type. If no, describe the provider type not paid prospectively and the data demonstrating it is not a generally-accepted payment practice for that provider type, and describe the Lead Agency's payment practice that ensures timely payment for that provider type:

- b. Does the Lead Agency pay based on authorized enrollment for all provider types?

Yes. The Lead Agency pays all providers by authorized enrollment and payment is not altered based on a child's attendance or the number of absences a child has.

No, it is not a generally-accepted practice for each provider type. If no, describe the provider types not paid by authorized enrollment, including the data showing it is not a generally-accepted payment practice for that provider type, and describe how the payment policy accounts for fixed costs:

It is impracticable. Describe provider type(s) for which it is impracticable, why it is impracticable, and the alternative approach the Lead Agency uses to delink provider payments from occasional absences, including evidence that the alternative approach will not undermine the stability of child care programs, and thereby accounts for fixed costs:

4.4.2 Other payment practices

Lead Agencies must (1) pay providers based on established part-time or full-time rates rather than paying for hours of service or smaller increments of time, and (2) pay for reasonable, mandatory registration fees that the provider charges to private-paying parents, unless the Lead Agency provides evidence that such practices are not generally-accepted for providers caring for children not participating in CCDF in its State or Territory.

- a. Does the Lead Agency pay all providers on a part-time or full-time basis (rather than paying for hours of service or smaller increments of time)?

Yes.

No. If no, describe the policies or procedures that are different than paying on a part-time or full-time basis and the Lead Agency's rationale for not paying on a part-time or full-time basis:

- b. Does the Lead Agency pay for reasonable mandatory registration fees that the provider charges to private-paying parents?

Yes. If yes, identify the fees the Lead Agency pays for: **Parents may receive registration fees up to \$125, two times per rolling calendar year.**

No. If no, identify the data and how data were collected to show that paying for fees is not a generally-accepted payment practice:

- c. Describe how the Lead Agency ensures that providers are paid in accordance with a written payment agreement or an authorization for services that includes, at a minimum, information regarding provider payment policies, including rates, schedules, any fees charged to providers, and the dispute-resolution process: **Providers are required to have a written payment agreement with parents receiving Wisconsin Shares. The written agreement must include the child care price, payment schedule, provider's address where the care takes place, child's name, fees, agreed upon start date, providers days and hours of operation, closure dates and payment policies during closures, provider's payment expectations for expected child absences, provider's payment dispute policy, and that payments are deposited directly into the provider's bank account through ACH. The provider must maintain a copy of expired written payment agreements for three years. The expired agreement may be kept at a location where it can be made available to DCF within 24 hours.**
- d. Describe how the Lead Agency provides prompt notice to providers regarding any changes to the family's eligibility status that could impact payments, and such a notice is sent no later than the day that the Lead Agency becomes aware that such a change will occur: **A Wisconsin Shares Child Care Provider letter is mailed to providers on the last business day of each month. The authorization information letter includes the child's name, date of birth, and the start and end dates of all current and future authorizations, any backdated authorizations added since the last notice was sent, any authorizations that were deleted or ended by the agency worker, or the system, and that were previously listed in an earlier notice. The letter also specifies when authorization dates have been changed The Wisconsin Shares Child Care Provider Letter does not include payment or authorized hours information due to confidentiality. The provider also has access to the information online using the Provider Portal**

- e. Describe the Lead Agency’s timely appeal and resolution process for payment inaccuracies and disputes: **Parents have the right to appeal decisions made regarding their case including subsidy payments. An Administrative Law Judge decides if the local agency’s findings and calculations were correct. If the local agency’s determination is upheld, the local agency and parent will receive a decision dismissing the appeal. If the parent’s appeal is upheld, the ruling remands the matter to the local agency to rescind or recalculate the amount. The local agency must carry out the remand order within 10 calendar days.**
- f. Other. Describe any other payment practices established by the Lead Agency:

4.4.3 Payment practices and parent choice

How do the Lead Agency’s payment practices facilitate provider participation in all categories of care? **The Lead Agency prospectively loads funds onto the parent’s electronic benefit transfer (EBT) card where the funds may be used as soon as they are loaded to the card, ensuring the provider receives timely payment and immediate access to funds.**

4.5 Supply Building

Building a supply of high-quality child care that meets the needs and preferences of parents participating in CCDF is necessary to meet CCDF’s core purposes. Lead Agencies must support parent choice by providing some portion of direct services via grants or contracts, including at a minimum for children in underserved geographic areas, infants and toddlers, and children with disabilities.

4.5.1 Child care services available through grants or contracts

Does the Lead Agency provide direct child care services through grants or contracts for child care slots?

Yes, statewide. Describe how the Lead Agency ensures that parents who enroll with a provider who has a grant or contract have choices when selecting a provider:

Yes, in some jurisdictions, but not statewide. Describe how many jurisdictions use grants or contracts for child care slots and how the Lead Agency ensures that parents who enroll with a provider who has a grant or contract have choices when selecting a provider:

The Lead Agency's contract with United Migrant Opportunity Services (UMOS) specifies that parents may choose any provider who is eligible to receive Wisconsin Shares. Due to the recent change in CCDF rules (effective 4/30/2024) the Lead Agency has submitted a waiver to the Administration for Children and Families, Office of Child Care (ACF-OCC) to secure additional authority to provide services through grants and contracts. This waiver process will include statutory, administrative rule, and policy changes that could take up to two years to accomplish with the continued support of the State Legislature and key early care and education stakeholders.

No. If no, describe any Lead Agency plans to provide direct child care services through grants and contracts for child care slots:

If no, skip to question 4.5.2.

- i. If yes, identify the populations of children served through grants or contracts for

child care slots (check all that apply). For each population selected, identify the number of slots allocated through grants or contracts for direct service of children receiving CCDF.

Children with disabilities. Number of slots allocated through grants or contracts:

Infants and toddlers. Number of slots allocated through grants or contracts:

Children in underserved geographic areas. Number of slots allocated through grants or contracts:

Children needing non-traditional hour care. Number of slots allocated through grants or contracts:

School-age children. Number of slots allocated through grants or contracts:

Children experiencing homelessness. Number of slots allocated through grants or contracts:

Children in urban areas. Percent of CCDF children served in an average month:

Children in rural areas. Percent of CCDF children served in an average month:

Other populations. If checked, describe: **Children of migrant farm workers.**

- ii. If yes, how are rates for slots funded by grants and contracts determined by the Lead Agency? **UMOS uses the Wisconsin Shares Maximum Rates to determine the payment to providers.**

4.5.2 Care in the child's home (in-home care)

The Lead Agency must allow for in-home care (i.e., care provided in the child's own home) but may limit its use.

Will the Lead Agency limit the use of in-home care in any way?

Yes.

No.

If yes, what limits will the Lead Agency set on the use of in-home care? Check all that apply.

- i. Restricted based on the minimum number of children in the care of the in-home provider to meet the Fair Labor Standards Act (minimum wage) requirements. Describe: **The Lead Agency's policy allows the base subsidy amount to be adjusted to minimum wage minus the copayment amount when the in-home care provider is caring for children for 15 or more hours per week.**
- ii. Restricted based on the in-home provider meeting a minimum age requirement. Describe: **An in-home care provider must be 18 years of age or older.**

- iii. Restricted based on the hours of care (i.e., certain number of hours, non-traditional work hours). Describe: **The Lead Agency's policy allows child care to be authorized to an in-home provider when no other care is available, such as second or third shift hours and weekend care, or if no other care is available within a reasonable geographic area.**
- iv. Restricted to care by relatives. (A relative provider must be at least 18 years of age based on the definition of eligible child care provider.) Describe:
- v. Restricted to care for children with special needs or a medical condition. Describe: **The Lead Agency's policy allows a child with a special needs to be cared for by an in home provider if the child's needs are best met in their own home.**
- vi. Restricted to in-home providers that meet additional health and safety requirements beyond those required by CCDF. Describe: **The Lead Agency's policy requires that in-home child care providers must be certified.**
- vii. Other. Describe:

4.5.3 Shortages in the supply of child care

Lead Agencies must identify shortages in the supply of child care providers that meet parents' needs and preferences.

What child care shortages has the Lead Agency identified in the State or Territory, and what is the plan to address the child care shortages?

- a. In infant and toddler programs:
 - i. Data sources used to identify shortages: **The Lead Agency uses data collected by the statewide CCR&R network as well as other key early care and education stakeholders to identify shortages in the availability of infant and toddlers slots.**
 - ii. Method of tracking progress: **The Lead Agency continues to review data provided by the CCR&R network to identify increases or decreases in the number of child care slots available throughout the state.**
 - iii. What is the plan to address the child care shortages using family child care homes **The Lead Agency continues to explore biennial budget solutions to supplement CCDF and other federal funding sources to provide specific funding to increase the availability of child care slots at family care homes. The Lead Agency is reviewing the new CCDF rule (eff. 4/30/24) to begin the utilization of grants and contracts to increase and maintain the level of slots within each family care provider.**
 - iv. What is the plan to address the child care shortages using child care centers? **The Lead Agency continues to explore biennial budget solutions to supplement CCDF and other federal funding sources to provide specific funding to increase the availability of child care slots at child care centers. The Lead Agency is reviewing the new CCDF rule (eff. 4/30/24) to begin the utilization of grants and contracts to increase and maintain the level of slots within each child care centers.**
- b. In different regions of the State or Territory:
 - i. Data sources used to identify shortages: **The Lead Agency uses data collected by the statewide CCR&R network as well as other key early care and education**

stakeholders to identify shortages in the child care slots across the regions of the state.

- ii. Method of tracking progress: **The Lead Agency continues to review data provided by the CCR&R network to identify increases or decreases in the number of child care slots available in the regions throughout the state.**
 - iii. What is the plan to address the child care shortages using family child care homes? **The Lead Agency continues to explore biennial budget solutions to supplement CCDF and other federal funding sources to provide specific funding to increase the availability of child care slots at family care homes. The Lead Agency is reviewing the new CCDF rule (eff. 4/30/24) to begin the utilization of grants and contracts to increase and maintain the level of slots within each region.**
 - iv. What is the plan to address the child care shortages using child care centers? **The Lead Agency continues to explore biennial budget solutions to supplement CCDF and other federal funding sources to provide specific funding to increase the availability of child care slots at within each region. The Lead Agency is reviewing the new CCDF rule (eff. 4/30/24) to begin the utilization of grants and contracts to increase and maintain the level of slots within each region.**
- c. In care for special populations:
- i. Data sources used to identify shortages: **The Lead Agency uses data collected by the statewide CCR&R network as well as other key early care and education stakeholders to identify shortages in the availability of special population slots.**
 - ii. Method of tracking progress: **The Lead Agency continues to review data provided by the CCR&R network to identify increases or decreases in the number of special population child care slots available throughout the state.**
 - iii. What is the plan to address the child care shortages using family child care homes? **The Lead Agency continues to explore biennial budget solutions to supplement CCDF and other federal funding sources to provide specific funding to increase the availability of special population child care slots at family care homes. The Lead Agency is reviewing the new CCDF rule (eff. 4/30/24) to begin the utilization of grants and contracts to increase and maintain the level of special population slots within each family care provider.**
 - iv. What is the plan to address the child care shortages using child care centers? **The Lead Agency continues to explore biennial budget solutions to supplement CCDF and other federal funding sources to provide specific funding to increase the availability of special population child care slots at child care centers. The Lead Agency is reviewing the new CCDF rule (eff. 4/30/24) to begin the utilization of grants and contracts to increase and maintain the level of special population slots within each child care centers.**

4.5.4 Strategies to increase the supply of and improve quality of child care

Lead Agencies must develop and implement strategies to increase the supply of and improve the quality of child care services. These strategies must address child care in underserved geographic areas; infants and toddlers; children with disabilities, as defined by the Lead Agency; and children who receive care during non-traditional hours.

How does the Lead Agency identify any gaps in the supply and quality of child care services and what strategies are used to address those gaps for:

- a. Underserved geographic areas. Describe: **The Lead Agency continues to look for new and innovative approaches to provide high-quality child care services across the state. Through data collection the Lead Agency has identified specific areas of the state that are known to be "child care deserts" and working collaboratively with key stakeholders to further define these underserved areas. The Lead Agency has also reviewed the new CCDF Rule (effective 4/30/24) and has submitted a waiver request to the Administration for Children and Families, Office of Child Care (ACF-OCC) to pursue potential statutory, administrative rule, and/or policy changes to enhance child care availability across the state. This may include the use of contracts and grants to secure slots in these historically underserved areas of the state.**
- b. Infants and toddlers. Describe: **The Lead Agency continues to look for new and innovative approaches to provide high-quality child care services across the state. Through data collection the Lead Agency has identified specific areas of the state that are known to be lacking in availability of infant and toddler care. The Lead Agency continues to work collaboratively with key stakeholders to further define these underserved areas. The Lead Agency has also reviewed the new CCDF Rule (effective 4/30/24) and has submitted a waiver request to the Administration for Children and Families, Office of Child Care (ACF-OCC) to pursue potential statutory, administrative rule, and/or policy changes to enhance child care availability across the state. This may include the use of contracts and grants to secure slots in these areas of the state that are lacking infant and toddler child care availability.**
- c. Children with disabilities. Describe: **The Lead Agency continues to look for new and innovative approaches to provide high-quality child care services across the state. Through data collection the Lead Agency has identified specific areas of the state that are known to be lacking child care for children with disabilities. The Lead Agency continues to work collaboratively with key stakeholders to further define these underserved areas. The Lead Agency has also reviewed the new CCDF Rule (effective 4/30/24) and has submitted a waiver request to the Administration for Children and Families, Office of Child Care (ACF-OCC) to pursue potential statutory, administrative rule, and/or policy changes to enhance child care availability across the state. This may include the use of contracts and grants to secure slots in these historically underserved areas of the state.**
- d. Children who receive care during non-traditional hours. Describe: **The Lead Agency continues to look for new and innovative approaches to provide high-quality child care services across the state. Through data collection the Lead Agency has identified specific areas of the state that are known to be lacking non-traditional hour child care. The Lead Agency continues to work collaboratively with key stakeholders to further define these underserved areas. The Lead Agency has also reviewed the new CCDF Rule (effective 4/30/24) and has submitted a waiver request to the Administration for Children and Families, Office of Child Care (ACF-OCC) to pursue potential statutory, administrative rule, and/or policy changes to enhance child care availability across the state. This may include the use of contracts and grants to secure slots in these historically underserved areas of the state.**
- e. Other. Specify what population is being focused on to increase supply or improve quality.

Describe: The Lead Agency Contracts with the United Migrant Opportunity Services (UMOS), a non-profit a non-profit organization that provides child care services to children of migrant farm workers throughout the state. UMOS contracts with local area child care providers to provide services during times when UMOS centers are not available.

4.5.5 Prioritization of investments in areas of concentrated poverty and unemployment

Lead Agencies must prioritize investments for increasing access to high-quality child care and development services for children of families in areas that have significant concentrations of poverty and unemployment and do not currently have sufficient numbers of such programs.

Describe how the Lead Agency prioritizes increasing access to high-quality child care and development services for children of families in areas that have significant concentrations of poverty and unemployment and that do not have access to high-quality programs. **The Lead Agency administers the Wisconsin Shares subsidy program to provide financial support for qualified families to access quality child care. Child care programs must participate in YoungStar in order to serve families who utilize Wisconsin Shares. YoungStar technical consultation is provided to increase program quality. The 53206-zip code in Milwaukee County has been identified as high-need and is receiving additional supports and services through the 53206 Early Care and Education Initiative. The Lead Agency contracts with local CCR&Rs and IHEs to provide professional development and financial support through a workforce pilot focused on increasing the educational level of early care and education professionals working in the 53206-zip code. The Lead Agency funded the creation of Early Learning Kits that provide quality materials to programs in this identified area. The local CCR&R provides targeted technical assistance to increase the quality of infant and toddler child care and to encourage active participation in YoungStar quality improvement services. The Lead Agency increased the financial support for families living in the 53206-zip code who utilize Wisconsin Shares and have children zero to three years of age. In focusing on the advancement of equity and inclusion, the Lead Agency will identify high-priority communities that have significant concentrations of poverty and unemployment and lack of access to high-quality programs. Furthermore, the Lead Agency collaborates with WAN to support before and after school programs within rural school districts and identified poverty areas to address the lack of availability of high-quality school-age programs.**

5 Health and Safety of Child Care Settings

Child care health and safety standards and enforcement practices are essential to protect the health and safety of children while out of their parents' care. CCDF provides a minimum threshold for child care health and safety policies and practices but leaves authority to [Lead Agencies](#) to design standards that appropriately protect children's safety and promote nurturing environments that support their healthy growth and development. Lead Agencies should set standards for ratios, group size limits, and provider qualifications that help ensure that the child care environment is conducive to safety and learning and enable caregivers to promote all domains of children's development.

CCDF health and safety standards help set clear expectations for CCDF providers, form the foundation for health and safety training for child care workers, and establish the baseline for monitoring to ensure compliance with health and safety requirements. These health and safety requirements apply to all providers serving children receiving CCDF services – whether the providers are licensed or license-exempt, must be appropriate to the provider setting and age of

the children served, must include specific topics and training on those topics, and are subject to monitoring and enforcement procedures by the [Lead Agency](#). CCDF-required annual monitoring and enforcement actions help ensure that CCDF providers are adopting and implementing health and safety requirements.

Through child care licensing, [Lead Agencies](#) set minimum requirements, including health and safety requirements, that child care providers must meet to legally operate in that State or Territory. In some cases, CCDF health and safety requirements may be integrated within the licensing system for licensed providers and may be separate for CCDF providers who are license-exempt.

This section addresses CCDF health and safety requirements, [Lead Agency](#) licensing requirements and exemptions, and comprehensive background checks.

When responding to questions in this section, OCC recognizes that each [Lead Agency](#) identifies and defines its own categories of care. OCC does not expect [Lead Agencies](#) to change their definitions to fit the CCDF-defined categories of care. For these questions, provide responses that best match the CCDF categories of care.

5.1 Licensing Requirements

Each Lead Agency must ensure it has in effect licensing requirements applicable to all child care services provided within the State/Territory (not restricted to providers receiving CCDF funds).

5.1.1 Providers subject to licensing

For each category of care listed below, identify the type of providers subject to licensing and describe the licensing requirements.

- a. Identify the center-based provider types subject to child care licensing: **A "Group child care center" means a facility where a person for less than 24 hours a day provides care and supervision for nine or more children who are not related to the provider. No person may for compensation provide care and supervision for four or more children under the age of seven for less than 24 hours a day unless that person obtains a license to operate a child care center from the department. Wis. Statutes, s. 48.65, DCF 251.02, DCF 251.03(13), DCF 251.13.**

Are there other categories of licensed, regulated, or registered center providers the Lead Agency does not categorize as license-exempt?

Yes. If yes, describe:

No.

- b. Identify the family child care providers subject to licensing: **Please Note that for the completion of this question the following definition applies: "Licensed centers refers to Licensed Group and Licensed Family." If a person provides care on a regular basis to four or more children under the age of seven years, that person shall be deemed to be providing care for compensation and shall be licensed. Licensed Family Child Care Centers provide care for between four and eight children, usually in the provider's home. "Family child care center" means a facility where a person provides care and supervision for less than 24 hours a day for at least four and not more than eight children who are not related**

to the provider. No person may for compensation provide care and supervision for four or more children under the age of seven for less than 24 hours a day unless that person obtains a license to operate a child care center from the department.

Are there other categories of regulated or registered family child care providers the Lead Agency does not categorize as license-exempt?

Yes. If yes, describe:

No.

- c. Identify the in-home providers subject to licensing: **The are no "in-home providers" subject to licensing. This question is not applicable.**

Are there other categories of regulated or registered in-home providers the Lead Agency does not categorize as license-exempt?

Yes. If yes, describe:

No.

5.1.2 CCDF-eligible providers exempt from licensing

Identify the categories of CCDF-eligible providers who are exempt from licensing requirements, the types of exemptions, and describe how these exemptions do not endanger the health, safety, and development of children. -Relative providers, as defined in CCDF, are addressed in subsection 5.8.

- a. License-exempt center-based child care. Describe by answering the questions below.

- i. Identify the categories of CCDF-eligible center-based child care providers who are exempt from licensing requirements. **Public School-Operated Child Care Programs are exempt from licensure under Wis. Stat. § 48.65. However, pursuant to Wis. Stat. § 120.13(14), a child care program established and provided by a school board must comply with the applicable standards governing the operation of licensed child care centers in Wisconsin, as provided under Wis. Admin. Code DCF 251 in order to be CCDF eligible. All child care programs operated or contracted by a public school that wish to be eligible to receive Wisconsin Shares Child Care Subsidy payments must be monitored annually by the Lead Agency for compliance with a subset of the Administrative Code DCF 251. Wis. Statutes, s. 120.13(14).**
- ii. Describe the exemptions based on length of day, threshold on the number of children in care, ages of children in care, or any other factors applicable to the exemption. **Public School-Operated Child Care Programs are exempt from licensure under Wis. Stat. § 48.65. However, pursuant to Wis. Stat. § 120.13(14), a child care program established and provided by a school board must comply with the applicable standards governing the operation of licensed child care centers in Wisconsin, as provided under Wis. Admin. Code DCF 251 in order to be CCDF eligible. All child care programs operated or contracted by a public school that wish to be eligible to receive Wisconsin Shares Child Care Subsidy payments must be monitored annually by the Lead Agency for compliance with a subset of the Administrative Code DCF 251. Wis. Statutes, s. 120.13(14). The only exception for group center care is specified in 120.13(14) and DCF 201.038 (1)(a)3. (1) PROVIDER REQUIREMENTS. A child care administrative agency may authorize**

payment for child care services provided by a child care provider who meets all of the following conditions: Regulated child care. The child care provider is any of the following: 3. School board.' A child care program established or contracted for by a school board under s. 120.13 (14), Stats

- iii. Describe how the exemptions for these CCDF-eligible providers do not endanger the health, safety, and development of children. **Wis. Stat. § 48.65 does not require licensure for any of the following, however, these child care arrangements are not CCDF-eligible: (a) A parent, grandparent, great grandparent, stepparent, brother, sister, first cousin, nephew, niece, uncle, or aunt of a child, whether by blood, marriage, or legal adoption, who provides care and supervision for the child. (am) A guardian of a child who provides care and supervision for the child. (b) A public or parochial school or a tribal school. (c) A person employed to come to the home of the child's parent or guardian for less than 24 hours a day. (d) A county, city, village, town, school district or library that provides programs primarily intended for recreational or social purposes. Public School Board powers under s. 120.13 (14), Wis. Stats., states in pertinent part that school boards may establish and provide or contract for the provision of child care programs for children. Child care programs established under this subsection shall meet the standards for licensed child care centers [DCF 251 Licensing Rules for Group Child Care Centers] established by the department of children and families. The Lead Agency annually monitors public school operated programs, that are CCDF-eligible, for compliance with a subset of the licensing rules under DCF 251.**
- b. License-exempt family child care. Describe by answering the questions below.
 - i. Identify the categories of CCDF-eligible family child care providers who are exempt from licensing requirements. **A family child care provider who provides care and supervision for less than 24 hours per day for no more than three children under age seven is not required to obtain a license/regulation. Under Wis. Statutes, s. 48.65 this form of child care is exempt from licensure/regulation. However, family child care providers may choose to obtain child care certification in order to be CCDF-eligible under WI Stats s. 48.651 and DCF 202. Certified family child care operator means a certified child care operator who provides care in a private residential property that is not the home of the child in care.**
 - ii. Describe the exemptions based on length of day, threshold on the number of children in care, ages of children in care, or any other factors applicable to the exemption. **A family child care provider who provides care and supervision for less than 24 hours per day for no more than three children under age seven is not required to obtain a license/regulation. Under Wis. Statutes, s. 48.65 this form of child care is exempt from licensure/regulation.**
 - iii. Describe how the exemptions for these CCDF-eligible providers do not endanger the health, safety, and development of children. **Wis. Statutes, s. 48.651 and DCF 202 establish standards for the certification of persons who provide child care for one to three children under age seven unrelated to the provider, or who are not otherwise required to be licensed as a child care center under s. 48.65, Stats. Certified family child care providers are CCDF-eligible. DCF 202 also establishes standards for local counties and tribes that administer child care certification.**

- c. In-home care (care in the child’s own home by a non-relative). Describe by answering the questions below.
- i. Identify the categories of CCDF-eligible in-home care (care in the child’s own home by a non- relative) providers who are exempt from licensing requirements. **"Certified in-home child care operator" means a certified child care operator who provides care in the child's home for a family that is eligible for in-home care through the child care subsidy program under s. DCF 201.039 (5). In-home care must be certified if a family meets eligibility requirements for a child care subsidy. Certification standards found in Wis. Admin. Code DCF 202 identify the health and safety standards that apply to certified in-home care. When a certified in-home child care operator cares for children in the children's own home, the certified operator is not required to comply with group size or age grouping restrictions, however, the operator may not care for any children who do not reside in the home.**
 - ii. Describe the exemptions based on length of day, threshold on the number of children in care, ages of children in care, or any other factors applicable to the exemption. **A family child care provider who provides care and supervision for less than 24 hours per day for no more than three children under age seven is not required to obtain a license/regulation. Under Wis. Statutes, s. 48.65 this form of child care is exempt from licensure/regulation. In-home care must be certified if a family meets eligibility requirements for a child care subsidy.**
 - iii. Describe how the exemptions for these CCDF-eligible providers do not endanger the health, safety, and development of children. **Wis. Statutes, s. 48.651 and DCF 202 establish standards for the certification of persons who provide child care for one to three children under age seven unrelated to the provider, or who are not otherwise required to be licensed as a child care center under s. 48.65, Stats. Certified in-home family child care providers are CCDF-eligible. DCF 202 also establishes standards for local counties and tribes that administer child care certification, including in-home family child care.**

5.2 Ratios, Group Size, and Qualifications for CCDF Providers

Lead Agencies must have child care standards for providers receiving CCDF funds, appropriate to the type of child care setting involved, that address appropriate staff:child ratios, group size limits for specific age populations, and the required qualifications for providers. Lead Agencies should map their categories of care to the CCDF categories. Exemptions for relative providers will be addressed in subsection 5.8.

5.2.1 Age classifications

Describe how the **Lead Agency** defines the following age classifications (e.g., Infant: 0 – 18 months).

- a. Infant. Describe: **0 - 12 months**
- b. Toddler. Describe: **12 months - 2 years**
- c. Preschool. Describe: **2 years - 5 years**

d. School-Age. Describe: **5 years and older**

5.2.2 Ratio and group size limits

Provide the ratio and group size limits for settings and age groups below.

a. Licensed CCDF center-based care:

i. Infant.

Ratio: **1:4**

Group size: **8**

ii. Toddler.

Ratio: **1:4**

Group size: **8**

iii. Preschool.

Ratio: **2 years to 2.5 years = 1:6**

2.5 years to 3 years = 1:8

3 years to 4 years = 1:10

4 years to 5 years = 1:13

Group size: **2 years to 2.5 years = 12**

2.5 years to 3 years = 16

3 years to 4 years = 20

4 years to 5 years = 26

iv. School-Age.

Ratio: **1:18**

Group size: **36**

v. Mixed-Age Groups (if applicable).

Ratio: **Calculated and adjusted on a pro rata basis in accordance with the ages of children in the group.**

(<https://dcf.wisconsin.gov/files/forms/pdf/0078.pdf>).

Group size: **When infants and toddlers are part of a mixed-age group, the group may not exceed eight. When the group of children is a mixed age group of two years and older, the group size is determined by the number of children that can be cared for by two child care workers with the required staff-to-child ratios listed above adjusted on a pro rata basis in accordance with the ages of children in the group.**

(<https://dcf.wisconsin.gov/files/forms/pdf/0078.pdf>).

- b. If different, provide the ratios and group size requirements for the license-exempt center-based providers who receive CCDF funds under the following age groups:
- i. Not applicable. There are no differences in ratios and group size requirements.
 - ii. Infant:
 - iii. Toddler:
 - iv. Preschool:
 - v. School-Age:
 - vi. Mixed-Age Groups:

c. Licensed CCDF family child care home providers:

- i. Infant (if applicable)

Ratio: An infant is defined as a child birth to 12 months. Children under two years of age require a staff to child ratio of 1:4. If the size of the group or the age distribution of the children exceeds the number that may be served by one provider, an additional qualified provider shall be present. At no time may more than eight children be in the care of the licensed family child care program. The maximum number of children that one provider may care for is specified in Table 250.055 (<https://dcf.wisconsin.gov/files/ccregulation/cclicensing/commentary/250-055.pdf>). The maximum group size is reduced to six if four or more children present are under age two. For example, if there are two providers, and the entire group is under two years, the max group size is eight. If there is only one provider with four children under two years, the max group size is six.

Group size: At no time may more than eight children be in the care of the licensed family child care program. The maximum number of children that one provider may care for is specified in Table 250.055 (<https://dcf.wisconsin.gov/files/ccregulation/cclicensing/commentary/250-055.pdf>). The maximum group size is reduced to six if four or more children present are under age two. For example, if there are two providers, and the entire group is under two years, the max group size is eight. If there is only one provider with four children under two years, the max group size is six.

- ii. Toddler (if applicable)

Ratio: Toddler is defined as children 12 months to two years. Licensed family child care programs have a minimum staff to child ratio of 1:4 for children under age two.

Group size: Licensed family child care programs have a maximum group size of eight, however, the group size is limited dependent up on the ages and numbers of children in care, as specified in Table DCF 250.055 - (https://docs.legis.wisconsin.gov/code/admin_code/DCF/201_252/250.pdf#page=7). For example, if there are two providers, and the entire group is under two years, the max group size is eight. If there is only one provider

with four children under two years, the max group size is six.

iii. **Preschool (if applicable)**

Ratio: Preschool is defined as children two to five years. If there are no infants/toddlers present the minimum staff to child ratio for children ages two and older is 18. However, if children under age two are present, this reduces the number of children age two and older that may be in care. See table 250.055 (<https://dcf.wisconsin.gov/files/publications/pdf/203.pdf>).

Group size: Preschool is defined as children two to five years. If there are no infants/toddlers present the minimum staff to child ratio for children ages two and older is 1:8 with a maximum group size of eight. However, if children under age two are present, this reduces the number of children age two and older that may be in care. See table 250.055. (<https://dcf.wisconsin.gov/files/publications/pdf/203.pdf>)

iv. **School-Age (if applicable)**

Ratio: School-age is defined as children age five and older. Children ages five and older require a staff to child ratio of 1:8. However, if children under age two are present, this reduces the number of children age two and older that may be in care. See table 250.055. School-age is defined as children age five and older. Children ages five and older require a staff to child ratio of 1:8. However, if children under age two are present, this reduces the number of children age two and older that may be in care. See table 250.055. (<https://dcf.wisconsin.gov/files/publications/pdf/203.pdf>)

Group size: School-age is defined as children age five and older. Children ages five and older require a staff to child ratio of 1:8. However, if children under age two are present, this reduces the number of children age two and older that may be in care. See table 250.055. (<https://dcf.wisconsin.gov/files/publications/pdf/203.pdf>)

v. **Mixed-Age Groups**

Ratio: The maximum number of children that one provider may care for is specified in Table 250.055 (<https://dcf.wisconsin.gov/files/ccregulation/cclicensing/commentary/250-055.pdf>). If the size of the group or the age distribution of the children exceeds the number that may be served by one provider, an additional qualified provider shall be present. The maximum group size is reduced to six if four or more children present are under age two. For example, if there are two providers, and the entire group is under two years, the max group size is eight. If there is only one provider with four children under two years, the max group size is six.

Group size: At no time may more than eight children be in the care of the licensed family child care program. The maximum number of children that one provider may care for is specified in Table 250.055 (<https://dcf.wisconsin.gov/files/ccregulation/cclicensing/commentary/250-055.pdf>)

0-055.pdf). If the size of the group or the age distribution of the children exceeds the number that may be served by one provider, an additional qualified provider shall be present. The maximum group size is reduced to six if four or more children present are under age two. For example, if there are two providers, and the entire group is under two years, the maximum group size is eight. If there is only one provider with four children under two years, the maximum group size is six.

d. Are any of the responses above different for license-exempt family child care homes?

No.

Yes. If yes, describe how the ratio and group size requirements for license-exempt providers vary by age of children served. **Licensed exempt family child care providers who are certified may not care for more than three children under the age of seven, with a maximum group size of six children. The maximum number of children in care may be reduced depending on the number of children under age two present. The maximum group size is shown in table 202.08(6) here: <https://dcf.wisconsin.gov/files/ccregulation/cccertification/4-numbers-chart.pdf> or https://docs.legis.wisconsin.gov/code/admin_code/DCF/201_252/202.pdf. For certified in-home care the operator is not required to comply with DCF 202.08(6) (a) No certified family child care operator may have more than three children under seven years of age who are not related to the child care operator in care at any given time, and (b) No certified family operator may have more than six children in care. 2. The operator may not care for any children who do not reside in the home.**

Not applicable. The Lead Agency does not have license-exempt family child care homes.

e. Licensed in-home care (care in the child's own home):

i. Infant (if applicable)

Ratio: **N/A**

Group size: **N/A**

ii. Toddler (if applicable)

Ratio: **N/A**

Group size: **N/A**

iii. Preschool (if applicable)

Ratio: **N/A**

Group size: **N/A**

iv. School-Age (if applicable)

Ratio: **N/A**

Group size: **N/A**

v. Mixed-Age Groups (if applicable)

Ratio: N/A

Group size: N/A

f. Are any of the responses above different for license-exempt in-home care?

No.

Yes. If yes, describe how the ratio and group size requirements for license-exempt in-home care vary by age of children served. **DCF 202 identifies the health and safety standards that apply to certified in-home care. When a certified in-home child care operator cares for children in the children's own home, the certified operator is not required to comply with group size or age grouping restrictions, however, the operator may not care for any children who do not reside in the home.**

5.2.3 Teacher/caregiver qualifications for licensed, regulated, or registered care

Provide the teacher/caregiver qualifications for each category of care.

a. Licensed center-based care

- i. Describe the teacher qualifications for licensed CCDF center-based care (e.g., degrees, credentials, etc.), including any variations based on the ages of children in care: **The minimum age for infant lead teachers is 18. Minimum qualifications for teachers are two non-credit Lead Agency approved courses. Individuals working with children under two years of age must have ten hours of training in the care of infants and toddlers including safe sleep practices. Individuals caring for children under age one must complete training in Sudden Infant Death Syndrome (SIDS). All persons working with children under five years of age need training in Abusive Head Trauma (AHT) prevention. Training requirements and qualifications are outlined in detail here: (<https://dcf.wisconsin.gov/files/publications/pdf/66.pdf>). Non-credit approved courses must be provided by Lead Agency-approved agencies. Students must demonstrate competency and understanding in the subject matter before a certificate of completion is issued. Providers must also complete training on infant/child CPR, first aid, and child abuse and neglect.**
- ii. Describe the director qualification for licensed CCDF center-based care, including any variations based on the ages of children in care or the number of staff employed: **The minimum age for center directors is 21. Minimum qualifications for a small group center director (centers caring for 50 or fewer children) include completing high school or its equivalent; at least 240 hours of experience as a teacher or assistant teacher in a group child care center, a licensee or provider in a family child care, or in another approved setting; and must complete at least one of the preservice training requirements in Table 251.05A (<https://dcf.wisconsin.gov/files/publications/pdf/4024.pdf>). Minimum qualifications for a large group center director (centers caring for 51 or more children) include completing high school or its equivalent; 2 years of experience as a child care teacher, center director in a group child care center, or other approved setting; and must completed at least one of the preservice training requirements in Table 251.05B**

(<https://dcf.wisconsin.gov/files/publications/pdf/4024.pdf>).

b. Licensed family child care

Describe the provider qualifications for licensed family child care homes, including any variations based on the ages of children in care: **Family child care providers must be at least 18 years of age and are required to complete one three-credit course in early childhood education or a Lead Agency-approved noncredit course in early childhood and a non-credit Lead Agency-approved course in the business of operating a family child care program prior to caring for children. If caring for infants and toddlers, family child care providers also need ten hours of training in the care of infants and toddlers, including safe sleep practices (if caring for infants under 1 year of age) and training in AHT prevention (if caring for children under 5 years of age). Non-credit approved courses must be provided by Lead Agency-approved agencies. Students must demonstrate competency and understanding in the subject matter before a certificate of completion is issued. Providers must also complete training in infant/child CPR, first aid, and child abuse and neglect**

(<https://dcf.wisconsin.gov/files/ccregulation/cclicensing/commentary/250-05.pdf>).

c. Licensed, regulated, or registered in-home care (care in the child's own home by a non-relative)

Describe the provider qualifications for licensed, regulated, or registered in-home care providers (care in the child's own home) including any variations based on the ages of children in care: **N/A**

5.2.4 Teacher/caregiver qualifications for license-exempt providers

Provide the teacher/provider qualification requirements (for instance, age, high school diploma, specific training, etc.) for the license-exempt providers under the following categories of care:

a. License-exempt center-based child care. **Pursuant to Wis. Stat., § 120.13(14), public school programs are exempt from licensure but are required to meet applicable licensing standards, including training requirements and qualifications.**

Teacher Qualifications:

The minimum age for infant lead teachers is 18. Minimum qualifications for teachers are two non-credit Lead Agency approved courses. Individuals working with children under two years of age must have ten hours of training in the care of infants and toddlers including safe sleep practices. Individuals caring for children under age one must complete training in Sudden Infant Death Syndrome (SIDS). All persons working with children under five years of age need training in Abusive Head Trauma (AHT) prevention. Training requirements and qualifications are outlined in detail here:

(<https://dcf.wisconsin.gov/files/publications/pdf/66.pdf>). Non-credit approved courses must be provided by Lead Agency-approved agencies. Students must demonstrate competency and understanding in the subject matter before a certificate of completion is issued. Providers must also complete training on infant/child CPR, first aid, and child abuse and neglect.

Director Qualifications:

The minimum age for center directors is 21. Minimum qualifications for a small group

center director (centers caring for 50 or fewer children) include completing high school or its equivalent; at least 240 hours of experience as a teacher or assistant teacher in a group child care center, a licensee or provider in a family child care, or in another approved setting; and must complete at least one of the preservice training requirements in Table 251.05A (<https://dcf.wisconsin.gov/files/publications/pdf/4024.pdf>). Minimum qualifications for a large group center director (centers caring for 51 or more children) include completing high school or its equivalent; 2 years of experience as a child care teacher, center director in a group child care center, or other approved setting; and must completed at least one of the preservice training requirements in Table 251.05B (<https://dcf.wisconsin.gov/files/publications/pdf/4024.pdf>).

- b. License-exempt home-based child care. License-exempt (certified) family child care providers must be at least 18 years of age and need to complete, within 3 months of certification, the following:

One three-credit course in early childhood education or a Lead Agency approved non-credit course in early childhood education.

A non-credit Lead Agency approved course in the business of operating a family child care program.

Infant/Child CPR

Training in pediatric first aid

Training in child abuse and neglect.

License-exempt (certified) family care providers need to complete training in safe sleep practices and SBS/AHT prevention prior to caring for children.

- c. License-exempt in-home care (care in the child’s own home). The training requirements for in-home family (Certified) child care are the same as those outlined above in 5.2.4.b. License-exempt (certified) family child care providers must be at least 18 years of age and need to complete, within 3 months of certification, the following: One three-credit course in early childhood education or a Lead Agency approved non-credit course in early childhood education. A non-credit Lead Agency approved course in the business of operating a family child care program. Infant/Child CPR. Training in pediatric first aid. Training in child abuse and neglect. License-exempt (certified) family care providers need to complete training in safe sleep practices and SBS/AHT prevention prior to caring for children.

5.3 Health and Safety Standards for CCDF Providers

Lead Agencies must have health and safety standards for providers serving children receiving CCDF assistance relating to the required health and safety topics as appropriate to the provider setting and age of the children served. This requirement is applicable to all child care programs receiving CCDF funds regardless of licensing status (i.e., licensed or license-exempt). The only exception to this requirement is for relative providers, as defined by CCDF. Lead Agencies have the option of exempting certain relatives from any or all CCDF health and safety requirements.

Exemptions for relative providers' standards requirements will be addressed in question 5.8.1.

Describe the following health and safety standards for programs serving children receiving CCDF assistance on the following topics (note that monitoring and enforcement will be addressed in subsection 5.5):

5.3.1 Prevention and control of infectious diseases (including immunizations) health and safety standard

- a. Provide the standards, appropriate to the provider setting and age of children, that address the prevention and control of infectious diseases for the following CCDF-eligible providers:
 - i. All CCDF-eligible licensed center care. Provide the standard: **Providers are required to have documentation of a child's immunization history on file at the program. There are standards that address handwashing, universal precautions, diapering, care of mildly ill children, and other infection control measures included as part of the licensing group center rules. Communicable Disease: DCF 251.07 (6)(e). Immunization Record: DCF 251.04 (6)(a)6m. Handwashing: DCF 251.07(6)(i). Universal & Other Health Precautions: DCF 251.07(6)(g), DCF 251.09(4)**
 - ii. All CCDF-eligible licensed family child care homes. Provide the standard: **Providers are required to have documentation of a child's immunization history on file at the program. There are standards that address handwashing, universal precautions, diapering, care of mildly ill children, and other infection control measures included as part of the licensing family child care rules. Communicable Disease: DCF 250.04 (3)(m) and DCF 250.07(6)(a). Immunization Record: DCF 250.04(6)(a)4m. Handwashing: DCF 250.07 (6)(g). Universal & Other Health Precautions: DCF 250.07(6)(g)&(h), DCF 250.09(4).**
 - iii. All CCDF-eligible licensed in-home care. Provide the standard:
 Not applicable.
 - iv. All CCDF-eligible license-exempt center care. Provide the standard: **Pursuant to Wis. Statutes, s.120.13(14), a child care program established and provided by a school board must comply with the applicable standards governing the operation of licensed child care centers in Wisconsin, as provided under Wis. Admin. Code DCF 251. Providers are required to have documentation of a child's immunization history on file at the program. There are standards that address handwashing, universal precautions, diapering, care of mildly ill children, and other infection control measures included as part of the licensing group center rules. Communicable Disease: DCF 251.07 (6)(e). Immunization Record: DCF 251.04 (6)(a)6m. Handwashing: DCF 251.07(6)(i). Universal & Other Health Precautions: DCF 251.07(6)(g), DCF 251.09(4)**
 - v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **Providers are required to have documentation of a child's immunization history on file at the program. There are standards that address handwashing, universal precautions, diapering, care of mildly ill children, and other infection control measures included as part of the licensing group center rules. Communicable Disease: DCF 202.08(4)(k) & (L). Immunization Record: DCF 202.08(4)(e). Handwashing: DCF 202.08(4)(g)&(h). Health Precautions: DCF 202.08(4)(i), DCF**

202.08(4)(o).

- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **Providers are required to have documentation of a child's immunization history on file at the program. There are standards that address handwashing, universal precautions, diapering, care of mildly ill children, and other infection control measures included as part of the licensing group center rules. Communicable Disease: DCF 202.08(4)(k) & (L). Immunization Record: DCF 202.08(4)(e). Handwashing: DCF 202.08(4)(g)&(h). Health Precautions: DCF 202.08(4)(i), DCF 202.08(4)(o).**
- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **Providers are required to have documentation of a child's immunization history on file at the program. There are standards that address handwashing, universal precautions, diapering, care of mildly ill children, and other infection control measures included as part of the licensing group center rules. Communicable Disease: DCF 252.44(6)(d). Immunization Record: DCF 252.41(4)(a)6m. Handwashing: DCF 252.44(6)(i). Universal & Other Health Precautions: DCF 252.44(6)(i).**
- b. Provide the standards, appropriate to the provider setting and age of children, that address that children attending child care programs under CCDF are age-appropriately immunized, according to the latest recommendation for childhood immunizations of the respective State public health agency, for the following CCDF-eligible providers:
 - i. All CCDF-eligible licensed center care. Provide the standard: **All child care programs must document a child's immunization history is in compliance with s. 252.04, Stats., and ch. DHS 144. DCF 251.04(4)(a)6m.**

Licensing rules require child care providers to have on file a written record verifying that each child in care has been immunized in accordance with DHS rules (or a signed waiver/statement indicating why the child is not immunized). Licensors monitor to ensure an immunization record (or waiver) to be on file but do not ensure children are immunized according to the DHS schedule. Unless the operator requires all enrolled children be up-to-date on immunizations, per the operator's contract/policies, the operator cannot force a parent to immunize their child. The parent, in consultation with the child's physician, is responsible to determine if/when to immunize a child.

DHS 144.03(2)(a): Table DHS 144.03-A, as qualified by pars. (b) to (k), lists the number of doses of each required vaccine that each student in the 2021-2022 school year and following school years shall have received since birth for the age or grade of the student. These comprise the minimum immunizations required under s. 252.04 (2), Stats. They do not, however, represent all the recommended immunizations according to currently accepted immunization schedules.

Wis. Stat. 252.04(2): Any student admitted to any elementary, middle, junior, or senior high school or into any child care center or nursery school shall, within 30 school days after the date on which the student is admitted, present written evidence to the school, child care center, or nursery school of having completed the first immunization for each vaccine required for the student's grade and being

on schedule for the remainder of the basic and recall (booster) immunization series for mumps, measles, rubella (German measles), diphtheria, pertussis (whooping cough), poliomyelitis, tetanus, and other diseases that the department specifies by rule or shall present a written waiver under sub. (3).

- ii. All CCDF-eligible licensed family child care homes. Provide the standard: **All child care programs must document a child’s immunization history is in compliance with s. 252.04, Stats., and ch. DHS 144. DCF 250.04(6)(a)4m.**

Licensing rules require child care providers to have on file a written record verifying that each child in care has been immunized in accordance with DHS rules (or a signed waiver/statement indicating why the child is not immunized). Licensors monitor to ensure an immunization record (or waiver) to be on file but do not ensure children are immunized according to the DHS schedule. Unless the operator requires all enrolled children be up-to-date on immunizations, per the operator’s contract/policies, the operator cannot force a parent to immunize their child. The parent, in consultation with the child’s physician, is responsible to determine if/when to immunize a child.

DHS 144.03(2)(a): Table DHS 144.03-A, as qualified by pars. (b) to (k), lists the number of doses of each required vaccine that each student in the 2021-2022 school year and following school years shall have received since birth for the age or grade of the student. These comprise the minimum immunizations required under s. 252.04 (2), Stats. They do not, however, represent all the recommended immunizations according to currently accepted immunization schedules.

Wis. Stat. 252.04(2): Any student admitted to any elementary, middle, junior, or senior high school or into any child care center or nursery school shall, within 30 school days after the date on which the student is admitted, present written evidence to the school, child care center, or nursery school of having completed the first immunization for each vaccine required for the student's grade and being on schedule for the remainder of the basic and recall (booster) immunization series for mumps, measles, rubella (German measles), diphtheria, pertussis (whooping cough), poliomyelitis, tetanus, and other diseases that the department specifies by rule or shall present a written waiver under sub. (3).

- iii. All CCDF-eligible licensed in-home care. Provide the standard:

Not applicable.

- iv. All CCDF-eligible license-exempt center care. Provide the standard: **Pursuant to Wis. Statutes, s.120.13(14), a child care program established and provided by a school board must comply with the applicable standards governing the operation of licensed child care centers in Wisconsin, as provided under Wis. Admin. Code DCF 251. All child care programs must document a child’s immunization history is in compliance with s. 252.04, Stats., and ch. DHS 144. DCF 251.04(4)(a)6m.**

Licensing rules require child care providers to have on file a written record verifying that each child in care has been immunized in accordance with DHS rules (or a signed waiver/statement indicating why the child is not immunized).

Licensors monitor to ensure an immunization record (or waiver) to be on file but do not ensure children are immunized according to the DHS schedule. Unless the operator requires all enrolled children be up-to-date on immunizations, per the operator's contract/policies, the operator cannot force a parent to immunize their child. The parent, in consultation with the child's physician, is responsible to determine if/when to immunize a child.

DHS 144.03(2)(a): Table DHS 144.03-A, as qualified by pars. (b) to (k), lists the number of doses of each required vaccine that each student in the 2021-2022 school year and following school years shall have received since birth for the age or grade of the student. These comprise the minimum immunizations required under s. 252.04 (2), Stats. They do not, however, represent all the recommended immunizations according to currently accepted immunization schedules.

Wis. Stat. 252.04(2): Any student admitted to any elementary, middle, junior, or senior high school or into any child care center or nursery school shall, within 30 school days after the date on which the student is admitted, present written evidence to the school, child care center, or nursery school of having completed the first immunization for each vaccine required for the student's grade and being on schedule for the remainder of the basic and recall (booster) immunization series for mumps, measles, rubella (German measles), diphtheria, pertussis (whooping cough), poliomyelitis, tetanus, and other diseases that the department specifies by rule or shall present a written waiver under sub. (3).

- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: All child care programs must document a child's immunization history is in compliance with s. 252.04, Stats., and ch. DHS 144. DCF 202.08(4)(e)

Certification rules require child care providers to have on file a written record verifying that each child in care has been immunized in accordance with DHS rules (or a signed waiver/statement indicating why the child is not immunized). Certifiers monitor to ensure an immunization record (or waiver) to be on file but do not ensure children are immunized according to the DHS schedule. Unless the operator requires all enrolled children be up-to-date on immunizations, per the operator's contract/policies, the operator cannot force a parent to immunize their child. The parent, in consultation with the child's physician, is responsible to determine if/when to immunize a child.

DHS 144.03(2)(a): Table DHS 144.03-A, as qualified by pars. (b) to (k), lists the number of doses of each required vaccine that each student in the 2021-2022 school year and following school years shall have received since birth for the age or grade of the student. These comprise the minimum immunizations required under s. 252.04 (2), Stats. They do not, however, represent all the recommended immunizations according to currently accepted immunization schedules.

Wis. Stat. 252.04(2): Any student admitted to any elementary, middle, junior, or senior high school or into any child care center or nursery school shall, within 30 school days after the date on which the student is admitted, present written

evidence to the school, child care center, or nursery school of having completed the first immunization for each vaccine required for the student's grade and being on schedule for the remainder of the basic and recall (booster) immunization series for mumps, measles, rubella (German measles), diphtheria, pertussis (whooping cough), poliomyelitis, tetanus, and other diseases that the department specifies by rule or shall present a written waiver under sub. (3).

- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **All child care programs must document a child's immunization history is in compliance with s. 252.04, Stats., and ch. DHS 144. DCF 202.08(4)(e)**

Certification rules require child care providers to have on file a written record verifying that each child in care has been immunized in accordance with DHS rules (or a signed waiver/statement indicating why the child is not immunized). Certifiers monitor to ensure an immunization record (or waiver) to be on file but do not ensure children are immunized according to the DHS schedule. Unless the operator requires all enrolled children be up-to-date on immunizations, per the operator's contract/policies, the operator cannot force a parent to immunize their child. The parent, in consultation with the child's physician, is responsible to determine if/when to immunize a child.

DHS 144.03(2)(a): Table DHS 144.03-A, as qualified by pars. (b) to (k), lists the number of doses of each required vaccine that each student in the 2021-2022 school year and following school years shall have received since birth for the age or grade of the student. These comprise the minimum immunizations required under s. 252.04 (2), Stats. They do not, however, represent all the recommended immunizations according to currently accepted immunization schedules.

Wis. Stat. 252.04(2): Any student admitted to any elementary, middle, junior, or senior high school or into any child care center or nursery school shall, within 30 school days after the date on which the student is admitted, present written evidence to the school, child care center, or nursery school of having completed the first immunization for each vaccine required for the student's grade and being on schedule for the remainder of the basic and recall (booster) immunization series for mumps, measles, rubella (German measles), diphtheria, pertussis (whooping cough), poliomyelitis, tetanus, and other diseases that the department specifies by rule or shall present a written waiver under sub. (3).

- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **All child care programs must document a child's immunization history is in compliance with s. 252.04, Stats., and ch. DHS 144. DCF 252.41(4)(a)6m.**

Licensing rules require child care providers to have on file a written record verifying that each child in care has been immunized in accordance with DHS rules (or a signed waiver/statement indicating why the child is not immunized). Licensors monitor to ensure an immunization record (or waiver) to be on file but do not ensure children are immunized according to the DHS schedule. Unless the operator requires all enrolled children be up-to-date on immunizations, per the

operator's contract/policies, the operator cannot force a parent to immunize their child. The parent, in consultation with the child's physician, is responsible to determine if/when to immunize a child.

DHS 144.03(2)(a): Table DHS 144.03-A, as qualified by pars. (b) to (k), lists the number of doses of each required vaccine that each student in the 2021-2022 school year and following school years shall have received since birth for the age or grade of the student. These comprise the minimum immunizations required under s. 252.04 (2), Stats. They do not, however, represent all the recommended immunizations according to currently accepted immunization schedules.

Wis. Stat. 252.04(2): Any student admitted to any elementary, middle, junior, or senior high school or into any child care center or nursery school shall, within 30 school days after the date on which the student is admitted, present written evidence to the school, child care center, or nursery school of having completed the first immunization for each vaccine required for the student's grade and being on schedule for the remainder of the basic and recall (booster) immunization series for mumps, measles, rubella (German measles), diphtheria, pertussis (whooping cough), poliomyelitis, tetanus, and other diseases that the department specifies by rule or shall present a written waiver under sub. (3).

5.3.2 Prevention of sudden infant death syndrome and the use of safe-sleep practices health and safety standard

Provide the standards, appropriate to the provider setting and age of children, that address the prevention of sudden infant death syndrome and use of safe sleeping practices for the following CCDF-eligible providers:

- i. All CCDF-eligible licensed center care. Provide the standard: **Before work commences, caregivers who provide care and supervision to children under one year of age are required to complete training in Sudden Infant Death Syndrome risk reduction. Licensing rules require children under age one to be placed to sleep on their backs in a safe crib. A child under one year of age may not sleep in a crib or playpen that contains soft or loose materials, such as sheepskins, pillows, blankets, flat sheets, bumper pads, bibs, pacifiers with attached soft objects, or stuffed animals. No blankets or other items may be hung on the sides of a crib or playpen. There is no specific training requirement related to safe sleep for children who are age one or older, however, there are health and safety standards for rest/sleep of children of all ages. Wis. Statutes, s. 48.67(1); DCF 251.09(1)(j)-(m), DCF 251.09(2)(bm), DCF 251.04(2)(h)5, DCF 251.05(4)(a)14.**
- ii. All CCDF-eligible licensed family child care homes. Provide the standard: **Before work commences, caregivers who provide care and supervision to children under one year of age are required to complete training in Sudden Infant Death Syndrome risk reduction. Licensing rules require children under age one to be placed to sleep on their backs in a safe crib. A child under one year of age may not sleep in a crib or playpen that contains soft or loose materials, such as sheepskins, pillows, blankets, flat sheets, bumper pads, bibs, pacifiers with attached soft objects, or stuffed animals. No blankets or other items may be hung on the sides**

of a crib or playpen. There is no specific training requirement related to safe sleep for children who are age one or older, however, there are health and safety standards for rest/sleep of children of all ages. Wis. Statutes, s. 48.67(1); DCF 250.07(4)(cm), DCF 250.07(4)(e), DCF 250.09(1)(c)2-4g, DCF 250.09(2)(c).

- iii. All CCDF-eligible licensed in-home care. Provide the standard:
 Not applicable.
- iv. All CCDF-eligible license-exempt center care. Provide the standard: Pursuant to Wis. Statutes, s.120.13(14), a child care program established and provided by a school board must comply with the applicable standards governing the operation of licensed child care centers in Wisconsin, as provided under Wis. Admin. Code DCF 251. Before work commences, caregivers who provide care and supervision to children under one year of age are required to complete training in Sudden Infant Death Syndrome risk reduction. Licensing rules require children under age one to be placed to sleep on their backs in a safe crib. A child under one year of age may not sleep in a crib or playpen that contains soft or loose materials, such as sheepskins, pillows, blankets, flat sheets, bumper pads, bibs, pacifiers with attached soft objects, or stuffed animals. No blankets or other items may be hung on the sides of a crib or playpen. There is no specific training requirement related to safe sleep for children who are age one or older, however, there are health and safety standards for rest/sleep of children of all ages. Wis. Statutes, s. 48.67(1); DCF 251.09(1)(j)-(m), DCF 251.09(2)(bm), DCF 251.04(2)(h)5, DCF 251.05(4)(a)14.
- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: Before work commences, caregivers who provide care and supervision to children under one year of age are required to complete training in Sudden Infant Death Syndrome risk reduction. Licensing rules require children under age one to be placed to sleep on their backs in a safe crib. A child under one year of age may not sleep in a crib or playpen that contains soft or loose materials, such as sheepskins, pillows, blankets, flat sheets, bumper pads, bibs, pacifiers with attached soft objects, or stuffed animals. No blankets or other items may be hung on the sides of a crib or playpen. There is no specific training requirement related to safe sleep for children who are age one or older, however, there are health and safety standards for rest/sleep of children of all ages. Wis. Statutes, s. 48.651(1d)(b)1.b; DCF 202.08(11)(c) & (d)
- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: Before work commences, caregivers who provide care and supervision to children under one year of age are required to complete training in Sudden Infant Death Syndrome risk reduction. Licensing rules require children under age one to be placed to sleep on their backs in a safe crib. A child under one year of age may not sleep in a crib or playpen that contains soft or loose materials, such as sheepskins, pillows, blankets, flat sheets, bumper pads, bibs, pacifiers with attached soft objects, or stuffed animals. No blankets or other items may be hung on the sides of a crib or playpen. There is no specific training requirement related to safe sleep for children who are age one or older, however, there are health and safety standards for rest/sleep of children of all ages. Wis. Statutes, s. 48.651(1d)(b)1.b; DCF 202.08(11)(c) & (d)

- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **N/A**

5.3.3 Administration of medication, consistent with standards for parental consent health and safety standard

- a. Provide the standards, appropriate to the provider setting and age of children, that address the administration of medication for the following CCDF-eligible providers:
 - i. All CCDF-eligible licensed center care. Provide the standard: **Licensing rules specify that all medication (prescription and OTC) must be in the original container and labeled with the child's name and dosing instructions. Parental authorization is required. Medication administration must be logged in the center medical log book. Each center shall develop and implement a written orientation program that all new employees, substitutes, and regular volunteers shall complete and document within their first week at the center. The orientation program shall cover the administration of medications. Any medication dispensed to a child, on the date the medication is dispensed. The record shall include the name of the child, type of medication given, dosage, time, date, and the initials or signature of the person administering the medication. :DCF 251.07 (6)(dm)3.c, DCF 251.05(4)(a)6., DCF 251.07(6)(f).**
 - ii. All CCDF-eligible licensed family child care homes. Provide the standard: **License-exempt family child care rules require medication to be in the original container and labeled with the child's name, dosage, and administration directions; and a provider may administer medication if the child's parent has given written and signed permission to administer the medication to the child as directed on the label. Any medication dispensed to a child, on the date the medication is dispensed. The record shall include the name of the child, type of medication given, dosage, time, date, and the initials or signature of the person administering the medication. Orientation of employees, volunteers, and substitutes. shall be documented on a form initialed and dated by the staff person and trainer and shall cover specific information relating to each child's health care needs, including medications, disabilities, or special health conditions :DCF 250.07 (6)(b)3.c, DCF 250.05(4)(a)4 & 11, DCF 250.07(6)(b)3.c., DCF 250.07(6)(f)**
 - iii. All CCDF-eligible licensed in-home care. Provide the standard:
[x] Not applicable.
 - iv. All CCDF-eligible license-exempt center care. Provide the standard: **Pursuant to Wis. Statutes, s.120.13(14), public school programs are exempt from licensure but are required to meet applicable licensing standards under DCF 251. Licensing rules specify that all medication (prescription and OTC) must be in the original container and labeled with the child's name and dosing instructions. Parental authorization is required. Medication administration must be logged in the center medical log book. Each center shall develop and implement a written orientation program that all new employees, substitutes, and regular volunteers shall complete and document within their first week at the center. The orientation program shall cover the administration of medications. Any medication dispensed**

to a child, on the date the medication is dispensed. The record shall include the name of the child, type of medication given, dosage, time, date, and the initials or signature of the person administering the medication. DCF 251.07 (6)(dm)3.c, DCF 251.05(4)(a)6., DCF 251.07(6)(f).

- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **License-exempt family child care rules require medication to be in the original container and labeled with the child's name, dosage, and administration directions; and a provider may administer medication if the child's parent has given written and signed permission to administer the medication to the child as directed on the label. DCF 202.08 (4)(f), Wis. Statutes, s. 48.651(1d)(b)1.c.**
 - vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **License-exempt family child care rules require medication to be in the original container and labeled with the child's name, dosage, and administration directions; and a provider may administer medication if the child's parent has given written and signed permission to administer the medication to the child as directed on the label. DCF 202.08 (4)(f), Wis. Statutes, s. 48.651(1d)(b)1.c.**
 - vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **Licensing rules specify that all medication (prescription and OTC) must be in the original container and labeled with the child's name and dosing instructions. Parental authorization is required. Medication administration must be logged in the center medical log book. Each center shall develop and implement a written orientation program that all new employees, substitutes, and regular volunteers shall complete and document within their first week at the center. The orientation program shall cover the administration of medications. Any medication dispensed to a child, on the date the medication is dispensed. The record shall include the name of the child, type of medication given, dosage, time, date, and the initials or signature of the person administering the medication. DCF 252.44(6)(g), DCF 252.44(6)(e).**
- b. Provide the standards, appropriate to the provider setting and age of children, that address obtaining permission from parents to administer medications to children for the following CCDF-eligible providers:
- i. All CCDF-eligible licensed center care. Provide the standard: **Center staff may give prescription or non-prescription medication, such as pain relievers, teething gels or cough syrup, to a child only under the following conditions: A written authorization that includes the child's name and birthdate, name of medication, administration instructions, medication intervals and length of the authorization dated and signed by the parent is on file. Blanket authorizations that exceed the length of time specified on the label are prohibited. DCF 251.07(6)(f)1.**
 - ii. All CCDF-eligible licensed family child care homes. Provide the standard: **A provider may give prescription or non-prescription medications such as pain relievers, teething gels or cough syrup to a child only under the following conditions: A completed written authorization on a form provided by the department, dated and signed by the parent is on file. Authorizations that exceed the period of time specified on the label are prohibited. DCF 250.07(6)(f)1.**

- iii. All CCDF-eligible licensed in-home care. Provide the standard:
 - Not applicable.
- iv. All CCDF-eligible license-exempt center care. Provide the standard: **Pursuant to Wis. Statutes, s.120.13(14), public school programs are exempt from licensure but are required to meet applicable licensing standards under DCF 251. Center staff may give prescription or non-prescription medication, such as pain relievers, teething gels or cough syrup, to a child only under the following conditions: A written authorization that includes the child’s name and birthdate, name of medication, administration instructions, medication intervals and length of the authorization dated and signed by the parent is on file. Blanket authorizations that exceed the length of time specified on the label are prohibited. DCF 251.07(6)(f)1.**
- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **A child care provider may administer prescription or non– prescription medication to a child only if all of the following conditions are met: The child’s parent has given written and signed permission to administer the medication to the child as directed on the label. DCF 202.08(4)(f)2.b.**
- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **A child care provider may administer prescription or non– prescription medication to a child only if all of the following conditions are met: The child’s parent has given written and signed permission to administer the medication to the child as directed on the label. DCF 202.08(4)(f)2.b.**
- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **Licensing rules specify that all medication (prescription and OTC) must be in the original container and labeled with the child's name and dosing instructions. Parental authorization is required. Medication administration must be logged in the center medical log book. Each center shall develop and implement a written orientation program that all new employees, substitutes, and regular volunteers shall complete and document within their first week at the center. The orientation program shall cover the administration of medications. Any medication dispensed to a child, on the date the medication is dispensed. The record shall include the name of the child, type of medication given, dosage, time, date, and the initials or signature of the person administering the medication. DCF 252.44(6)(g), DCF 252.44(6)(e).**

5.3.4 Prevention of and response to emergencies due to food and allergic reactions health and safety standard

- a. Provide the standards, appropriate to the provider setting and age of children, that address the *prevention* of emergencies due to food and allergic reactions for the following CCDF-eligible providers:
 - i. All CCDF-eligible licensed center care. Provide the standard: **Each center shall develop and implement a written orientation program that all new employees, substitutes, and regular volunteers shall complete and document within their first week at the center. The orientation program shall cover prevention and response to emergencies due to food and allergic reactions. Each center shall have a written plan for taking appropriate action in the event of emergency, including**

allergic reactions. A group child care center licensee shall develop, submit to the department, and implement written policies consistent with the requirements of this chapter on all of the following subjects: Nutrition, including accommodating children with food allergies. The licensee shall maintain a current written record obtained prior to the child's first day of attendance or subsequent re-enrollment at the center on each child enrolled and shall make the record available to the licensing representative on request. Each record shall include the child's health history information that includes the child's medical conditions, such as asthma, cerebral palsy, diabetes, epilepsy, food allergies, or gastrointestinal or feeding concerns. If the child has a milk allergy, a statement from a medical professional indicating an acceptable alternative. A special diet based on a food allergy may be served upon the written request of the parent. Cooks, staff members, child care workers and substitutes having direct contact with the children shall be informed about food allergies and other allergies of specific children. DCF 251.04(2)(h)7., DCF 251.05(4)(a)4., DCF 251.06(3)(a), DCF 251.04(6)(a)6.e., DCF 251.07(5)(a)9m and 10.

- ii. All CCDF-eligible licensed family child care homes. Provide the standard: **Each center shall develop and implement a written orientation program that all new employees, substitutes, and regular volunteers shall complete and document within their first week at the center. The orientation program shall cover Prevention and response to emergencies due to food and allergic reactions. Each center shall have a written plan for taking appropriate action in the event of emergency, including allergic reactions. The licensee shall maintain a current written record at the center on each child enrolled, including the provider's own children under age 7, and shall make the record available to the licensing representative on request. Each record shall include the child's medical conditions, such as asthma, cerebral palsy, diabetes, epilepsy, food allergies, or gastrointestinal or feeding concerns. A special diet based on a food allergy may be served upon the written request of the parent. DCF 250.05(4)(a)7, DCF 250.06(3)(a), DCF 250.04(6)(a)1m.e., DCF 250.06(9)(n)**
- iii. All CCDF-eligible licensed in-home care. Provide the standard:

Not applicable.
- iv. All CCDF-eligible license-exempt center care. Provide the standard: **Pursuant to Wis. Statutes, s.120.13(14), public school programs are exempt from licensure but are required to meet applicable licensing standards under DCF 251. Each center shall develop and implement a written orientation program that all new employees, substitutes, and regular volunteers shall complete and document within their first week at the center. The orientation program shall cover prevention and response to emergencies due to food and allergic reactions. Each center shall have a written plan for taking appropriate action in the event of emergency, including allergic reactions. A group child care center licensee shall develop, submit to the department, and implement written policies consistent with the requirements of this chapter on all of the following subjects: Nutrition, including accommodating children with food allergies. The licensee shall maintain a current written record obtained prior to the child's first day of attendance or subsequent re-enrollment at the center on each child enrolled and shall make the**

record available to the licensing representative on request. Each record shall include the child's health history information that includes the child's medical conditions, such as asthma, cerebral palsy, diabetes, epilepsy, food allergies, or gastrointestinal or feeding concerns. If the child has a milk allergy, a statement from a medical professional indicating an acceptable alternative. A special diet based on a food allergy may be served upon the written request of the parent. Cooks, staff members, child care workers and substitutes having direct contact with the children shall be informed about food allergies and other allergies of specific children. DCF 251.04(2)(h)2.c.7., DCF 251.05(4)(a)4., DCF 251.06(3)(a), DCF 251.04(6)(a)6.e., DCF 251.07(5)(a)9m and 10.

- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: An operator shall have a written plan for taking appropriate action in the event of an emergency including allergic reactions. Prior to a child's first day of attendance for any child in care, obtaining information on a form prescribed by the department with enrollment and health history information, including health history, including information relating to a child's special health care needs and emergency care plan (the prescribed form includes food and non-food allergies). An operator shall ensure that each provider, volunteer, substitute, and emergency back-up provider receives an orientation before beginning work that covers specific information relating to a child's special health care needs, including administration of medications, disabilities, allergies, or other special health conditions. A certified family child care provider or an employee or volunteer of a level I or level II certified family child care provider who is not the primary provider of care and supervision for children shall successfully complete department-approved preservice health and safety training in the topics specified in subd. 1. a. to j. by no later than the end of the orientation period available under 42 USC 9858c (c) (2) (I) (i) (XI). The health and safety training required under this subdivision shall include training in all of the following topics: The prevention of and response to emergencies due to allergic reactions to food or other allergens. DCF 202.08(4m)(a)1. Wis. Stat. 48.651(1d)(b)1.d., DCF 202.08(4m)(e)3., DCF 202.08(12)(f)2
- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: An operator shall have a written plan for taking appropriate action in the event of an emergency including allergic reactions. An operator shall ensure that each provider, volunteer, substitute, and emergency back-up provider receives an orientation before beginning work that covers specific information relating to a child's special health care needs, including administration of medications, disabilities, allergies, or other special health conditions. Prior to a child's first day of attendance for any child in care, obtaining information on a form prescribed by the department with enrollment and health history information, including health history, including information relating to a child's special health care needs and emergency care plan (the prescribed form includes food and non-food allergies). A certified family child care provider or an employee or volunteer of a level I or level II certified family child care provider who is not the primary provider of care and supervision for children shall successfully complete department-approved preservice health and safety training in the topics specified in subd. 1. a. to j. by no later than the end of the orientation period available under 42 USC 9858c (c)

(2) (l) (i) (XI). The health and safety training required under this subdivision shall include training in all of the following topics: The prevention of and response to emergencies due to allergic reactions to food or other allergens. DCF 202.08(4m)(a)1. Wis. Stat. 48.651(1d)(b)1.d., DCF 202.08(4m)(e)3, DCF 202.08(12)(f)2.

- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **Each center shall develop and implement a written orientation program that all new employees, substitutes, and regular volunteers shall complete and document within their first week at the center. The orientation program shall cover prevention and response to emergencies due to food and allergic reactions. Each center shall have a written plan for taking appropriate action in the event of emergency, including allergic reactions. A group child care center licensee shall develop, submit to the department, and implement written policies consistent with the requirements of this chapter on all of the following subjects: Nutrition, including accommodating children with food allergies. The licensee shall maintain a current written record obtained prior to the child's first day of attendance or subsequent re-enrollment at the center on each child enrolled and shall make the record available to the licensing representative on request. Each record shall include the child's health history information that includes the child's medical conditions, such as asthma, cerebral palsy, diabetes, epilepsy, food allergies, or gastrointestinal or feeding concerns. If the child has a milk allergy, a statement from a medical professional indicating an acceptable alternative. A special diet based on a food allergy may be served upon the written request of the parent. Cooks, staff members, child care workers and substitutes having direct contact with the children shall be informed about food allergies and other allergies of specific children. DCF 252.41(4)(a)5.e., 252.43(3)(a), 252.44(5)(c), 252.44(5)(g).**
- b. Provide the standards, appropriate to the provider setting and age of children, that address the *response* to emergencies due to food and allergic reactions for the following CCDF-eligible providers:
 - i. All CCDF-eligible licensed center care. Provide the standard: **Each center shall develop and implement a written orientation program that all new employees, substitutes, and regular volunteers shall complete and document within their first week at the center. The orientation program shall cover Prevention and response to emergencies due to food and allergic reactions. Each center shall also have a written plan for taking appropriate action in the event of emergency, including allergic reactions and must have procedures in place to ensure the needs of children under age 2 years are met. The center administrator shall notify the parents of an enrolled child if the child consumes food or drink that may contain the child's allergen and if they consume the incorrect breastmilk (birth to age 2). Notification shall be made immediately and shall provide sufficient detail to reasonably apprise the parent of the situation. DCF 251.05(4)(a)4., DCF 251.06(3)(a), DCF 251.04(4)(a)2.c.**
 - ii. All CCDF-eligible licensed family child care homes. Provide the standard: **Each center shall develop and implement a written orientation program that all new employees, substitutes, and regular volunteers shall complete and document**

within their first week at the center. The orientation program shall cover Prevention and response to emergencies due to food and allergic reactions. Each center shall also have a written plan for taking appropriate action in the event of emergency, including allergic reactions and must have procedures in place to ensure the needs of children under age 2 years are met. The licensee shall notify a parent of a child in care if the child consumes incorrect breastmilk, consumes food or drink that may contain the child's allergen and if they consume the incorrect breastmilk (birth to age 2). Notification shall be made immediately and shall provide sufficient detail to apprise the parent in all of the situations. DCF 250.05(4)(a)7, DCF 250.06(3)(a), DCF 250.04(4)(c)2.c.

iii. All CCDF-eligible licensed in-home care. Provide the standard::

Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: Pursuant to Wis. Statutes, s.120.13(14), public school programs are exempt from licensure but are required to meet applicable licensing standards under DCF 251. Each center shall develop and implement a written orientation program that all new employees, substitutes, and regular volunteers shall complete and document within their first week at the center. The orientation program shall cover Prevention and response to emergencies due to food and allergic reactions. Each center shall have a written plan for taking appropriate action in the event of emergency, including allergic reactions. The center administrator shall notify the parents of an enrolled child if the child consumes food or drink that may contain the child's allergen. Notification shall be made immediately and shall provide sufficient detail to reasonably apprise the parent of the situation. DCF 251.05(4)(a)4., DCF 251.06(3)(a), DCF 251.04(4)(a)2.c.

Licensing rules require providers to have emergency procedures that ensure that the needs of all children are met, including children under 2 years of age, children with disabilities, and children with chronic medical conditions. The rule does not specify specific age groups, other than a reference to "all children, including children under 2," but rather brings attention to the special needs infants and toddlers with regard to emergency planning/preparation.

v. All CCDF-eligible license-exempt family child care homes. Provide the standard: An operator shall have a written plan for taking appropriate action in the event of an emergency including allergic reactions. Prior to a child's first day of attendance for any child in care, obtaining information on a form prescribed by the department with enrollment and health history information, including health history, including information relating to a child's special health care needs and emergency care plan (the prescribed form includes food and non-food allergies). An operator shall ensure that each provider, volunteer, substitute, and emergency back-up provider receives an orientation before beginning work that covers specific information relating to a child's special health care needs, including administration of medications, disabilities, allergies, or other special health conditions. A certified family child care provider or an employee or volunteer of a level I or level II certified family child care provider who is not the primary

provider of care and supervision for children shall successfully complete department-approved preservice health and safety training in the topics specified in subd. 1. a. to j. by no later than the end of the orientation period available under 42 USC 9858c (c) (2) (I) (i) (XI). The health and safety training required under this subdivision shall include training in all of the following topics: The prevention of and response to emergencies due to allergic reactions to food or other allergens. DCF 202.08(4m)(a)1. Wis. Stat. 48.651(1d)(b)1.d., DCF 202.08(4m)(e)3, DCF 202.08(12)(f)2.

Certification rules require providers to have emergency procedures that ensure that the needs of all children are met, including children under 2 years of age, children with disabilities, and children with chronic medical conditions. The rule does not specify specific age groups, other than a reference to “all children, including children under 2,” but rather brings attention to the special needs infants and toddlers with regard to emergency planning/preparation.

- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **An operator shall have a written plan for taking appropriate action in the event of an emergency including allergic reactions.** Prior to a child’s first day of attendance for any child in care, obtaining information on a form prescribed by the department with enrollment and health history information, including health history, including information relating to a child’s special health care needs and emergency care plan (the prescribed form includes food and non-food allergies). An operator shall ensure that each provider, volunteer, substitute, and emergency back-up provider receives an orientation before beginning work that covers specific information relating to a child’s special health care needs, including administration of medications, disabilities, allergies, or other special health conditions. A certified family child care provider or an employee or volunteer of a level I or level II certified family child care provider who is not the primary provider of care and supervision for children shall successfully complete department-approved preservice health and safety training in the topics specified in subd. 1. a. to j. by no later than the end of the orientation period available under 42 USC 9858c (c) (2) (I) (i) (XI). The health and safety training required under this subdivision shall include training in all of the following topics: The prevention of and response to emergencies due to allergic reactions to food or other allergens. DCF 202.08(4m)(a)1. Wis. Stat. 48.651(1d)(b)1.d., DCF 202.08(4m)(e)3., DCF 202.08(12)(f)2.

Certification rules require providers to have emergency procedures that ensure that the needs of all children are met, including children under 2 years of age, children with disabilities, and children with chronic medical conditions. The rule does not specify specific age groups, other than a reference to “all children, including children under 2,” but rather brings attention to the special needs infants and toddlers with regard to emergency planning/preparation.

- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **Each center shall develop and implement a**

written orientation program that all new employees, substitutes, and regular volunteers shall complete and document within their first week at the center. The orientation program shall cover Prevention and response to emergencies due to food and allergic reactions. Each center shall have a written plan for taking appropriate action in the event of emergency, including allergic reactions. The center administrator shall notify the parents of an enrolled child if the child consumes food or drink that may contain the child's allergen. Notification shall be made immediately and shall provide sufficient detail to reasonably apprise the parent of the situation. DCF 252.41(4)(a)5.e., 252.43(3)(a), 252.44(5)(c), 252.44(5)(g).

Licensing rules require providers to have emergency procedures that ensure that the needs of all children are met, including children under 2 years of age, children with disabilities, and children with chronic medical conditions. The rule does not specify specific age groups, other than a reference to "all children, including children under 2," but rather brings attention to the special needs infants and toddlers with regard to emergency planning/preparation.

5.3.5 Building and physical premises safety, including the identification of and protection from hazards, bodies of water, and vehicular traffic health and safety standard

- a. Provide the standards, appropriate to the provider setting and age of children, that address the identification of and protection from building and physical premises hazards for the following CCDF-eligible providers:
 - i. All CCDF-eligible licensed center care. Provide the standard: **DCF rules related to this question do not identify ages of children. Licensing rules require play areas to be free of hazards and have a permanent enclosure. Licensed programs serving children school-age children only are not required to have the permanent enclosure of the outdoor play space. If hazards exist, such as traffic or bodies of water, the boundaries of the outdoor play space shall be known to the children.**

Licensing rules cover building and premises safety. Buildings must comply with all applicable codes and the building and premises must be in compliance with safety standards. "Hazard" means a potential source of harm that can jeopardize the health, safety or well-being of children in care. A child care program shall develop and implement a written orientation program that all new employees, substitutes, and regular volunteers shall complete and document within their first week at the center. The orientation program shall cover several topics including building and physical premises safety, including identification of and protection from hazards, bodies of water, and vehicular traffic. The indoor and outdoor premises shall be free of hazards including any recalled products. An off-premises outdoor play space shall be free of hazards such as bodies of water, railroad tracks, unfenced in-ground swimming pools, heavily wooded areas and nearby highways and main thoroughfares. DCF 251.06(1), (2), (11) and (12).

- ii. All CCDF-eligible licensed family child care homes. Provide the standard: **DCF rules related to this question do not identify ages of children. Licensing rules require**

play areas to be free of hazards and have a permanent enclosure. Licensed programs serving children school-age children only are not required to have the permanent enclosure of the outdoor play space. If hazards exist, such as traffic or bodies of water, the boundaries of the outdoor play space shall be known to the children.

Because family child care is usually located in a home setting, the licensing rules incorporate the applicable residential building codes. Buildings must comply with all applicable codes and the building and premises must be in compliance with safety standards. "Hazard" means a potential source of harm that can jeopardize the health, safety or well-being of children in care. A permanent enclosure of the outdoor play space, not less than four feet high shall be provided to protect the safety of children in care. Fencing, plants, or landscaping may be used to create a permanent enclosure. The permanent enclosure may not have any open areas that are greater than four inches. A child care program shall develop and implement a written orientation program that all new employees, substitutes, and regular volunteers shall complete and document within their first week at the center. The orientation program shall cover several topics including building and physical premises safety, including identification of and protection from hazards, bodies of water, and vehicular traffic. The indoor and outdoor premises shall be free of hazards including any recalled products. An off-premises outdoor play space shall be free of hazards such as bodies of water, railroad tracks, unfenced in-ground swimming pools, heavily wooded areas and nearby highways and main thoroughfares. DCF 250.06 (1), (2), (7), (11) and (12).

iii. All CCDF-eligible licensed in-home care. Provide the standard:

Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: Pursuant to Wis. Statutes, s.120.13(14), public school programs are exempt from licensure but are required to meet applicable licensing standards under DCF 251. Licensing rules cover building and premises safety. Buildings must comply with all applicable codes and the building and premises must be in compliance with safety standards. Programs serving school-age children in school buildings are exempt from the requirement for documentation of compliance with the commercial building codes. "Hazard" means a potential source of harm that can jeopardize the health, safety or well-being of children in care. A child care program shall develop and implement a written orientation program that all new employees, substitutes, and regular volunteers shall complete and document within their first week at the center. The orientation program shall cover several topics including building and physical premises safety, including identification of and protection from hazards, bodies of water, and vehicular traffic. The indoor and outdoor premises shall be free of hazards including any recalled products. An off-premises outdoor play space shall be free of hazards such as bodies of water, railroad tracks, unfenced in-ground swimming pools, heavily wooded areas and nearby highways and main thoroughfares. DCF 251.06(1), (2), (11) and (12).

DCF rules related to this question do not identify ages of children. Licensing rules

require play areas to be free of hazards and have a permanent enclosure. Licensed programs serving children school-age children only are not required to have the permanent enclosure of the outdoor play space. If hazards exist, such as traffic or bodies of water, the boundaries of the outdoor play space shall be known to the children.

- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: DCF rules related to this question do not identify ages of children. Certification rules require play areas to be free of hazards and have a permanent enclosure. In certified programs, if the outdoor play area does not have a permanent enclosure, a provider shall be outside with children providing sight and sound supervision when children are outside.

The indoor and outdoor areas of the home shall be free of hazards. Outdoor play areas shall be well-drained and be free of hazards. An outdoor play area shall have a permanent enclosure not less than 4 feet high to protect the safety of children in care. Fencing, plants, or landscaping may be used to create a permanent enclosure. If the outdoor play area does not have a permanent enclosure, a provider shall be outside with children providing sight and sound supervision when children are outside. DCF 202.08(2)(c) and (e)

- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: License-exempt care provided in a child's home (in-home) is exempt from several family child care rules related to the physical premises as found in Wis. Admin. Code DCF 202.08 (3).
- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: DCF rules related to this question do not identify ages of children. Licensing rules require play areas to be free of hazards and have a permanent enclosure. In certified programs, if the outdoor play area does not have a permanent enclosure, a provider shall be outside with children providing sight and sound supervision when children are outside.

Licensing rules cover building and premises safety. Buildings must comply with all applicable codes and the building and premises must be in compliance with safety standards. "Hazard" means a potential source of harm that can jeopardize the health, safety or well-being of children in care. A child care program shall develop and implement a written orientation program that all new employees, substitutes, and regular volunteers shall complete and document within their first week at the center. The orientation program shall cover several topics including building and physical premises safety, including identification of and protection from hazards, bodies of water, and vehicular traffic. The indoor and outdoor premises shall be free of hazards including any recalled products. An off-premises outdoor play space shall be free of hazards such as bodies of water, railroad tracks, unfenced in-ground swimming pools, heavily wooded areas and nearby highways and main thoroughfares. DCF 252.42(3)(a)7. And 9., 252.43(1)(c), 252.43(2)(a) and (b). The Lead Agency has submitted a corrective action plan to ACF-OCC to further define and include requirements regarding the identification and protection from vehicular traffic at licensed day camps.

b. Provide the standards, appropriate to the provider setting and age of children, that address the identification of and protection from bodies of water for the following CCDF-eligible providers:

i. All CCDF-eligible licensed center care. Provide the standard: **DCF rules related to this question do not identify ages of children. Licensing rules require play areas to be free of hazards and have a permanent enclosure. Licensed programs serving children school-age children only are not required to have the permanent enclosure of the outdoor play space. If hazards exist, such as traffic or bodies of water, the boundaries of the outdoor play space shall be known to the children.**

The boundaries of the outdoor play space shall be defined by a permanent enclosure not less than four feet high to protect the children. Fencing, plants, or landscaping may be used to create a permanent enclosure. The permanent enclosure may not have any open areas that are greater than four inches. An off premise outdoor play space shall be free of hazards such as bodies of water, railroad tracks, unfenced in-ground swimming pools, heavily wooded areas and nearby highways and main thoroughfares. Above ground and in-ground swimming pools on the premises may not be used by children in care. Swimming pools shall be enclosed by a four foot fence with a self-closing, self-latching door. Spaces between the vertical posts of the fence shall be four inches or less. A beach on the premises may not be used by children in care. Access to a beach shall be controlled so that children may not enter the area. Each center shall develop and implement a written orientation program that all new employees, substitutes, and regular volunteers shall complete and document within their first week at the center. The orientation program shall cover building and physical premises safety, including identification of and protection from hazards, bodies of water, and vehicular traffic. DCF 251.06(11)(b)7, DCF 251.06&11)(c)3, DCF 251.06(12), DCF 251.05(4)(a)17.

ii. All CCDF-eligible licensed family child care homes. Provide the standard: **"DCF rules related to this question do not identify ages of children. Licensing rules require play areas to be free of hazards and have a permanent enclosure. Licensed programs serving children school-age children only are not required to have the permanent enclosure of the outdoor play space. If hazards exist, such as traffic or bodies of water, the boundaries of the outdoor play space shall be known to the children.**

In certified programs, if the outdoor play area does not have a permanent enclosure, a provider shall be outside with children providing sight and sound supervision when children are outside."

A permanent enclosure not less than four feet high shall be provided to protect the safety of children in care. Fencing, plants, or landscaping may be used to create a permanent enclosure. The permanent enclosure may not have any open areas that are greater than four inches. An off premise outdoor play space shall be free of hazards such as bodies of water, railroad tracks, unfenced swimming pools, heavily wooded areas and nearby highways and main thoroughfares. Swimming pools on the premises of the center may not be used by children in care. Swimming pools on the premises shall be enclosed by a four foot fence with a self-closing, self-latching door. In addition, all of the following restrictions apply:

1. If access to the pool is through a gate, the gate shall be closed and locked during the center's hours of operation.

2. If access to the pool is through a door, the door shall be closed, visibly locked and equipped with an alarm at the door that signals when someone has entered the pool area. The door may not be used as an exit.

3. Locks shall be located so that the locks cannot be opened by the children.

4. The free-standing wall of an aboveground pool may not serve as an enclosure unless it is at least 4 feet in height and not climbable. If a ladder is present, the ladder shall be removed or raised up so that it is inaccessible to children.

5. The area around the pool enclosure shall be free of toys or equipment that would allow a child to climb or otherwise gain access to the pool. DCF 250.06(11)(b)4. and (12)

iii. All CCDF-eligible licensed in-home care. Provide the standard:

Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: Pursuant to Wis. Statutes, s.120.13(14), public school programs are exempt from licensure but are required to meet applicable licensing standards under DCF 251. The boundaries of the outdoor play space shall be defined by a permanent enclosure not less than four feet high to protect the children. Fencing, plants, or landscaping may be used to create a permanent enclosure. The permanent enclosure may not have any open areas that are greater than four inches. An off premise outdoor play space shall be free of hazards such as bodies of water, railroad tracks, unfenced in-ground swimming pools, heavily wooded areas and nearby highways and main thoroughfares. Above ground and in-ground swimming pools on the premises may not be used by children in care. Swimming pools shall be enclosed by a four foot fence with a self-closing, self-latching door. Spaces between the vertical posts of the fence shall be four inches or less. A beach on the premises may not be used by children in care. Access to a beach shall be controlled so that children may not enter the area. Each center shall develop and implement a written orientation program that all new employees, substitutes, and regular volunteers shall complete and document within their first week at the center. The orientation program shall cover building and physical premises safety, including identification of and protection from hazards, bodies of water, and vehicular traffic. DCF 251.06(11)(b)7, DCF 251.06&11)(c)3, DCF 251.06(12), DCF 251.05(4)(a)17.

DCF rules related to this question do not identify ages of children. Licensing rules require play areas to be free of hazards and have a permanent enclosure.

Licensed programs serving children school-age children only are not required to have the permanent enclosure of the outdoor play space. If hazards exist, such as traffic or bodies of water, the boundaries of the outdoor play space shall be

known to the children.

In certified programs, if the outdoor play area does not have a permanent enclosure, a provider shall be outside with children providing sight and sound supervision when children are outside.

- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: DCF rules related to this question do not identify ages of children. Certification rules require play areas to be free of hazards and have a permanent enclosure. Licensed programs serving children school-age children only are not required to have the permanent enclosure of the outdoor play space. If hazards exist, such as traffic or bodies of water, the boundaries of the outdoor play space shall be known to the children.
- In certified programs, if the outdoor play area does not have a permanent enclosure, a provider shall be outside with children providing sight and sound supervision when children are outside.

On-ground or in-ground swimming pools on the premises may not be used by children in care and shall be inaccessible to children in care by use of a permanent enclosure or other protective measure. On-ground or in-ground swimming pools on the premises may not be used by children in care and shall be inaccessible to children in care by use of a permanent enclosure or other protective measure DCF 202.08(2)(e)5 and 7.

- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: DCF rules related to this question do not identify ages of children. Licensing rules require play areas to be free of hazards and have a permanent enclosure. Licensed programs serving children school-age children only are not required to have the permanent enclosure of the outdoor play space. If hazards exist, such as traffic or bodies of water, the boundaries of the outdoor play space shall be known to the children.
- In certified programs, if the outdoor play area does not have a permanent enclosure, a provider shall be outside with children providing sight and sound supervision when children are outside.

On-ground or in-ground swimming pools on the premises may not be used by children in care and shall be inaccessible to children in care by use of a permanent enclosure or other protective measure. On-ground or in-ground swimming pools on the premises may not be used by children in care and shall be inaccessible to children in care by use of a permanent enclosure or other protective measure DCF 202.08(2)(e)5 and 7.

- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: DCF rules related to this question do not identify ages of children. Licensing rules require play areas to be free of hazards and have a permanent enclosure. Licensed programs serving children school-age children only are not required to have the permanent enclosure of the outdoor play space. If hazards exist, such as traffic or bodies of water, the boundaries of the outdoor play space shall be known to the children.

In certified programs, if the outdoor play area does not have a permanent enclosure, a provider shall be outside with children providing sight and sound supervision when children are outside.

Above ground and in-ground swimming pools on the premises may not be used by children in care. Swimming pools shall be enclosed by a 4-foot fence with a self-closing, self-latching door. Spaces between the vertical posts of the fence shall be 4 inches or less. A beach on the premises may not be used by children in care. Access to a beach shall be controlled so that children may not enter the area. Each center shall develop and implement a written orientation program that all new employees, substitutes, and regular volunteers shall complete and document within their first week at the center. The orientation program shall cover building and physical premises safety, including identification of and protection from hazards, bodies of water, and vehicular traffic. DCF 252.44(7) and (8).

c. Provide the standards, appropriate to the provider setting and age of children, that address the identification of and protection from vehicular traffic hazards for the following CCDF-eligible providers:

i. All CCDF-eligible licensed center care. Provide the standard: **A permanent enclosure not less than four feet high shall be provided to protect the safety of children in care. Fencing, plants, or landscaping may be used to create a permanent enclosure. The permanent enclosure may not have any open areas that are greater than four inches. An off premise outdoor play space shall be free of hazards such as bodies of water, railroad tracks, unfenced swimming pools, heavily wooded areas and nearby highways and main thoroughfares. Each center shall develop and implement a written orientation program that all new employees, substitutes, and regular volunteers shall complete and document within their first week at the center. The orientation program shall cover building and physical premises safety, including identification of and protection from hazards, bodies of water, and vehicular traffic. DCF 251.05(4)(a)17, DCF 251.06(11)(b)7.**

DCF 251.095 allows for school-age only programs (serving children age 5 and older, with some exceptions for 4 year olds), to not have a permanent enclosure. The rule requires that if there are hazards, such as traffic or bodies of water, the boundaries of outdoor play space shall be known to the children.

ii. All CCDF-eligible licensed family child care homes. Provide the standard: **A permanent enclosure not less than four feet high shall be provided to protect the safety of children in care. Fencing, plants, or landscaping may be used to create a permanent enclosure. The permanent enclosure may not have any open areas that are greater than four inches. The off-premises outdoor play space shall be free of hazards such as bodies of water, railroad tracks, unfenced swimming pools, heavily wooded areas and nearby highways and main thoroughfares. DCF 250.06(11)(c)4, DCF 250.06(11)(b)4.**

Information listed above pertains to all ages of children in care.

iii. All CCDF-eligible licensed in-home care. Provide the standard: **Pursuant to Wis.**

Statutes, s.120.13(14), public school programs are exempt from licensure but are required to meet applicable licensing standards under DCF 251. A permanent enclosure not less than four feet high shall be provided to protect the safety of children in care. Fencing, plants, or landscaping may be used to create a permanent enclosure. The permanent enclosure may not have any open areas that are greater than four inches. An off premise outdoor play space shall be free of hazards such as bodies of water, railroad tracks, unfenced swimming pools, heavily wooded areas and nearby highways and main thoroughfares. Each center shall develop and implement a written orientation program that all new employees, substitutes, and regular volunteers shall complete and document within their first week at the center. The orientation program shall cover building and physical premises safety, including identification of and protection from hazards, bodies of water, and vehicular traffic. DCF 251.05(4)(a)17 and DCF 251.06(11)(b.7).

DCF 251.095 allows for school-age only programs (serving children age 5 and older, with some exceptions for 4 year olds), to not have a permanent enclosure. The rule requires that if there are hazards, such as traffic or bodies of water, the boundaries of outdoor play space shall be known to the children.

Not applicable.

- iv. All CCDF-eligible license-exempt center care. Provide the standard: Pursuant to Wis. Statutes, s.120.13(14), public school programs are exempt from licensure but are required to meet applicable licensing standards under DCF 251. A permanent enclosure not less than four feet high shall be provided to protect the safety of children in care. Fencing, plants, or landscaping may be used to create a permanent enclosure. The permanent enclosure may not have any open areas that are greater than four inches. An off premise outdoor play space shall be free of hazards such as bodies of water, railroad tracks, unfenced swimming pools, heavily wooded areas and nearby highways and main thoroughfares. Each center shall develop and implement a written orientation program that all new employees, substitutes, and regular volunteers shall complete and document within their first week at the center. The orientation program shall cover building and physical premises safety, including identification of and protection from hazards, bodies of water, and vehicular traffic. DCF 251.05(4)(a)17 and DCF 251.06(11)(b.7).

DCF 251.095 allows for school-age only programs (serving children age 5 and older, with some exceptions for 4 year olds), to not have a permanent enclosure. The rule requires that if there are hazards, such as traffic or bodies of water, the boundaries of outdoor play space shall be known to the children.

- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: An outdoor play area shall have a permanent enclosure not less than 4 feet high to protect the safety of children in care. Fencing, plants, or landscaping may be used to create a permanent enclosure. If the outdoor play area does not have a permanent enclosure, a provider shall be outside with children providing sight and sound supervision when children are outside. A certified child care provider or

employee/volunteer shall successfully complete department-approved preservice health and safety training in the topics specified in subd. 1. a. to j. by no later than the end of the orientation period available under 42 USC 9858c (c) (2) (I) (i) (XI). The health and safety training required under this subdivision shall include training including building and physical premises safety, including identification of and protection from electrical hazards, bodies of water, vehicular traffic, and other hazards that can cause bodily injury. DCF 202.08(2)(e)7., Wis. Stats., 48.651 (1d)(b)

- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **An outdoor play area shall have a permanent enclosure not less than four feet high to protect the safety of children in care. Fencing, plants, or landscaping may be used to create a permanent enclosure. If the outdoor play area does not have a permanent enclosure, a provider shall be outside with children providing sight and sound supervision when children are outside. A certified child care provider or employee/volunteer shall successfully complete department-approved preservice health and safety training in the topics specified in subd. 1. a. to j. by no later than the end of the orientation period available under 42 USC 9858c (c) (2) (I) (i) (XI). The health and safety training required under this subdivision shall include training including building and physical premises safety, including identification of and protection from electrical hazards, bodies of water, vehicular traffic, and other hazards that can cause bodily injury. DCF 202.08(2)(e)7., Wis. Stats., 48.651 (1d)(b)**

Information listed above pertains to all ages of children in care.

- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **All licensed day camps are required to protect children, all ages in care, from outdoor hazards, including vehicular traffic hazards. Additionally, each child shall be supervised at all times to prevent harm and ensure safety. DCF 252.43(2)(a). 252.425(1).**

5.3.6 Prevention of shaken baby syndrome, abusive head trauma, and maltreatment health and safety standard

- a. Provide the standards, appropriate to the provider setting and age of children, that address the prevention of shaken baby syndrome and abusive head trauma and indicate the age of children it applies to for the following CCDF-eligible providers:
 - i. All CCDF-eligible licensed center care. Provide the standard: **All persons working with children under age five are required to have Lead Agency approved training in child abuse and neglect and Shaken Baby Syndrome (SBS)/Abusive Head Trauma (AHT) Prevention prior to working with children. A certificate of completion used to document the required SBS/AHT prevention training must contain all of the following: printed (typed) name of student; printed (typed) name of training agency; printed (typed) date the training was completed; printed (typed) name of approved trainer; printed (typed) name of training; and signature of trainer. Department-approved training in the prevention of shaken baby syndrome/ AHT is included in the department-approved noncredit courses called Introduction to the Child Care Profession and Fundamentals of Infant and Toddler**

or the credit-based course called Health, Safety and Nutrition offered by a Wisconsin technical college, if the course was taken after 7/1/05. Licensing and certification workers monitor for compliance with training requirements as part of their monitoring of staff files. All providers and substitutes working in licensed and licensed exempt group centers programs operated by public schools shall receive training every two years in child abuse and neglect laws, how to identify children who have been abused or neglected, and the procedure for ensuring that all known or suspected cases of child abuse or neglect are immediately reported to the proper authorities. DCF 251.05(3)(b), DCF 251.04(8)

- ii. All CCDF-eligible licensed family child care homes. Provide the standard: **Prior to obtaining a license or working with children in care under 5 years of age, a licensee, provider, substitute, volunteer, emergency back-up, or any other person providing care and supervision shall satisfactorily complete department-approved training in shaken baby syndrome and abusive head trauma, and appropriate ways to manage crying, fussing, or distraught children. A certificate of completion used to document the required SBS/AHT prevention training must contain all of the following: printed (typed) name of student; printed (typed) name of training agency; printed (typed) date the training was completed; printed (typed) name of approved trainer; printed (typed) name of training; and signature of trainer. Department-approved training in the prevention of shaken baby syndrome/ AHT is included in the department-approved noncredit courses called Introduction to the Child Care Profession and Fundamentals of Infant and Toddler or the credit-based course called Health, Safety and Nutrition offered by a Wisconsin technical college, if the course was taken after 7/1/05. Licensing workers monitor for compliance with training requirements as part of their monitoring of staff files. DCF 250.05 (3)(g), DCF 250.07 (2), DCF 250.04(8)**
- iii. All CCDF-eligible licensed in-home care. Provide the standard:

Not applicable.
- iv. All CCDF-eligible license-exempt center care. Provide the standard: **Pursuant to Wis. Statutes, s.120.13(14), public school programs are exempt from licensure but are required to meet applicable licensing standards under DCF 251. All persons working with children under age five are required to have Lead Agency approved training in child abuse and neglect and Shaken Baby Syndrome (SBS)/Abusive Head Trauma (AHT) Prevention prior to working with children. A certificate of completion used to document the required SBS/AHT prevention training must contain all of the following: printed (typed) name of student; printed (typed) name of training agency; printed (typed) date the training was completed; printed (typed) name of approved trainer; printed (typed) name of training; and signature of trainer. Department-approved training in the prevention of shaken baby syndrome/ AHT is included in the department-approved noncredit courses called Introduction to the Child Care Profession and Fundamentals of Infant and Toddler or the credit-based course called Health, Safety and Nutrition offered by a Wisconsin technical college, if the course was taken after 7/1/05. Licensing and certification workers monitor for compliance with training requirements as part of their monitoring of staff files. All providers and substitutes working in licensed and licensed exempt group centers programs operated by public schools shall receive**

training every two years in child abuse and neglect laws, how to identify children who have been abused or neglected, and the procedure for ensuring that all known or suspected cases of child abuse or neglect are immediately reported to the proper authorities. DCF 251.05(3)(b), DCF 251.04(8)

- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **Department–approved training on shaken baby syndrome, abusive head trauma, and appropriate ways to manage crying, fussing, or distraught children is required, as follows:**
 - a. **Prior to certification for each child care operator.**
 - b. **Prior to beginning to work with children in care for each provider, including volunteers, substitutes, and emergency back– up providers, or any other person who provides care and supervision for children under five years of age. Each provider shall complete training in child abuse and neglect laws and identifying, documenting, and reporting child abuse and neglect. A provider who knows or has reasonable cause to suspect that a child in care has been abused or neglected or that the child has been threatened with abuse or neglect and that abuse or neglect will occur shall immediately inform the department, local law enforcement, or other organization designated in s. 48.981, Stats. DCF 202.08(14), DCF 202.08(1)(b)1.b., DCF 202.08(1)(b)3.c.**
- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **Department–approved training on shaken baby syndrome, abusive head trauma, and appropriate ways to manage crying, fussing, or distraught children is required, as follows:**
 - a. **Prior to certification for each child care operator.**
 - b. **Prior to beginning to work with children in care for each provider, including volunteers, substitutes, and emergency back– up providers, or any other person who provides care and supervision for children under five years of age. Each provider shall complete training in child abuse and neglect laws and identifying, documenting, and reporting child abuse and neglect. A provider who knows or has reasonable cause to suspect that a child in care has been abused or neglected or that the child has been threatened with abuse or neglect and that abuse or neglect will occur shall immediately inform the department, local law enforcement, or other organization designated in s. 48.981, Stats. DCF 202.08(14), DCF 202.08(1)(b)1.b., DCF 202.08(1)(b)3.c.**
- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **All persons working with children under age five are required to have Lead Agency approved training in child abuse and neglect and Abusive Head Trauma (AHT) Prevention prior to working with children. A certificate of completion used to document the required SBS/AHT prevention training must contain all of the following: printed (typed) name of student; printed (typed) name of training agency; printed (typed) date the training was completed; printed (typed) name of approved trainer; printed (typed) name**

of training; and signature of trainer. Department-approved training in the prevention of AHT is included in the department-approved noncredit courses called Introduction to the Child Care Profession and Fundamentals of Infant and Toddler or the credit-based course called Health, Safety and Nutrition offered by a Wisconsin technical college, if the course was taken after 7/1/05. Licensing and certification workers monitor for compliance with training requirements as part of their monitoring of staff files. All providers and substitutes working in licensed day camps shall receive an annual training in child abuse and neglect laws, how to identify children who have been abused or neglected, and the procedure for ensuring that all known or suspected cases of child abuse or neglect are immediately reported to the proper authorities. DCF 252.07(3)(b)1., 252.42(1)(a)2., 252.42(3)(a)10., 252.42(3)(a)13.

- b. Provide the standards, appropriate to the provider setting and age of children, that address the prevention of child maltreatment and indicate the age of children it applies to for the following CCDF-eligible providers:
 - i. All CCDF-eligible licensed center care. Provide the standard: **Prior to obtaining a license or working with children in care under five years of age, a licensee, provider, substitute, volunteer, emergency back-up, or any other person providing care and supervision shall satisfactorily complete department-approved training in shaken baby syndrome and abusive head trauma, and appropriate ways to manage crying, fussing, or distraught children. Administrative rules require a provider who knows or has reasonable cause to suspect that a child has been abused or neglected to immediately contact the county department of social services, human services, or local law enforcement. Providers in licensed child care programs shall maintain medical log books and include evidence of unusual bruises, contusions, lacerations, or burns received by a child in or out of center care. Child care providers are mandated reporters under Wis. Statutes, s. 48.02 (1) and s. 48.981 (2)(a)18-19. Licensed and license-exempt child care programs/providers must obtain training in the identification of child abuse and neglect and child abuse and neglect reporting procedures. Child abuse and neglect is included in the pre-service, non-credit, Lead Agency-approved training course required for licensed and license-exempt family child care. Before a driver who is not the licensee first transports children, the licensee shall provide the driver with a training. The licensee shall review, document, and update the training as necessary with each driver annually. The training shall include a review of behavior management techniques for use with children being transported. child abuse and neglect laws and center reporting procedures. Each child care center shall develop and implement a written policy that provides for positive guidance, redirection, and the setting of clear-cut limits for the children. The policy shall be designed to help a child develop self-control, self-esteem, and respect for the rights of others. Actions that may be psychologically, emotionally or physically painful, discomfoting, dangerous or potentially injurious are prohibited. DCF 251.07(2), DCF 251.04(8), DCF 251.05(3)(cm), DCF 251.08(4)(b)4. & 8.**
 - ii. All CCDF-eligible licensed family child care homes. Provide the standard: **Each family child care center shall provide positive guidance and redirection for the children and shall set clearly specified limits for the children. A provider shall help**

each child develop self-control, self-esteem and respect for the rights of others. Actions that may be psychologically, emotionally or physically painful, discomfoting, dangerous or potentially injurious are prohibited. DCF 250.07(2)(a) and (2)(c). Prior to obtaining a license or working with children in care under 5 years of age, a licensee, provider, substitute, volunteer, emergency back-up, or any other person providing care and supervision shall satisfactorily complete department-approved training in shaken baby syndrome and abusive head trauma, and appropriate ways to manage crying, fussing, or distraught children. Administrative rules require a provider who knows or has reasonable cause to suspect that a child has been abused or neglected to immediately contact the county department of social services, human services, or local law enforcement. Providers in licensed child care programs shall maintain medical log books and include evidence of unusual bruises, contusions, lacerations, or burns received by a child in or out of center care. Child care providers are mandated reporters under Wis. Statutes, s. 48.02 (1) and s. 48.981 (2)(a)18-19. Licensed and license-exempt child care programs/providers must obtain training in the identification of child abuse and neglect and child abuse and neglect reporting procedures. Child abuse and neglect is included in the pre-service, non-credit, Lead Agency-approved training course required for licensed family child care. Before a driver who is not the licensee first transports children, the licensee shall provide the driver with a training. The licensee shall review, document, and update the training as necessary with each driver annually. The training shall include a review of behavior management techniques for use with children being transported. child abuse and neglect laws and center reporting procedures. DCF 250.08(4)(c), DCF 250.04(8), DCF 250.04(3)(i), DCF 250.05(3)(fm), DCF 250.07(2)

iii. All CCDF-eligible licensed in-home care. Provide the standard:

Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: Pursuant to Wis. Statutes, s.120.13(14), public school programs are exempt from licensure but are required to meet applicable licensing standards under DCF 251. Prior to obtaining a license or working with children in care under five years of age, a licensee, provider, substitute, volunteer, emergency back-up, or any other person providing care and supervision shall satisfactorily complete department-approved training in shaken baby syndrome and abusive head trauma, and appropriate ways to manage crying, fussing, or distraught children. Administrative rules require a provider who knows or has reasonable cause to suspect that a child has been abused or neglected to immediately contact the county department of social services, human services, or local law enforcement. Providers in licensed child care programs shall maintain medical log books and include evidence of unusual bruises, contusions, lacerations, or burns received by a child in or out of center care. Child care providers are mandated reporters under Wis. Statutes, s. 48.02 (1) and s. 48.981 (2)(a)18-19. Licensed and license-exempt child care programs/providers must obtain training in the identification of child abuse and neglect and child abuse and neglect reporting procedures. Child abuse and neglect is included in the pre-service, non-credit, Lead Agency-approved training course required for licensed and license-exempt family child care. Before a driver who is

not the licensee first transports children, the licensee shall provide the driver with a training. The licensee shall review, document, and update the training as necessary with each driver annually. The training shall include a review of behavior management techniques for use with children being transported. child abuse and neglect laws and center reporting procedures. Each child care center shall develop and implement a written policy that provides for positive guidance, redirection, and the setting of clear-cut limits for the children. The policy shall be designed to help a child develop self-control, self-esteem, and respect for the rights of others. Actions that may be psychologically, emotionally, or physically painful, discomfoting, dangerous or potentially injurious are prohibited. DCF 251.07(2), DCF 251.04(8), DCF 251.05(3)(cm), DCF 251.08(4)(b)4. & 8.

- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: Each certified child care operator and each provider shall comply with s. 48.651 (1d) (b), Stats., and successfully complete training in child abuse and neglect laws and identifying, documenting, and reporting child abuse and neglect, child development, positive child guidance. A provider shall provide positive guidance and redirection for the children and set clear limits for the children. A provider shall help each child develop self-control, self-esteem, and respect for the rights of others. A child care provider shall interact with the children in a caring and positive manner. No provider may act in a manner that may be psychologically, emotionally, or physically painful, discomfoting, dangerous, or potentially injurious to a child. A provider who knows or has reasonable cause to suspect that a child in care has been abused or neglected or that the child has been threatened with abuse or neglect and that abuse or neglect will occur shall immediately inform the department, local law enforcement, or other organization designated in s. 48.981, Stats. Before a driver who is not the operator first transports children, the operator shall review all of the following with the driver: Behavior management techniques for use with children being transported. DCF 202.08(14), DCF 202.08(1)(b)3.c, DCF 202.08(7)(a)-(e), DCF 202.08(9)(e)4.
- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: Each certified child care operator and each provider shall comply with s. 48.651 (1d) (b), Stats., and successfully complete training in child abuse and neglect laws and identifying, documenting, and reporting child abuse and neglect, child development, positive child guidance. A provider shall provide positive guidance and redirection for the children and set clear limits for the children. A provider shall help each child develop self-control, self-esteem, and respect for the rights of others. A child care provider shall interact with the children in a caring and positive manner. No provider may act in a manner that may be psychologically, emotionally, or physically painful, discomfoting, dangerous, or potentially injurious to a child. A provider who knows or has reasonable cause to suspect that a child in care has been abused or neglected or that the child has been threatened with abuse or neglect and that abuse or neglect will occur shall immediately inform the department, local law enforcement, or other organization designated in s. 48.981, Stats. Before a driver who is not the operator first transports children, the operator shall review all of the following with the driver: Behavior management techniques for use with children being transported. DCF 202.08(14), DCF 202.08(1)(b)3.c, DCF 202.08(7)(a)-€ , DCF 202.08(9)€4.

- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **Prior to working with children in care under five years of age, a licensee, provider, substitute, volunteer, emergency back-up, or any other person providing care and supervision shall satisfactorily complete department-approved training in shaken baby syndrome and abusive head trauma, and appropriate ways to manage crying, fussing, or distraught children. Administrative rules require a provider who knows or has reasonable cause to suspect that a child has been abused or neglected to immediately contact the county department of social services, human services, or local law enforcement. Providers in licensed child care programs shall maintain medical log books and include evidence of unusual bruises, contusions, lacerations, or burns received by a child in or out of center care. Child care providers are mandated reporters under Wis. Statutes, s. 48.02 (1) and s. 48.981 (2)(a)18-19. Licensed and license-exempt child care programs/providers must obtain training in the identification of child abuse and neglect and child abuse and neglect reporting procedures. Child abuse and neglect can be included in the required pre-camp training. Before a driver who is not the licensee first transports children, the licensee shall provide the driver with a training. The licensee shall review, document, and update the training as necessary with each driver annually. The training shall include a review of behavior management techniques for use with children being transported. Child abuse and neglect laws and center reporting procedures. Each child care center shall develop and implement a written policy that provides for positive guidance, redirection, and the setting of clear-cut limits for the children. The policy shall be designed to help a child develop self-control, self-esteem, and respect for the rights of others. Actions that may be psychologically, emotionally, or physically painful, discomforting, dangerous or potentially injurious are prohibited. DCF 252.42(1)(a)2., 252.42(3)(a)13., 252.44(6)(g), 252.07(3)(b)1., 252.09(4)(b)8.**

5.3.7 Emergency preparedness and response planning standard

Identify by checking below that the emergency preparedness and response planning due to natural disasters and human-caused events standard includes procedures in the following areas:

- i. Evacuation
- ii. Relocation
- iii. Shelter-in-place
- iv. Lock down
- v. Staff emergency preparedness
 - Training
 - Practice drills
- vi. Volunteer emergency preparedness
 - Training
 - Practice drills

- vii. Communication with families
- viii. Reunification with families
- ix. Continuity of operations
- x. Accommodation of
 - Infants
 - Toddlers
 - Children with disabilities
 - Children with chronic medical conditions

xi. If any of the above are not checked, describe: **The Lead Agency has submitted a corrective action plan to ACF-OCC to further define and come into compliance with all federally required Emergency Preparedness and Response Planning (EPR) subcomponents for all CCDF-eligible provider types (Licensed Family Child Care Centers, Licensed Group Child Care Centers, License-Exempt Public School Programs, Licensed Day Camps, and Certified Child Care).**

5.3.8 Handling and storage of hazardous materials and the appropriate disposal of biocontaminants health and safety standard

- a. Provide the standards, appropriate to the provider setting and age of children, that address the handling and storage of hazardous materials for the following CCDF-eligible providers:
 - i. All CCDF-eligible licensed center care. Provide the standard: **"Hazard" means a potential source of harm, including a recalled product, that could jeopardize the health, safety, or wellbeing of children in care. Licensing rules require that all materials harmful to children must be stored in properly labeled containers and stored in areas that are inaccessible to children. Administrative rules also address universal precautions and handling of materials contaminated with blood or other bodily fluids. Licensing standards require that disposable soiled diapers and gloves, if used, must be placed in a plastic-lined, hands-free, covered container immediately. Place parent-supplied soiled cloth diapers in labeled plastic bags which are kept separate from other clothing. Bodily secretions, such as runny noses, eye drainage, and coughed-up matter shall be wiped with a disposable tissue used once and placed in a plastic-lined container. Single use disposable gloves shall be worn if there is contact with blood-containing bodily fluids or tissue discharges. Gloves shall be discarded in plastic bags. Persons working with children shall wash their hands with soap and warm running water before handling food, before and after assisting with toileting and diapering, after wiping bodily secretions from a child with a disposable tissue, and after exposure to blood or bodily fluids. If gloves are used, hands shall be washed after the removal of gloves. Each center shall develop and implement a written orientation program that all new employees, substitutes, and regular volunteers shall complete and document within their first week at the center. The orientation program shall include universal precautions, the handling and storage of hazardous materials and the appropriate disposal of biocontaminants. In this subdivision,**

biocontaminants includes blood, body fluids, or excretions that may spread infectious disease. DCF 251.03(13m), DCF 251.05(4)(a)8 & 18, DCF 251.09(4)(a), DCF 251.07(6)(g)5-7, DCF 251.07(6)(i)2.

- ii. All CCDF-eligible licensed family child care homes. Provide the standard: **"Hazard" means a potential source of harm, including a recalled product, that could jeopardize the health, safety, or wellbeing of children in care. Licensing rules require that all materials harmful to children must be stored in properly labeled containers and stored in areas that are inaccessible to children. Administrative rules also address universal precautions and handling of materials contaminated with blood or other bodily fluids. Licensing standards require that disposable soiled diapers and gloves, if used, must be placed in a plastic-lined, hands-free, covered container immediately. Place parent-supplied soiled cloth diapers in labeled plastic bags which are kept separate from other clothing. Bodily secretions, such as runny noses, eye drainage, and coughed-up matter shall be wiped with a disposable tissue used once and placed in a plastic-lined container. Single use disposable gloves shall be worn if there is contact with blood-containing bodily fluids or tissue discharges. Gloves shall be discarded in plastic bags. Persons working with children shall wash their hands with soap and warm running water before handling food, before and after assisting with toileting and diapering, after wiping bodily secretions from a child with a disposable tissue, and after exposure to blood or bodily fluids. If gloves are used, hands shall be washed after the removal of gloves. Each center shall develop and implement a written orientation program that all new employees, substitutes, and regular volunteers shall complete and document within their first week at the center. The orientation program shall include universal precautions, the handling and storage of hazardous materials and the appropriate disposal of biocontaminants. In this subdivision, biocontaminants includes blood, body fluids, or excretions that may spread infectious disease. DCF 250.07(6)(g)4-7, DCF 250.07(6)(h)1.& 4, DCF 250.09(4)**
- iii. All CCDF-eligible licensed in-home care. Provide the standard:
 Not applicable.
- iv. All CCDF-eligible license-exempt center care. Provide the standard: **Pursuant to Wis. Statutes, s.120.13(14), public school programs are exempt from licensure but are required to meet applicable licensing standards under DCF 251. "Hazard" means a potential source of harm, including a recalled product, that could jeopardize the health, safety, or wellbeing of children in care. Licensing rules require that all materials harmful to children must be stored in properly labeled containers and stored in areas that are inaccessible to children. Administrative rules also address universal precautions and handling of materials contaminated with blood or other bodily fluids. Licensing standards require that disposable soiled diapers and gloves, if used, must be placed in a plastic-lined, hands-free, covered container immediately. Place parent-supplied soiled cloth diapers in labeled plastic bags which are kept separate from other clothing. Bodily secretions, such as runny noses, eye drainage, and coughed-up matter shall be wiped with a disposable tissue used once and placed in a plastic-lined container. Single use disposable gloves shall be worn if there is contact with blood-containing**

bodily fluids or tissue discharges. Gloves shall be discarded in plastic bags. Persons working with children shall wash their hands with soap and warm running water before handling food, before and after assisting with toileting and diapering, after wiping bodily secretions from a child with a disposable tissue, and after exposure to blood or bodily fluids. If gloves are used, hands shall be washed after the removal of gloves. Each center shall develop and implement a written orientation program that all new employees, substitutes, and regular volunteers shall complete and document within their first week at the center. The orientation program shall include universal precautions, the handling and storage of hazardous materials and the appropriate disposal of biocontaminants. In this subdivision, "biocontaminants" includes blood, body fluids, or excretions that may spread infectious disease. DCF 251.03(13m), DCF 251.05(4)(a)8 & 18, DCF 251.09(4)(a), DCF 251.07(6)(g)5-7, DCF 251.07(6)(i)2.

- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: "Hazard" means a potential source of harm, including a recalled product, that could jeopardize the health, safety, or wellbeing of children in care. Certification rules require that all materials harmful to children must be stored in properly labeled containers and stored in areas that are inaccessible to children. Administrative rules also address universal precautions and handling of materials contaminated with blood or other bodily fluids. Persons working with children shall wash their hands with soap and warm running water before handling food, before and after assisting with toileting and diapering, after wiping bodily secretions from a child with a disposable tissue, and after exposure to blood or bodily fluids. A family child care provider, employees, volunteers who provide care and supervision for children shall successfully complete department-approved preservice health and safety training in the topics specified in subd. 1. a. to j. by no later than the end of the orientation period available under 42 USC 9858c (c) (2) (I) (i) (XI). The health and safety training required under this subdivision shall include, the handling and storage of hazardous materials and the appropriate disposal of biocontaminants. Wis. Stats., 48.651(1d)(b)1.h., DCF 202.08(4)(g)-(j) and (o).
- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: "Hazard" means a potential source of harm, including a recalled product, that could jeopardize the health, safety, or wellbeing of children in care. Certification rules require that all materials harmful to children must be stored in properly labeled containers and stored in areas that are inaccessible to children. Administrative rules also address universal precautions and handling of materials contaminated with blood or other bodily fluids. Persons working with children shall wash their hands with soap and warm running water before handling food, before and after assisting with toileting and diapering, after wiping bodily secretions from a child with a disposable tissue, and after exposure to blood or bodily fluids. A family child care provider, employees, volunteers who provide care and supervision for children shall successfully complete department-approved preservice health and safety training in the topics specified in subd. 1. a. to j. by no later than the end of the orientation period available under 42 USC 9858c (c) (2) (I) (i) (XI). The health and safety training required under this subdivision shall include, the handling and storage of hazardous materials and the appropriate disposal of biocontaminants.

Wis. Stats., 48.651(1d)(b)1.h., DCF 202.08(4)(g)-(j) and (o).

- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **"Hazard" means a potential source of harm, including a recalled product, that could jeopardize the health, safety, or wellbeing of children in care.** Licensing rules require that all materials harmful to children must be stored in properly labeled containers and stored in areas that are inaccessible to children. Administrative rules also address universal precautions and handling of materials contaminated with blood or other bodily fluids. Licensing standards require that disposable soiled diapers and gloves, if used, must be placed in a plastic-lined, hands-free, covered container immediately. Place parent-supplied soiled cloth diapers in labeled plastic bags which are kept separate from other clothing. Bodily secretions, such as runny noses, eye drainage, and coughed-up matter shall be wiped with a disposable tissue used once and placed in a plastic-lined container. Single use disposable gloves shall be worn if there is contact with blood-containing bodily fluids or tissue discharges. Gloves shall be discarded in plastic bags. Persons working with children shall wash their hands with soap and warm running water before handling food, before and after assisting with toileting and diapering, after wiping bodily secretions from a child with a disposable tissue, and after exposure to blood or bodily fluids. If gloves are used, hands shall be washed after the removal of gloves. Each center shall develop and implement a written orientation program that all new employees, substitutes, and regular volunteers shall complete and document within their first week at the center. The orientation program shall include universal precautions, the handling and storage of hazardous materials and the appropriate disposal of biocontaminants. DCF 252.42.(3)(a)9., 252.43(2)(a) and (b), 252.42(3)(a)4., 252.44(6)(i)8., 252.44(6)(j).
- b. Provide the standards, appropriate to the provider setting and age of children, that address the disposal of bio contaminants for the following CCDF-eligible providers:
 - i. All CCDF-eligible licensed center care. Provide the standard: **"Hazard" means a potential source of harm, including a recalled product, that could jeopardize the health, safety, or wellbeing of children in care.** Licensing rules require that all materials harmful to children must be stored in properly labeled containers and stored in areas that are inaccessible to children. Administrative rules also address universal precautions and handling of materials contaminated with blood or other bodily fluids. Licensing standards require that disposable soiled diapers and gloves, if used, must be placed in a plastic-lined, hands-free, covered container immediately. Place parent-supplied soiled cloth diapers in labeled plastic bags which are kept separate from other clothing. Bodily secretions, such as runny noses, eye drainage, and coughed-up matter shall be wiped with a disposable tissue used once and placed in a plastic-lined container. Single use disposable gloves shall be worn if there is contact with blood-containing bodily fluids or tissue discharges. Gloves shall be discarded in plastic bags. Persons working with children shall wash their hands with soap and warm running water before handling food, before and after assisting with toileting and diapering, after wiping bodily secretions from a child with a disposable tissue, and after exposure to blood or bodily fluids. If gloves are used, hands shall be washed after the removal

of gloves. Each center shall develop and implement a written orientation program that all new employees, substitutes, and regular volunteers shall complete and document within their first week at the center. The orientation program shall include universal precautions, the handling and storage of hazardous materials and the appropriate disposal of biocontaminants. In this subdivision, **biocontaminants** includes blood, body fluids, or excretions that may spread infectious disease. DCF 251.03(13m), DCF 251.05(4)(a)8 & 18, DCF 251.09(4)(a), DCF 251.07(6)(g)5-7, DCF 251.07(6)(i)2.

- ii. All CCDF-eligible licensed family child care homes. Provide the standard: **"Hazard"** means a potential source of harm, including a recalled product, that could jeopardize the health, safety, or wellbeing of children in care. Licensing rules require that all materials harmful to children must be stored in properly labeled containers and stored in areas that are inaccessible to children. Administrative rules also address universal precautions and handling of materials contaminated with blood or other bodily fluids. Licensing standards require that disposable soiled diapers and gloves, if used, must be placed in a plastic-lined, hands-free, covered container immediately. Place parent-supplied soiled cloth diapers in labeled plastic bags which are kept separate from other clothing. Bodily secretions, such as runny noses, eye drainage, and coughed-up matter shall be wiped with a disposable tissue used once and placed in a plastic-lined container. Single use disposable gloves shall be worn if there is contact with blood-containing bodily fluids or tissue discharges. Gloves shall be discarded in plastic bags. Persons working with children shall wash their hands with soap and warm running water before handling food, before and after assisting with toileting and diapering, after wiping bodily secretions from a child with a disposable tissue, and after exposure to blood or bodily fluids. If gloves are used, hands shall be washed after the removal of gloves. Each center shall develop and implement a written orientation program that all new employees, substitutes, and regular volunteers shall complete and document within their first week at the center. The orientation program shall include universal precautions, the handling and storage of hazardous materials and the appropriate disposal of biocontaminants. In this subdivision, **biocontaminants** includes blood, body fluids, or excretions that may spread infectious disease. DCF 250.07(6)(g)4-7, DCF 250.07(6)(h)1.& 4, DCF 250.09(4).
- iii. All CCDF-eligible licensed in-home care. Provide the standard:
 Not applicable.
- iv. All CCDF-eligible license-exempt center care. Provide the standard: **Pursuant to Wis. Statutes, s.120.13(14), public school programs are exempt from licensure but are required to meet applicable licensing standards under DCF 251. "Hazard"** means a potential source of harm, including a recalled product, that could jeopardize the health, safety, or wellbeing of children in care. Licensing rules require that all materials harmful to children must be stored in properly labeled containers and stored in areas that are inaccessible to children. Administrative rules also address universal precautions and handling of materials contaminated with blood or other bodily fluids. Licensing standards require that disposable soiled diapers and gloves, if used, must be placed in a plastic-lined, hands-free,

covered container immediately. Place parent-supplied soiled cloth diapers in labeled plastic bags which are kept separate from other clothing. Bodily secretions, such as runny noses, eye drainage, and coughed-up matter shall be wiped with a disposable tissue used once and placed in a plastic-lined container. Single use disposable gloves shall be worn if there is contact with blood-containing bodily fluids or tissue discharges. Gloves shall be discarded in plastic bags. Persons working with children shall wash their hands with soap and warm running water before handling food, before and after assisting with toileting and diapering, after wiping bodily secretions from a child with a disposable tissue, and after exposure to blood or bodily fluids. If gloves are used, hands shall be washed after the removal of gloves. Each center shall develop and implement a written orientation program that all new employees, substitutes, and regular volunteers shall complete and document within their first week at the center. The orientation program shall include universal precautions, the handling and storage of hazardous materials and the appropriate disposal of biocontaminants. In this subdivision, "biocontaminants" includes blood, body fluids, or excretions that may spread infectious disease. DCF 251.03(13m), DCF 251.05(4)(a)8 & 18, DCF 251.09(4)(a), DCF 251.07(6)(g)5-7, DCF 251.07(6)(i)2.

- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: "Hazard" means a potential source of harm, including a recalled product, that could jeopardize the health, safety, or wellbeing of children in care. Certification rules require that all materials harmful to children must be stored in properly labeled containers and stored in areas that are inaccessible to children. Administrative rules also address universal precautions and handling of materials contaminated with blood or other bodily fluids. Persons working with children shall wash their hands with soap and warm running water before handling food, before and after assisting with toileting and diapering, after wiping bodily secretions from a child with a disposable tissue, and after exposure to blood or bodily fluids. A family child care provider, employees, volunteers who provide care and supervision for children shall successfully complete department-approved preservice health and safety training in the topics specified in subd. 1. a. to j. by no later than the end of the orientation period available under 42 USC 9858c (c) (2) (I) (i) (XI). The health and safety training required under this subdivision shall include, the handling and storage of hazardous materials and the appropriate disposal of biocontaminants. Wis. Stats., 48.651(1d)(b)1.h., DCF 202.08(4)(g)-(j) and (o).
- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: "Hazard" means a potential source of harm, including a recalled product, that could jeopardize the health, safety, or wellbeing of children in care. Certification rules require that all materials harmful to children must be stored in properly labeled containers and stored in areas that are inaccessible to children. Administrative rules also address universal precautions and handling of materials contaminated with blood or other bodily fluids. Persons working with children shall wash their hands with soap and warm running water before handling food, before and after assisting with toileting and diapering, after wiping bodily secretions from a child with a disposable tissue, and after exposure to blood or bodily fluids. A family child care provider, employees, volunteers who provide care and supervision for

children shall successfully complete department-approved preservice health and safety training in the topics specified in subd. 1. a. to j. by no later than the end of the orientation period available under 42 USC 9858c (c) (2) (I) (i) (XI). The health and safety training required under this subdivision shall include, the handling and storage of hazardous materials and the appropriate disposal of biocontaminants. Wis. Stats., 48.651(1d)(b)1.h., DCF 202.08(4)(g)-(j) and (o).

- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **"Hazard" means a potential source of harm, including a recalled product, that could jeopardize the health, safety, or wellbeing of children in care. Licensing rules require that all materials harmful to children must be stored in properly labeled containers and stored in areas that are inaccessible to children. Administrative rules also address universal precautions and handling of materials contaminated with blood or other bodily fluids. Licensing standards require that disposable soiled diapers and gloves, if used, must be placed in a plastic-lined, hands-free, covered container immediately. Place parent-supplied soiled cloth diapers in labeled plastic bags which are kept separate from other clothing. Bodily secretions, such as runny noses, eye drainage, and coughed-up matter shall be wiped with a disposable tissue used once and placed in a plastic-lined container. Single use disposable gloves shall be worn if there is contact with blood-containing bodily fluids or tissue discharges. Gloves shall be discarded in plastic bags. Persons working with children shall wash their hands with soap and warm running water before handling food, before and after assisting with toileting and diapering, after wiping bodily secretions from a child with a disposable tissue, and after exposure to blood or bodily fluids. If gloves are used, hands shall be washed after the removal of gloves. Each center shall develop and implement a written orientation program that all new employees, substitutes, and regular volunteers shall complete and document within their first week at the center. The orientation program shall include universal precautions, the handling and storage of hazardous materials and the appropriate disposal of biocontaminants. DCF 252.42.(3)(a)9., 252.43(2)(a) and (b), 252.42(3)(a)4., 252.44(6)(i)8., 252.44(6)(j).**

5.3.9 Precautions in transporting children health and safety standard

Provide the standards, appropriate to the provider setting and age of children, that address precautions in transporting children for the following CCDF-eligible providers:

- i. All CCDF-eligible licensed center care. Provide the standard: **Licensing rules address the transportation of children, including the use of car safety seats/restraints, permissions and emergency information, requirements for drivers, review of driving records, orientation for drivers, vehicle safety, vehicle capacity, supervision, and other topics. These rules apply whenever children are transported by the program. The program must develop, submit to the department, and implement written policies consistent with the requirements of administrative rules including Transportation, if the center will transport children either on field trips or on a regular schedule. The policy shall include a procedure to ensure that no child is left unattended in a vehicle. The procedure for ensuring that all child care workers know the children assigned to their care and their**

whereabouts at all times, including during center-provided transportation. DCF 251.08, DCF 251.04(2)(h)12, DCF 251.05(4)(a)11.

- ii. All CCDF-eligible licensed family child care homes. Provide the standard: **Licensing rules address the transportation of children, including the use of car safety seats/restraints, permissions and emergency information, requirements for drivers, review of driving records, orientation for drivers, vehicle safety, vehicle capacity, supervision, and other topics. These rules apply whenever children are transported by the program. The program must develop, submit to the department, and implement written policies consistent with the requirements of administrative rules including transportation, if the center will transport children either on field trips or on a regular schedule. DCF 250.08, DCF 250.04(2)(e)8.**
- iii. All CCDF-eligible licensed in-home care. Provide the standard:
 Not applicable.
- iv. All CCDF-eligible license-exempt center care. Provide the standard: **Pursuant to Wis. Statutes, s.120.13(14), public school programs are exempt from licensure but are required to meet applicable licensing standards under DCF 251. Licensing rules address the transportation of children, including the use of car safety seats/restraints, permissions and emergency information, requirements for drivers, review of driving records, orientation for drivers, vehicle safety, vehicle capacity, supervision, and other topics. These rules apply whenever children are transported by the program. The program must develop, submit to the department, and implement written policies consistent with the requirements of administrative rules including transportation, if the center will transport children either on field trips or on a regular schedule. The policy shall include a procedure to ensure that no child is left unattended in a vehicle. The procedure for ensuring that all child care workers know the children assigned to their care and their whereabouts at all times, including during center-provided transportation. DCF 251.08, DCF 251.04(2)(h)12, DCF 251.05(4)(a)11.**
- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **Certification rules address the transportation of children, including the use of car safety seats/restraints, permissions and emergency information, requirements for drivers, review of driving records, orientation for drivers, vehicle safety, vehicle capacity, supervision, and other topics. These rules apply whenever children are transported by the program. The operator must report to the department a moving violation by a driver that transports children in care, regardless of whether the children are present at the time of the violation. DCF 202.08(9), DCF 202.08(1m)(b)6.b.**
- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **Certification rules address the transportation of children, including the use of car safety seats/restraints, permissions and emergency information, requirements for drivers, review of driving records, orientation for drivers, vehicle safety, vehicle capacity, supervision, and other topics. These rules apply whenever children are transported by the program. The operator must report to the department a moving violation by a driver that transports children in care, regardless of whether the children are present at the time of the violation. DCF 202.08(9), DCF**

202.08(1m)(b)6.b.

- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **Licensing rules address the transportation of children, including the use of car safety seats/restraints, permissions and emergency information, requirements for drivers, review of driving records, orientation for drivers, vehicle safety, vehicle capacity, supervision, and other topics. These rules apply whenever children are transported by the program. The program must develop, submit to the department, and implement written policies consistent with the requirements of administrative rules including Transportation, if the center will transport children either on field trips or on a regular schedule. The policy shall include a procedure to ensure that no child is left unattended in a vehicle. The procedure for ensuring that all child care workers know the children assigned to their care and their whereabouts at all times, including during center-provided transportation. DCF 252.09, 252.41(1)(f)6.**

5.3.10 Pediatric first aid and pediatric cardiopulmonary resuscitation (CPR) health and safety standard

- a. Provide the standards, appropriate to the provider setting and age of children, that address pediatric first aid for all staff for the following CCDF-eligible providers:
 - i. All CCDF-eligible licensed center care. Provide the standard: **Within three months of beginning to work with children all employees in regular contact with children shall obtain a certificate of completion for a department-approved course in infant and child cardiopulmonary resuscitation, including training in the use of an automated external defibrillator. The Department of Health Services, Bureau of Emergency Medical Services (BEMS) approves agencies to offer the CPR with Automated External Defibrillator (AED) training as required by statute. See the BEMS website <https://www.dhs.wisconsin.gov/ems/licensing/cpr.htm> for a list of currently approved agencies. If the center does not serve infants, the CPR training could be child/adult CPR. Substitutes and volunteers counted in staff-to-child ratio will need to have CPR training by the time they have worked in a center for 240 hours. Staff files shall contain/maintain a current cardiopulmonary resuscitation certification. The time spent obtaining or renewing cardiopulmonary resuscitation training may be counted towards the required continuing education hours. Pediatric first aid practices are covered in the non-credit, Lead Agency-approved course called Introduction to the Child Care Profession taken as part of pre-service training. Pediatric first aid procedures are required as part of the orientation for group child care centers. DCF 251.05(3)(c), DCF 251.05(4)(c)7.p.**

Additionally, the Lead Agency has submitted a corrective action plan to ACF-OCC to specifically identify pediatric first aid and CPR in any statutory, administrative rule, and policy documents in order to come into full compliance with CCDF health and safety requirements.

- ii. All CCDF-eligible licensed family child care homes. Provide the standard: **Within three months after licensure or date of hire, each licensee and provider shall obtain a certificate of completion for a department-approved course in infant and child cardiopulmonary resuscitation, including training in the use of an automated external defibrillator. Each licensee and provider shall maintain a current**

cardiopulmonary resuscitation certification. The time spent obtaining or renewing cardiopulmonary resuscitation training may be counted towards the required continuing education hours. Pediatric first aid practices are covered in the non-credit, Lead Agency-approved course called Introduction to the Child Care Profession taken as part of pre-service training. Pediatric first aid procedures are required as part of the orientation for any drivers who are not the licensee. DCF 250.05(3)(e), DCF 250.05(4)(c)1.p.

Additionally, the Lead Agency has submitted a corrective action plan to ACF-OCC to specifically identify pediatric first aid and CPR in any statutory, administrative rule, and policy documents in order to come into full compliance with CCDF health and safety requirements.

- iii. All CCDF-eligible licensed in-home care. Provide the standard:
 Not applicable.
- iv. All CCDF-eligible license-exempt center care. Provide the standard: Pursuant to Wis. Statutes, s.120.13(14), public school programs are exempt from licensure but are required to meet applicable licensing standards under DCF 251. Within three months of beginning to work with children all employees in regular contact with children shall obtain a certificate of completion for a department-approved course in infant and child cardiopulmonary resuscitation, including training in the use of an automated external defibrillator. The Department of Health Services, Bureau of Emergency Medical Services (BEMS) approves agencies to offer the CPR with Automated External Defibrillator (AED) training as required by statute. See the BEMS website <https://www.dhs.wisconsin.gov/ems/licensing/cpr.htm> for a list of currently approved agencies. If the center does not serve infants, the CPR training could be child/adult CPR. Substitutes and volunteers counted in staff-to-child ratio will need to have CPR training by the time they have worked in a center for 240 hours. Staff files shall contain/maintain a current cardiopulmonary resuscitation certification. The time spent obtaining or renewing cardiopulmonary resuscitation training may be counted towards the required continuing education hours. Pediatric first aid practices are covered in the non-credit, Lead Agency-approved course called Introduction to the Child Care Profession taken as part of pre-service training. Pediatric first aid procedures are required as part of the orientation for group child care centers. DCF 251.05(3)(c), DCF 251.05(4)(c)7.p.
- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: Within three months after certification or date of hire, each certified provider shall obtain a certificate of completion for a course in infant/child CPR. A CPR training must result in a certificate of completion. If the certificate does not have a date specifying the length of time for which it is valid, the CPR training must be renewed every year. Pediatric first aid information is provided to prospective certified providers (family license-exempt) and is included in preservice training required within three months and required under the orientation for drivers. The time spent obtaining or renewing cardiopulmonary resuscitation training may be counted towards the required continuing education hours. Pediatric first aid practices are covered in the non-credit, Lead Agency-approved course called

Introduction to the Child Care Profession taken as part of pre-service training. DCF 202.08(1)(b)3.d., DCF 202.08(3)(b)3.d., DCF 202.08(1)(b)5.j.

Additionally, the Lead Agency has submitted a corrective action plan to ACF-OCC to specifically identify pediatric first aid and CPR in any statutory, administrative rule, and policy documents in order to come into full compliance with CCDF health and safety requirements.

- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **Within three months after certification or date of hire, each certified provider shall obtain a certificate of completion for a course in infant/child CPR. A CPR training must result in a certificate of completion. If the certificate does not have a date specifying the length of time for which it is valid, the CPR training must be renewed every year. Pediatric first aid information is provided to prospective certified providers (family license-exempt) and is included in preservice training required within three months and required under the orientation for drivers. The time spent obtaining or renewing cardiopulmonary resuscitation training may be counted towards the required continuing education hours. Pediatric first aid practices are covered in the non-credit, Lead Agency-approved course called Introduction to the Child Care Profession taken as part of pre-service training. DCF 202.08(1)(b)3.d., DCF 202.08(3)(b)3.d., DCF 202.08(1)(b)5.j.**

Additionally, the Lead Agency has submitted a corrective action plan to ACF-OCC to specifically identify pediatric first aid and CPR in any statutory, administrative rule, and policy documents in order to come into full compliance with CCDF health and safety requirements.

- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **Prior to working with children in care, all employees in regular contact with children shall obtain a certificate of completion for a department-approved course in infant and child cardiopulmonary resuscitation, including training in the use of an automated external defibrillator. The Department of Health Services, Bureau of Emergency Medical Services (BEMS) approves agencies to offer the CPR with Automated External Defibrillator (AED) training as required by statute. See the BEMS website <https://www.dhs.wisconsin.gov/ems/licensing/cpr.htm> for a list of currently approved agencies. If the center does not serve infants, the CPR training could be child/adult CPR. Staff files shall contain/maintain a current cardiopulmonary resuscitation certification. The time spent obtaining or renewing cardiopulmonary resuscitation training may be counted towards the required continuing education hours. Cardiopulmonary resuscitation training may be included in the annual pre-camp training. Pediatric first aid practices are covered in the non-credit, Lead Agency-approved course called Introduction to the Child Care Profession taken as part of pre-service training. Pediatric first aid procedures are required as part of the orientation for group child care centers. DCF 252.42(3)(e), 252.09(4)(b)7., 252.42(3)(a)6.**

Additionally, the Lead Agency has submitted a corrective action plan to ACF-OCC to specifically identify pediatric first aid and CPR in any statutory, administrative

rule, and policy documents in order to come into full compliance with CCDF health and safety requirements.

b. Provide the standards, appropriate to the provider setting and age of children, that address pediatric cardiopulmonary resuscitation for all staff for the following CCDF-eligible providers:

i. All CCDF-eligible licensed center care. Provide the standard: **Within three months of beginning to work with children all employees in regular contact with children shall obtain a certificate of completion for a department-approved course in infant and child cardiopulmonary resuscitation, including training in the use of an automated external defibrillator. The Department of Health Services, Bureau of Emergency Medical Services (BEMS) approves agencies to offer the CPR with Automated External Defibrillator (AED) training as required by statute. See the BEMS website <https://www.dhs.wisconsin.gov/ems/licensing/cpr.htm> for a list of currently approved agencies. If the center does not serve infants, the CPR training could be child/adult CPR. Substitutes and volunteers counted in staff-to-child ratio will need to have CPR training by the time they have worked in a center for 240 hours. Staff files shall contain/maintain a current cardiopulmonary resuscitation certification. The time spent obtaining or renewing cardiopulmonary resuscitation training may be counted towards the required continuing education hours. Pediatric first aid practices are covered in the non-credit, Lead Agency-approved course called Introduction to the Child Care Profession taken as part of pre-service training. Pediatric first aid procedures are required as part of the orientation for group child care centers. DCF 251.05(3)(c), DCF 251.05(4)(c)7.p.**

Additionally, the Lead Agency has submitted a corrective action plan to ACF-OCC to specifically identify pediatric first aid and CPR in any statutory, administrative rule, and policy documents in order to come into full compliance with CCDF health and safety requirements.

ii. All CCDF-eligible licensed family child care homes. Provide the standard: **Within three months after licensure or date of hire, each licensee and provider shall obtain a certificate of completion for a department-approved course in infant and child cardiopulmonary resuscitation, including training in the use of an automated external defibrillator. Each licensee and provider shall maintain a current cardiopulmonary resuscitation certification. The time spent obtaining or renewing cardiopulmonary resuscitation training may be counted towards the required continuing education hours. Pediatric first aid practices are covered in the non-credit, Lead Agency-approved course called Introduction to the Child Care Profession taken as part of pre-service training. Pediatric first aid procedures are required as part of the orientation for any drivers who are not the licensee. DCF 250.05(3)(e), DCF 250.05(4)(c)1.p.**

Additionally, the Lead Agency has submitted a corrective action plan to ACF-OCC to specifically identify pediatric first aid and CPR in any statutory, administrative rule, and policy documents in order to come into full compliance with CCDF health and safety requirements.

iii. All CCDF-eligible licensed in-home care. Provide the standard:

[x] Not applicable.

- iv. All CCDF-eligible license-exempt center care. Provide the standard: Pursuant to Wis. Statutes, s.120.13(14), public school programs are exempt from licensure but are required to meet applicable licensing standards under DCF 251. Within three months of beginning to work with children all employees in regular contact with children shall obtain a certificate of completion for a department-approved course in infant and child cardiopulmonary resuscitation, including training in the use of an automated external defibrillator. The Department of Health Services, Bureau of Emergency Medical Services (BEMS) approves agencies to offer the CPR with Automated External Defibrillator (AED) training as required by statute. See the BEMS website <https://www.dhs.wisconsin.gov/ems/licensing/cpr.htm> for a list of currently approved agencies. If the center does not serve infants, the CPR training could be child/adult CPR. Substitutes and volunteers counted in staff-to-child ratio will need to have CPR training by the time they have worked in a center for 240 hours. Staff files shall contain/maintain a current cardiopulmonary resuscitation certification. The time spent obtaining or renewing cardiopulmonary resuscitation training may be counted towards the required continuing education hours. Pediatric first aid practices are covered in the non-credit, Lead Agency-approved course called Introduction to the Child Care Profession taken as part of pre-service training. Pediatric first aid procedures are required as part of the orientation for group child care centers. DCF 251.05(3)(c), DCF 251.05(4)(c)7.p.

Additionally, the Lead Agency has submitted a corrective action plan to ACF-OCC to specifically identify pediatric first aid and CPR in any statutory, administrative rule, and policy documents in order to come into full compliance with CCDF health and safety requirements.

- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: Within three months after certification or date of hire, each certified provider shall obtain a certificate of completion for a course in infant/child CPR. A CPR training must result in a certificate of completion. If the certificate does not have a date specifying the length of time for which it is valid, the CPR training must be renewed every year. Pediatric first aid information is provided to prospective certified providers (family license-exempt) and is included in preservice training required within 3 months and required under the orientation for drivers. The time spent obtaining or renewing cardiopulmonary resuscitation training may be counted towards the required continuing education hours. Pediatric first aid practices are covered in the non-credit, Lead Agency-approved course called Introduction to the Child Care Profession taken as part of pre-service training. DCF 202.08(1)(b)3.d., DCF 202.08(3)(b)3.d., DCF 202.08(1)(b)5.j.

Additionally, the Lead Agency has submitted a corrective action plan to ACF-OCC to specifically identify pediatric first aid and CPR in any statutory, administrative rule, and policy documents in order to come into full compliance with CCDF health and safety requirements.

- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: Within three months after certification or date of hire, each certified provider shall obtain a

certificate of completion for a course in infant/child CPR. A CPR training must result in a certificate of completion. If the certificate does not have a date specifying the length of time for which it is valid, the CPR training must be renewed every year. Pediatric first aid information is provided to prospective certified providers (family license-exempt) and is included in preservice training required within 3 months and required under the orientation for drivers. The time spent obtaining or renewing cardiopulmonary resuscitation training may be counted towards the required continuing education hours. Pediatric first aid practices are covered in the non-credit, Lead Agency-approved course called Introduction to the Child Care Profession taken as part of pre-service training. DCF 202.08(1)(b)3.d., DCF 202.08(3)(b)3.d., DCF 202.08(1)(b)5.j.

Additionally, the Lead Agency has submitted a corrective action plan to ACF-OCC to specifically identify pediatric first aid and CPR in any statutory, administrative rule, and policy documents in order to come into full compliance with CCDF health and safety requirements.

- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **Prior to working with children in care, all employees in regular contact with children shall obtain a certificate of completion for a department-approved course in infant and child cardiopulmonary resuscitation, including training in the use of an automated external defibrillator. The Department of Health Services, Bureau of Emergency Medical Services (BEMS) approves agencies to offer the CPR with Automated External Defibrillator (AED) training as required by statute. See the BEMS website <https://www.dhs.wisconsin.gov/ems/licensing/cpr.htm> for a list of currently approved agencies. If the center does not serve infants, the CPR training could be child/adult CPR. Staff files shall contain/maintain a current cardiopulmonary resuscitation certification. The time spent obtaining or renewing cardiopulmonary resuscitation training may be counted towards the required continuing education hours. Cardiopulmonary resuscitation training may be included in the annual pre-camp training. Pediatric first aid practices are covered in the non-credit, Lead Agency-approved course called Introduction to the Child Care Profession taken as part of pre-service training. Pediatric first aid procedures are required as part of the orientation for group child care centers. DCF 252.42(3)(e), 252.09(4)(b)7., 252.42(3)(a)6.**

Additionally, the Lead Agency has submitted a corrective action plan to ACF-OCC to specifically identify pediatric first aid and CPR in any statutory, administrative rule, and policy documents in order to come into full compliance with CCDF health and safety requirements.

5.3.11 Identification and reporting of child abuse and neglect health and safety standard

- a. Provide the standards, appropriate to the provider setting and age of children, that address the identification of child abuse and neglect for the following CCDF-eligible providers:

- i. All CCDF-eligible licensed center care. Provide the standard: **All providers and substitutes working in licensed and licensed exempt group centers programs operated by public schools shall receive training every two years in child abuse and neglect laws, how to identify children, of all ages in care, who have been abused or neglected, and the procedure for ensuring that all known or suspected cases of child abuse or neglect are immediately reported to the proper authorities. Administrative rules require a provider who knows or has reasonable cause to suspect that a child has been abused or neglected to immediately contact the county department of social services, human services, or local law enforcement. Providers in licensed child care programs shall maintain medical log books and include evidence of unusual bruises, contusions, lacerations, or burns received by a child in or out of center care. Child care providers are mandated reporters under Wis. Statutes, s. 48.02 (1) and s. 48.981 (2)(a)18-19. Licensed and license-exempt child care programs/providers must obtain training in the identification of child abuse and neglect and child abuse and neglect reporting procedures. Child abuse and neglect is included in the pre-service, non-credit, Lead Agency-approved training course required for licensed and license-exempt family child care. Before a driver who is not the licensee first transports children, the licensee shall provide the driver with a training. The licensee shall review, document, and update the training as necessary with each driver annually. The training shall include a review of behavior management techniques for use with children being transported. child abuse and neglect laws and center reporting procedures DCF 251.05(3)(b), DCF 251.04(8)**
- ii. All CCDF-eligible licensed family child care homes. Provide the standard: **All providers and substitutes working in licensed and licensed exempt group centers programs operated by public schools shall receive training every two years in child abuse and neglect laws, how to identify children, of all ages in care, who have been abused or neglected, and the procedure for ensuring that all known or suspected cases of child abuse or neglect are immediately reported to the proper authorities. Administrative rules require a provider who knows or has reasonable cause to suspect that a child has been abused or neglected to immediately contact the county department of social services, human services, or local law enforcement. Providers in licensed child care programs shall maintain medical log books and include evidence of unusual bruises, contusions, lacerations, or burns received by a child in or out of center care. Child care providers are mandated reporters under Wis. Statutes, s. 48.02 (1) and s. 48.981 (2)(a)18-19. Licensed and license-exempt child care programs/providers must obtain training in the identification of child abuse and neglect and child abuse and neglect reporting procedures. Child abuse and neglect is included in the pre-service, non-credit, Lead Agency-approved training course required for licensed and license-exempt family child care. Before a driver who is not the licensee first transports children, the licensee shall provide the driver with a training. The licensee shall review, document, and update the training as necessary with each driver annually. The training shall include a review of behavior management techniques for use with children being transported and child abuse and neglect laws and center reporting procedures. DCF 250.04(8), DCF 250.05(3)(fm).**
- iii. All CCDF-eligible licensed in-home care. Provide the standard:

[x] Not applicable.

- iv. All CCDF-eligible license-exempt center care. Provide the standard: Pursuant to Wis. Statutes, s.120.13(14), public school programs are exempt from licensure but are required to meet applicable licensing standards under DCF 251. All providers and substitutes working in licensed and licensed exempt group centers programs operated by public schools shall receive training every two years in child abuse and neglect laws, how to identify children, of all ages in care, who have been abused or neglected, and the procedure for ensuring that all known or suspected cases of child abuse or neglect are immediately reported to the proper authorities. Administrative rules require a provider who knows or has reasonable cause to suspect that a child has been abused or neglected to immediately contact the county department of social services, human services, or local law enforcement. Providers in licensed child care programs shall maintain medical log books and include evidence of unusual bruises, contusions, lacerations, or burns received by a child in or out of center care. Child care providers are mandated reporters under Wis. Statutes, s. 48.02 (1) and s. 48.981 (2)(a)18-19. Licensed and license-exempt child care programs/providers must obtain training in the identification of child abuse and neglect and child abuse and neglect reporting procedures. Child abuse and neglect is included in the pre-service, non-credit, Lead Agency-approved training course required for licensed and license-exempt family child care. Before a driver who is not the licensee first transports children, the licensee shall provide the driver with a training. The licensee shall review, document, and update the training as necessary with each driver annually. The training shall include a review of behavior management techniques for use with children being transported. child abuse and neglect laws and center reporting procedures DCF 251.05(3)(b), DCF 251.04(8).
- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: Each certified child care operator and each provider shall comply with s. 48.651 (1d) (b), Stats., and successfully complete training in child abuse and neglect laws and identifying, documenting, and reporting child abuse and neglect, child development, positive child guidance. A provider who knows or has reasonable cause to suspect that a child in care has been abused or neglected or that the child has been threatened with abuse or neglect and that abuse or neglect will occur shall immediately inform the department, local law enforcement, or other organization designated in s. 48.981, Stats. DCF 202.08(14), DCF 202.08(1)(b)3.c. Information above pertains to all ages of children in care.
- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: Each certified child care operator and each provider shall comply with s. 48.651 (1d) (b), Stats., and successfully complete training in child abuse and neglect laws and identifying, documenting, and reporting child abuse and neglect, child development, positive child guidance. A provider who knows or has reasonable cause to suspect that a child in care has been abused or neglected or that the child has been threatened with abuse or neglect and that abuse or neglect will occur shall immediately inform the department, local law enforcement, or other organization designated in s. 48.981, Stats. DCF 202.08(14), DCF 202.08(1)(b)3.c. Information above pertains to all ages of children in care.

- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **All providers and substitutes working in licensed day camps shall receive an annual pre-camp training, which requires training in child abuse and neglect laws, how to identify children, of all ages in care, who have been abused or neglected, and the procedure for ensuring that all known or suspected cases of child abuse or neglect are immediately reported to the proper authorities. Administrative rules require a provider who knows or has reasonable cause to suspect that a child has been abused or neglected to immediately contact the county department of social services, human services, or local law enforcement. Providers in licensed child care programs shall maintain medical log books and include evidence of unusual bruises, contusions, lacerations, or burns received by a child in or out of center care. Child care providers are mandated reporters under Wis. Statutes, s. 48.02 (1) and s. 48.981 (2)(a)18-19. Licensed and license-exempt child care programs/providers must obtain training in the identification of child abuse and neglect and child abuse and neglect reporting procedures. Before a driver who is not the licensee first transports children, the licensee shall provide the driver with a training. The licensee shall review, document, and update the training as necessary with each driver annually. The training shall include a review of behavior management techniques for use with children being transported. child abuse and neglect laws and center reporting procedures DCF 252.07(3)(b), 252.07(3), 252.09(4)(b)8., 252.44(6)(g).**

- b. Provide your standards, appropriate to the provider setting and age of children, that address the reporting of child abuse and neglect for the following CCDF-eligible providers:
 - i. All CCDF-eligible licensed center care. Provide the standard: **All providers and substitutes working in licensed and licensed exempt group centers programs operated by public schools shall receive training every two years in child abuse and neglect laws, how to identify children, of all ages in care, who have been abused or neglected, and the procedure for ensuring that all known or suspected cases of child abuse or neglect are immediately reported to the proper authorities. Administrative rules require a provider who knows or has reasonable cause to suspect that a child has been abused or neglected to immediately contact the county department of social services, human services, or local law enforcement. Providers in licensed child care programs shall maintain medical log books and include evidence of unusual bruises, contusions, lacerations, or burns received by a child in or out of center care. Child care providers are mandated reporters under Wis. Statutes, s. 48.02 (1) and s. 48.981 (2)(a)18-19. Licensed and license-exempt child care programs/providers must obtain training in the identification of child abuse and neglect and child abuse and neglect reporting procedures. Child abuse and neglect is included in the pre-service, non-credit, Lead Agency-approved training course required for licensed and license-exempt family child care. Before a driver who is not the licensee first transports children, the licensee shall provide the driver with a training. The licensee shall review, document, and update the training as necessary with each driver annually. The training shall include a review of behavior management techniques for use with children being transported. child abuse and neglect laws and center reporting procedures DCF 251.05(3)(b), DCF 251.04(8)**

- ii. All CCDF-eligible licensed family child care homes. Provide the standard: **All providers and substitutes working in licensed and licensed exempt group centers programs operated by public schools shall receive training every two years in child abuse and neglect laws, how to identify children, of all ages in care, who have been abused or neglected, and the procedure for ensuring that all known or suspected cases of child abuse or neglect are immediately reported to the proper authorities. Administrative rules require a provider who knows or has reasonable cause to suspect that a child has been abused or neglected to immediately contact the county department of social services, human services, or local law enforcement. Providers in licensed child care programs shall maintain medical log books and include evidence of unusual bruises, contusions, lacerations, or burns received by a child in or out of center care. Child care providers are mandated reporters under Wis. Statutes, s. 48.02 (1) and s. 48.981 (2)(a)18-19. Licensed and license-exempt child care programs/providers must obtain training in the identification of child abuse and neglect and child abuse and neglect reporting procedures. Child abuse and neglect is included in the pre-service, non-credit, Lead Agency-approved training course required for licensed and license-exempt family child care. Before a driver who is not the licensee first transports children, the licensee shall provide the driver with a training. The licensee shall review, document, and update the training as necessary with each driver annually. The training shall include a review of behavior management techniques for use with children being transported and child abuse and neglect laws and center reporting procedures. DCF 250.04(8), DCF 250.05(3)(fm)**
- iii. All CCDF-eligible licensed in-home care. Provide the standard:
 - Not applicable.
- iv. All CCDF-eligible license-exempt center care. Provide the standard: **Pursuant to Wis. Statutes, s.120.13(14), public school programs are exempt from licensure but are required to meet applicable licensing standards under DCF 251. All providers and substitutes working in licensed and licensed exempt group centers programs operated by public schools shall receive training every two years in child abuse and neglect laws, how to identify children, of all ages in care, who have been abused or neglected, and the procedure for ensuring that all known or suspected cases of child abuse or neglect are immediately reported to the proper authorities. Administrative rules require a provider who knows or has reasonable cause to suspect that a child has been abused or neglected to immediately contact the county department of social services, human services, or local law enforcement. Providers in licensed child care programs shall maintain medical log books and include evidence of unusual bruises, contusions, lacerations, or burns received by a child in or out of center care. Child care providers are mandated reporters under Wis. Statutes, s. 48.02 (1) and s. 48.981 (2)(a)18-19. Licensed and license-exempt child care programs/providers must obtain training in the identification of child abuse and neglect and child abuse and neglect reporting procedures. Child abuse and neglect is included in the pre-service, non-credit, Lead Agency-approved training course required for licensed and license-exempt family child care. Before a driver who is not the licensee first transports children, the licensee shall provide the driver with a training. The licensee shall review,**

document, and update the training as necessary with each driver annually. The training shall include a review of behavior management techniques for use with children being transported. child abuse and neglect laws and center reporting procedures DCF 251.05(3)(b), DCF 251.04(8)

- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: Each certified child care operator and each provider shall comply with s. 48.651 (1d) (b), Stats., and successfully complete training in child abuse and neglect laws and identifying, documenting, and reporting child abuse and neglect, child development, positive child guidance. A provider who knows or has reasonable cause to suspect that a child, of all ages in care, has been abused or neglected or that the child has been threatened with abuse or neglect and that abuse or neglect will occur shall immediately inform the department, local law enforcement, or other organization designated in s. 48.981, Stats. DCF 202.08(14), DCF 202.08(1)(b)3.c
- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: Each certified child care operator and each provider shall comply with s. 48.651 (1d) (b), Stats., and successfully complete training in child abuse and neglect laws and identifying, documenting, and reporting child abuse and neglect, child development, positive child guidance. A provider who knows or has reasonable cause to suspect that a child, of all ages in care, has been abused or neglected or that the child has been threatened with abuse or neglect and that abuse or neglect will occur shall immediately inform the department, local law enforcement, or other organization designated in s. 48.981, Stats. DCF 202.08(14), DCF 202.08(1)(b)3.c
- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: All providers and substitutes working in licensed day camps shall receive an annual pre-camp training, which requires training in child abuse and neglect laws, how to identify children, of all ages in care, who have been abused or neglected, and the procedure for ensuring that all known or suspected cases of child abuse or neglect are immediately reported to the proper authorities. Administrative rules require a provider who knows or has reasonable cause to suspect that a child has been abused or neglected to immediately contact the county department of social services, human services, or local law enforcement. Providers in licensed child care programs shall maintain medical log books and include evidence of unusual bruises, contusions, lacerations, or burns received by a child in or out of center care. Child care providers are mandated reporters under Wis. Statutes, s. 48.02 (1) and s. 48.981 (2)(a)18-19. Licensed and license-exempt child care programs/providers must obtain training in the identification of child abuse and neglect and child abuse and neglect reporting procedures. Before a driver who is not the licensee first transports children, the licensee shall provide the driver with a training. The licensee shall review, document, and update the training as necessary with each driver annually. The training shall include a review of behavior management techniques for use with children being transported. child abuse and neglect laws and center reporting procedures DCF 252.07(3)(b), 252.07(3), 252.09(4)(b)8., 252.44(6)(g).

- c. Confirm if child care providers must comply with the **Lead Agency's** procedures for reporting child abuse and neglect as required by the Child Abuse Prevention and Treatment Act (42 U.S.C. 5106a(b)(2)(B)(i):

Yes, confirmed.

No. If no, describe:

5.3.12 Additional optional standards

In addition to the required health and safety standards, does the Lead Agency require providers to comply with the following optional standards?

Yes.

No. If no, skip to Section 5.4

If yes, describe the standard(s).

- i. **Nutrition. Describe: The Lead Agency has approved specific non-credit courses that meet entry-level training for child care workers. The courses are competency-based and cover several health and safety topics including nutrition. Licensed and license-exempt programs that serve children meals and snacks that are prepared by the center, or obtained from caterers, schools, hospitals, etc., are required to follow CACFP minimum meal requirements. If parents supply meals and snacks, licensed child care programs must share the CACFP minimum meal requirements with parents. Administrative rules do not require a specific number of ongoing training hours related to specific health and safety topics. Continuing education hours must in one of the qualified health and safety subject areas, one of which is nutrition.**
- ii. **Access to physical activity. Describe: The Lead Agency has approved specific non-credit courses that meet entry-level training for child care workers. The courses cover several health and safety topic areas including activities that promote children's development such as physical activities. Licensed and license-exempt programs must offer daily activities posted that are suitable for the developmental level of each child and each group of children. The program shall provide each child with experiences that will promote several areas of development including physical activity. Programs must also offer a flexible balance if indoor and outdoor activities daily. Continuing education**

hours must in one of the qualified health and safety subject areas, one of which physical activity.

- iii. Caring for children with special needs. Describe: **The Lead Agency has approved specific non-credit courses that meet entry-level training for child care workers. The courses are competency-based and cover several health and safety, child development adapting environments to be inclusive of all ages and abilities. Licensed and license-exempt child care providers are required to have a program of activities and equipment and furnishings that are suitable for the size and developmental level of each child. Licensed and license-exempt programs are required to collect information about any special needs a child may have and to share that information with all persons who care for that child. Continuing education hours must in one of the qualified health and safety subject areas and may include caring for children with special needs.**
- iv. Any other areas determined necessary to promote child development or to protect children’s health and safety. Describe: **Administrative rules for licensed and license-exempt have provisions that address child development, supervision of children and tracking a child's whereabouts, guiding children's behavior, the presence of pets, swimming pools, and night care between the hours of 10:00 p.m. and 5:00 a.m.**

5.4 Pre-Service or Orientation Training on Health and Safety Standards

Lead Agencies must have requirements for all caregivers, teachers, and directors at CCDF providers to complete pre-service or orientation training (within 3 months of starting) on all CCDF health and safety standards and child development. The training must be appropriate to the setting and the age of children served. This training must address the required health and safety standards and the content area of child development. Lead Agencies have flexibility in determining the minimum number of training hours to require, and are encouraged to consult with Caring for our Children Basics for best practices.

Exemptions for relative providers’ training requirements are addressed in question 5.8.1.

5.4.1 Health and safety pre-service/orientation training requirements

Lead Agencies must certify staff have pre-service or orientation training on each standard that is appropriate to different settings and age groups. Lead Agencies may require pre-service or

orientation to be completed before staff can care for children unsupervised. In the table below, check the boxes for which you have training requirements.

| | Is this standard addressed in the pre-service or orientation training? | Is the pre-service or orientation training on this standard appropriate to different settings and age groups? | Does the Lead Agency require staff to complete the training before caring for children unsupervised? |
|---|--|---|--|
| a. Prevention and control of infectious diseases (including immunizations) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b. SIDS prevention and use of safe sleep practices | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| c. Administration of medication | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| d. Prevention and response to food and allergic reactions | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| e. Building and physical premises safety, including identification of and protection from hazards, bodies of water, and vehicular traffic | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| f. Prevention of shaken baby syndrome, abusive head trauma and child maltreatment | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| g. Emergency preparedness and response planning and procedures | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| h. Handling and storage of hazardous materials and disposal of biocontaminants | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| i. Appropriate Precautions in transporting children, if applicable | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

| | | | |
|--|-------------------------------------|-------------------------------------|-------------------------------------|
| j. Pediatric first aid and pediatric CPR (age-appropriate) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| k. Child abuse and neglect recognition and reporting | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| l. Child development including major domains of cognitive, social, emotional, physical development and approaches to learning. | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

m. If the Lead Agency does not certify implementation of all the health and safety pre-service/orientation training requirements for staff in programs serving children receiving CCDF assistance, please describe: **The Lead Agency has submitted a corrective action plan to ACF-OCC regarding the requirement to ensure Licensed Family Child Care Centers and Licensed Day Camps to complete orientation training within three months. Additionally, the corrective action plan will cover the requirement that health and safety standards must be included for Licensed Family Child Care Centers, Licensed Group Child Care Centers, License-Exempt Public School Programs, Licensed Day Camps, and Certified Child Care). This corrective action plan will include updates to the administrative rules and policies governing the inspections of certified child care providers and License-exempt public school programs. The corrective action plan is effective through August 30, 2026.**

n. Are there any provider categories to whom the above pre-service or orientation training requirements do not apply?

No

Yes. If yes, describe:

5.5 Monitoring and Enforcement of Licensing and Health and Safety Requirements

5.5.1 Inspections for licensed CCDF providers

Licensing inspectors must perform at least one annual, unannounced inspection of each licensed CCDF provider for compliance with all child care licensing standards, including an inspection for compliance with health and safety and fire standards. Lead Agencies must conduct at least one pre-licensure inspection for compliance with health, safety, and fire standards of each child care provider and facility in the State/Territory.

a. Licensed CCDF center-based providers

i. Does your pre-licensure inspection for licensed center-based providers assess compliance with health standards, safety standards, and fire standards?

Yes.

No. If no, describe:

ii. Identify the frequency of annual unannounced inspections for licensed center-

based providers addressing compliance with health, safety, and fire standards:

Annually.

More than once a year. If more than once a year, describe: **Licensed group centers typically receive two or more unannounced monitoring visits per year, depending on size and type of facility and compliance history. The Lead agency conducts inspections related to complaints/serious incidents, initial licensing/certification, unlicensed complaints, and enforcement verification.**

Additionally, the Lead Agency has submitted a corrective action plan to ACF-OCC to come into full compliance with ensuring that all CCDF regulated providers (Family Child Care Centers, Group Child Care Centers, and Day Camps) are monitored for all CCDF required health and safety components. This corrective action plan will include updates to the administrative rules and policies governing the inspections of CCDF regulated providers. The corrective action plan is effective through August 30, 2026.

Other. If other, describe:

- iii. Does the Lead Agency implement a differential monitoring approach when monitoring licensed center-based providers?

Yes. If yes, describe how the differential monitoring approach is representative of the full complement of health and safety requirements.

No. If no, describe: **The lead agency does not monitor child care programs using a subset of requirements to determine compliance. Every regulated provider is monitored for the same health and safety standards annually, and for the complete set of administrative rules every two years.**

Additionally, the Lead Agency has submitted a corrective action plan to ACF-OCC to come into full compliance with ensuring that all CCDF regulated providers (Family Child Care Centers, Group Child Care Centers, and Day Camps) are monitored for all CCDF required health and safety components. This corrective action plan will include updates to the administrative rules and policies governing the inspections of CCDF regulated providers. The corrective action plan is effective through August 30, 2026.

- iv. Identify which department or agency is responsible for completing the inspections for licensed center-based providers. **Lead Agency = The Department of Children and Families, Division of Early Care and Education, Bureau of Early Care and Regulation.**

- b. Licensed CCDF family child care providers

- i. Does your pre-licensure inspection for licensed family child care homes assess compliance with health standards, safety standards, and fire standards?

Yes.

No. If no, describe:

- ii. Identify the frequency of annual unannounced inspections for licensed family

child care homes addressing compliance with health, safety, and fire standards:

Annually.

More than once a year. If more than once a year, describe: **Licensed family child care centers receive a minimum of one unannounced onsite monitoring visit per year but may receive more than the minimum depending on compliance history.**

Other. If other, describe:

iii. Does the Lead Agency implement a differential monitoring approach when monitoring licensed family child care providers?

Yes. If yes, describe how the differential monitoring approach is representative of the full complement of health and safety requirements.

No. If no, describe: **The lead agency does not monitor child care programs using a subset of requirements to determine compliance. Every regulated provider is monitored for the same health and safety standards annually, and for the complete set of administrative rules every two years.**

iv. Identify which department or agency is responsible for completing the inspections for licensed family child care providers. **Lead Agency = The Department of Children and Families, Division of Early Care and Education, Bureau of Early Care and Regulation.**

c. Licensed in-home CCDF child care providers

i. Does your Lead Agency license CCDF in-home child care (care in the child's own home) providers?

No.

Yes. If yes, does your pre-licensure inspection for licensed in-home providers assess compliance with health, safety, and fire standards?

Yes.

No. If no, describe:

ii. Identify the frequency of annual unannounced inspections for licensed in-home child care providers for compliance with health, safety, and fire standards completed:

Annually.

More than once a year. If more than once a year, describe:

Other. If other, describe: **N/A**

iii. Does the Lead Agency implement a differential monitoring approach when monitoring licensed in-home child care providers?

Yes. If yes, describe how the differential monitoring approach is representative of the full complement of health and safety requirements.

No.

- iv. Identify which department or agency is responsible for completing the inspections for licensed in-home providers. **N/A**

5.5.2 Inspections for license-exempt providers

Licensing inspectors must perform at least one annual monitoring visit of each license-exempt CCDF provider for compliance with health, safety, and fire standards. Inspections for relative providers will be addressed in subsection 5.8.

Describe the policies and practices for the annual monitoring of:

- a. License-exempt CCDF center-based child care providers

- i. Identify the frequency of inspections for compliance with health, safety, and fire standards for license-exempt center-based providers:

Annually.

More than once a year. If more than once a year, describe: **Monitoring for the purpose of determining the license-exempt program's compliance with health and safety administrative rules is achieved through unannounced or announced onsite visits. Licensing specialists typically conduct a minimum of one monitoring visit per year to each license-exempt child care program receiving or eligible to receive Wisconsin Shares reimbursement. These child care programs are monitored annually for compliance with health and safety standards including the eleven CCDF standards. Under normal circumstances all license-exempt programs participating in YoungStar receive the annual inspection required in the CCDBG legislation, regardless of whether children receiving Wisconsin Shares are currently enrolled in the program. During the annual monitoring visit to a license-exempt center-based program, a licensing specialist reviews the program's compliance with a subset of group child care administrative rules, identified as the Annual Health and Safety Rule Tag and included in the iPad mobile application. This subset of rules covers administrative rules in 11 health and safety areas identified in the CCDBG legislation as well as additional rules identified in Wisconsin as critical to health and safety protections. The review of licensing rules also includes fire protection and evacuation procedures, including fire extinguishers, exits and passageways, fire alarms and smoke detectors, and exit lighting. Monitoring results for license-exempt center-based programs must be documented in writing and published on the Child Care Finder website. The results of each annual visit are recorded and shared with the program on the Compliance Statement-Public School Operated Child Care Program form (used to document that no violations were observed at the visit) or Noncompliance Statement and Correction Plan - Public School Operated Child Care Program form (used to document all violations of administrative rules identified at the license-exempt program at the time of the onsite monitoring visit). The license-exempt center-based program may choose to submit a correction plan to address how the program will correct the cited violations. Licensing specialists verify correction of the cited violations at the next routine annual visit. Monitoring results are displayed on the Child Care Finder website one day after the information is finalized in WISCCRS. Violations and compliance information remain on the public website for three years.**

The Lead Agency has submitted a corrective action plan to ACF-OCC regarding the requirement to ensure full monitoring of certified child care providers and License-exempt public school programs for all CCDF required health and safety components. This corrective action plan will include updates to the administrative rules and policies governing the inspections of certified child care providers and License-exempt public school programs. The corrective action plan is effective through August 30, 2026.

Other. If other, describe:

- ii. Does the Lead Agency implement a differential monitoring approach when monitoring license-exempt center-based providers?

Yes. If yes, describe how the differential monitoring approach is representative of the full complement of health and safety requirements.

No.

- iii. Identify which department or agency is responsible for completing the inspections for license-exempt center-based CCDF providers. **Lead Agency = The State of Wisconsin Department of Children and Family Services, Division of Early Care and Education, Bureau of Early Care and Regulation.**

- b. License-exempt CCDF family child care providers

- i. Identify the frequency of the inspections of license-exempt family child care providers to determine compliance with health, safety, and fire standards:

Annually.

More than once a year. If more than once a year, describe: **Annually, child care programs are monitored for compliance with health and safety standards including CCDF standards. Typically, the Lead Agency and subcontracted agencies ensure that a subset of the DCF 202 administrative rules is reviewed for compliance annually, unannounced. This subset is comprised of administrative rules in eleven health and safety areas identified in the Child Care Development Block Grant federal legislation and additional rules identified in Wisconsin as critical to health and safety protections. The rules addressing the eleven health and safety areas are reviewed by licensing staff in Milwaukee County and by contracted local agencies in the balance of the state, annually, under normal circumstances. The mobile app is the tool used by the Lead Agency staff to record the results of each monitoring visit. Subcontracted local agency staff document monitoring results on a Standards and Checklist and enter their monitoring results in WISCCRS. Rules are entered as met or unmet (or not applicable for the center under review) in the mobile app and this information is automatically synchronized into the database that stores child care compliance information, the Wisconsin Child Care Regulatory System (WISCCRS). Local subcontracted workers must enter the monitoring results directly into WISCCRS. Unmet violations are documented and addressed through noncompliance statements requiring violation correction, and, if necessary, enforcement actions. The results of the compliance reviews on child care administrative rules are reported to the license-exempt child care provider, as well as posted on the Lead Agency's public website.**

License-exempt family child care operators are, typically, monitored at least once annually, unannounced, for compliance with health and safety standards.

The Lead Agency has submitted a corrective action plan to ACF-OCC regarding the requirement to ensure full monitoring of certified child care providers and License-exempt public school programs for all CCDF required health and safety components. This corrective action plan will include updates to the administrative rules and policies governing the inspections of certified child care providers and License-exempt public school programs. The corrective action plan is effective through August 30, 2026.

Other. If other, describe:

- ii. Does the Lead Agency implement a differential monitoring approach when monitoring license-exempt family child care providers?

Yes. If yes, describe how the differential monitoring approach is representative of the full complement of health and safety requirements.

No.

- iii. Identify which department or agency is responsible for completing the inspections for license-exempt family child care providers. **Lead Agency = The State of Wisconsin Department of Children and Family Services, Division of Early Care and Education, Bureau of Early Care and Regulation.**

5.5.3 Inspections for CCDF license-exempt in-home child care providers

Lead Agencies may develop alternate monitoring requirements for care provided in the child's home that are appropriate to the setting. This flexibility cannot be used to bypass the monitoring requirement altogether.

- a. Describe the requirements for the annual monitoring of CCDF license-exempt in-home child care (care in the child's own home) providers, including if monitoring is announced or unannounced, occurs more frequently than once per year, and if differential monitoring procedures are used. **In-home providers receive annual monitoring of health and safety standards that include CCDF standards, but the visit may be announced. Typically, the Lead Agency and subcontracted agencies ensure that a subset of the DCF 202 administrative rules is reviewed for compliance annually. Rules that are entered as met or unmet (or not applicable for the center under review) in the mobile app and this information is automatically synchronized into the database that stores child care compliance information, the Wisconsin Child Care Regulatory System (WISCCRS). Local subcontracted workers must enter the monitoring results directly into WISCCRS. Unmet violations are documented and addressed through noncompliance statements requiring violation correction, and, if necessary, enforcement actions. The results of the compliance reviews on child care administrative rules are reported to the license-exempt in-home child care provider. The Lead Agency utilizes differential monitoring requirements for care provided in a child's home. In-home care is monitored annually but the visit may be announced. Visits are typically conducted with the parent present. In-home operators are exempt from specific license-exempt rules under Wis. Admin. Code DCF 202 because the care is provided in the child's home. DCF 202.08 (3) states: When a license-exempt family child care operator cares for children in the children's own home, the operator shall**

comply with requirements in sub. (2) (c), (e), (L) and (n), but the operator is not required to comply with requirements in sub. (2) (a), (am), (b), (d), (f), (g), (i), (j), (k), (m), (o), and (p).

- b. List the entity(ies) in your State/Territory responsible for conducting inspections of license-exempt CCDF in-home child care (care in the child’s own home) providers: **Lead Agency contracts with local counties and tribes to administer child care certification under Wis. Statutes, s. 48.651. Counties and tribes may choose to subcontract with a CCR&R or similar agency to administer the program locally. All subcontracts must be approved by the Lead Agency. The Lead Agency monitors the performance of certification agencies using contract performance standards and it conducts a three year Certification Review. A list of certification agencies is found here: <https://dcf.wisconsin.gov/files/ccregulation/cccertification/certifiers.pdf>.**

5.5.4 Posting monitoring and inspection reports

Lead Agencies must post monitoring and inspection reports on their consumer education website for each licensed and CCDF child care provider, except in cases where the provider is related to all the children in their care. These reports must include the results of required annual monitoring visits and visits due to major substantiated complaints about a provider’s failure to comply with health and safety requirements and child care policies. A full report covers everything in the monitoring visit, including areas of compliance and non-compliance. If the Lead Agency does not produce any reports that include areas of compliance, the website must include information about all areas covered by a monitoring visit.

The reports must be in plain language or provide a plain language summary Lead Agency and be timely to ensure that the results of the reports are available and easily understood by parents when they are deciding on a child care provider. Lead Agencies must post at least 3 years of monitoring and inspection reports.

- a. Does the Lead Agency post:
- i. Pre-licensing inspection reports for licensed programs.
 - ii. Full monitoring and inspection reports that include areas of compliance and non-compliance for all non-relative providers eligible to provide CCDF services.
 - iii. Monitoring and inspection reports that include areas of non-compliance only, with information about all areas covered by a monitoring visit posted separately on the website (e.g., a blank checklist used by monitors) for all non-relative providers eligible to provide CCDF services. If checked, provide a direct URL/website link to the website where a blank checklist is posted: **The complete Licensing Checklist is available on the department’s webpage here <https://dcf.wisconsin.gov/cclicensing/ccformspubs> and the Monitoring Guide can be found here: <https://dcf.wisconsin.gov/files/publications/pdf/5279.pdf>.**
 - iv. Other. Describe:
- b. Check if the monitoring and inspection reports and any related plain language summaries include:
- i. Date of inspection.
 - ii. Health and safety violations, including those violations that resulted in

fatalities or serious injuries occurring at the provider. Describe how these health and safety violations are prominently displayed: **The Lead Agency provides on the Child Care Finder website plain-language summaries for all regulated providers. Information included: the dates of monitoring visits, results of monitoring visits, number of violations in the last three years and, if submitted, the actions in place to correct identified violations.**

- iii. Corrective action plans taken by the Lead Agency and/or child care provider. Describe: **Licensed child care programs and license-exempt family child care providers are required to submit a correction plan for each violation cited on the noncompliance statement and must include a date by which the correction will be made. Correction plans and dates for completion are reviewed by licensing staff or certification agency staff for acceptability and are posted on the Child Care Finder website one day after approval. Licensing specialists and certification workers verify that the corrections have been made at the next monitoring visit. Enforcement actions, stipulations, and warning letters - sanctions or penalties that the Lead Agency imposes to gain a licensed child care center's compliance with administrative rule - are also listed on the Child Care Finder website next to summaries of the rules violated.**
- iv. A minimum of 3 years of results, where available.
- v. If any of the components above are not selected, please explain:
- c. Lead Agencies must post monitoring and inspection reports and/or any related summaries in a timely manner.
 - i. Provide the direct URL/website link to where the reports are posted: **Reports are posted to individual child care program records found on the Child Care Finder webpage. Users can access this webpage (<https://childcarefinder.wisconsin.gov/>) to view specific program compliance history.**
 - ii. Identify the Lead Agency's established timeline for posting monitoring reports and describe how it is timely: **Monitoring results are posted to the Child Care Finder webpage the day after the noncompliance or compliance statement issue date has been entered into the Wisconsin Child Care Regulatory System (WISCCRS) which is the licensing monitoring database.**
- d. Does the Lead Agency certify that the monitoring and inspection reports or the summaries are in plain language that is understandable to parents and other consumers?
 Yes.
 No. If no, describe:
- e. Does the Lead Agency certify that there is a process for correcting inaccuracies in the monitoring and inspection reports?
 Yes.
 No. If no, describe:
- f. Does the Lead Agency maintain monitoring and inspection reports on the consumer education website?

Yes.

No. If no, describe:

5.5.5 Qualifications and training of licensing inspectors

Lead Agencies must ensure that individuals who are hired as licensing inspectors (or qualified monitors designated by the Lead Agency) are qualified to inspect child care providers and facilities and have received health and safety training appropriate to the provider setting and age of the children served.

Describe how the Lead Agency ensures that licensing inspectors (or qualified monitors designated by the Lead Agency) are qualified and have received training on health and safety requirements that are appropriate to the age of the children in care and the type of provider setting. **The State of Wisconsin's classification specification, for licensing inspectors, states that the qualifications required for these positions will be determined at the time of recruitment. Such determinations will be made based on an analysis of the goals and worker activities performed and by an identification of the education, training, work or other life experience which would provide reasonable assurance that the knowledge and skills required upon appointment have been acquired. Licensing inspectors have: Experience investigating complaints and/or concerns; Experience interpreting and applying state statutes and/or administrative codes; Experience working in early education, child welfare, family services, or other human services field; Experience working with state computer and information systems; Experience writing complex and detailed reports; Experience preparing for and testifying in court or administrative hearings; Experience conducting home visits or business site visits in a regulatory capacity; Experience working independently with the ability to establish priorities. In addition, all licensing inspectors attend New Licensing Staff Training, which addresses the health and safety requirements for family child care homes and group child care centers, including license-exempt group centers. Computer-based training (CBT) and training with supervisors and other experienced licensing inspectors compliments the new licensing staff training to build understanding of the licensing rules. Additionally, the Lead Agency provides On the Job training to all new licensing staff which includes specific training on the application of safety requirements that are appropriate to the age of the children as well as the different provider types that they will be responsible to monitor. Lastly, the Lead Agency will be developing specific CBT trainings covering these areas to ensure all new and experience staff have access to these trainings on an ongoing basis.**

5.5.6 Ratio of licensing inspectors

Lead Agencies must ensure the ratio of licensing inspectors to child care providers and facilities in the State/Territory are maintained at a level sufficient to enable the Lead Agency to conduct effective inspections of child care providers and facilities on a timely basis in accordance with federal, State, and local laws.

Provide the ratio of licensing inspectors to child care providers (i.e., number of inspectors per number of child care providers) and facilities in the State/Territory and include how the ratio is sufficient to conduct effective inspections on a timely basis. **The Lead Agency maintains a policy for monitoring activity standards that describes the expectations for monitoring visits, complaint investigations, and other duties of licensing specialist staff. Additionally, the Lead Agency determines the number of licensing staff necessary to meet the expectations contained in the licensing activity standards and monitors to ensure that all programs receive the required number**

of monitoring visits, that all complaints are investigated in a timely manner, and that other licensing specialist responsibilities are met. Wis. Statute, s. 48.66 provides the Lead Agency with authority to inspect regulated child care programs. The Lead Agency's current ratio is one licensing specialist to 79 programs.

5.6 Ongoing Health and Safety Training

Lead Agencies must have ongoing training requirements for all caregivers, teachers, and directors of eligible CCDF providers for health and safety standards but have discretion on frequency and training content (e.g., pediatric CPR refresher every year and recertification every 2 years). Lead Agencies have discretion on which health and safety standards are subject to ongoing training. Lead Agencies may exempt relative providers from these requirements.

5.6.1 Required ongoing training of health and safety standards

Describe any required ongoing training of health and safety standards for caregivers, teachers, and directors of the following CCDF eligible provider types.

- a. Licensed child care centers: **Staff working in licensed group child care centers are required to complete continuing education annually. Minimal continuing education hours (15 hours annually) must be related to CCDF health and safety requirements and any other topics that promote child development and/or protect children's health and safety. Licensed and license-exempt group providers are required to obtain and maintain infant/child CPR training and are required to complete child abuse and neglect training at least every two years, which includes child abuse and neglect laws, how to identify child abuse and neglect, and the procedure for reporting suspected abuse or neglect of a child.**

The Lead Agency has submitted a corrective action plan to ACF-OCC regarding the requirement to ensure Licensed Day Camps to complete ongoing training. This corrective action plan will include updates to the administrative rules and policies governing the ongoing training of Licensed Day Camps. The corrective action plan is effective through August 30, 2026.

- b. License-exempt child care centers: **Pursuant to Wis. Statutes, s.120.13(14), public school programs are exempt from licensure but are required to meet applicable licensing standards under DCF 251. Staff working in licensed group child care centers are required to complete continuing education annually. Minimal continuing education hours (15 hours annually) must be related to CCDF health and safety requirements and any other topics that promote child development and/or protect children's health and safety. Licensed and license-exempt group providers are required to obtain and maintain infant/child CPR training and are required to complete child abuse and neglect training at least every two years, which includes child abuse and neglect laws, how to identify child abuse and neglect, and the procedure for reporting suspected abuse or neglect of a child.**
- c. Licensed family child care homes: **The licensee and staff working in licensed family child care centers are required to complete continuing education annually. Minimal continuing education hours (15 hours annually) must be related to CCDF health and safety requirements and any other topics that promote child development and/or protect children's health and safety. Licensed and license-exempt group providers are required to obtain and maintain infant/child CPR training and are required to complete child abuse**

and neglect training at least every two years, which includes child abuse and neglect laws, how to identify child abuse and neglect, and the procedure for reporting suspected abuse or neglect of a child.

- d. License-exempt family child care homes: **License-exempt family child care providers are required to complete five hours of continuing education annually. Minimal continuing education hours (five hours annually) must be related to CCDF health and safety requirements and any other topics that promote child development and/or protect children’s health and safety. License-exempt providers are required to obtain and maintain infant/child CPR training.**
- e. Regulated or registered in-home child care: **License-exempt in-home family child care providers are required to complete five hours of continuing education annually. Minimal continuing education hours (five hours annually) must be related to CCDF health and safety requirements and any other topics that promote child development and/or protect children’s health and safety. License-exempt providers are required to obtain and maintain infant/child CPR training**
- f. Non-regulated or registered in-home child care: **N/A**

5.7 Comprehensive Background Checks

Lead Agencies must conduct comprehensive background checks for all child care staff members (including prospective staff members) of all child care providers that are (1) licensed, regulated, or registered under State/Territory law, regardless of whether they receive CCDF funds; or (2) all other child care providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible child care providers). Family child care home providers must also submit background check requests for all household members age 18 or older.

A comprehensive background check must include: three in-state checks, two national checks, and three interstate checks if the individual resided in another State or Territory in the preceding 5 years. The background check components must be completed at least once every five years.

All child care staff members must receive a qualifying result from either the FBI criminal background check or an in-state fingerprint criminal history check before working (under supervision) with or near children. Lead Agencies must apply a CCDF-specific list of disqualifying crimes for child care providers serving families participating in CCDF.

These background check requirements do not apply to individuals who are related to all children for whom child care services are provided. Exemptions for relative providers will be addressed in subsection 5.8.

5.7.1 In-state criminal history check with fingerprints

- a. Does the Lead Agency conduct in-state criminal history background checks with fingerprints for all child care staff members (including prospective staff members) of licensed, regulated, or registered child care providers, regardless of CCDF participation?
 Yes.
 No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct in-state criminal background checks with fingerprints.

- b. Does the Lead Agency conduct in-state criminal history background checks with fingerprints for all child care staff members (including prospective staff members) of all other child care providers eligible for CCDF participation (i.e., license-exempt providers) other than relative providers?
 Yes.
 No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct in-state criminal background checks with fingerprints.
- c. Does the Lead Agency conduct the in-state criminal background check with fingerprints for all individuals age 18 or older who reside in a family child care home?
 Yes.
 No. If no, describe individuals age 18 or older who reside in a family child care home who do not receive an in-state criminal background check with fingerprints.

5.7.2 National Federal Bureau of Investigation (FBI) criminal history check with fingerprints

- a. Does the Lead Agency conduct FBI criminal history background checks with fingerprints for all child care staff members (including prospective staff members) of licensed, regulated, or registered child care providers, regardless of CCDF participation?
 Yes.
 No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct FBI criminal background checks with fingerprints.
- b. Does the Lead Agency conduct FBI criminal history background checks with fingerprints for all child care staff members (including prospective staff members) of all other child care providers eligible for CCDF participation (i.e., license-exempt providers)?
 Yes.
 No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct FBI criminal background checks.
- c. Does the Lead Agency conduct the FBI criminal background check with fingerprints for all individuals age 18 or older who reside in a family child care home?
 Yes.
 No. If no, describe individuals age 18 or older who reside in a family child care home who do not receive an FBI criminal background check with fingerprints.

5.7.3 National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) name-based check

The majority of NCIC NSOR records are fingerprint records and are automatically included in the FBI fingerprint criminal background check. But a small percentage of NCIC NSOR records are only name-based records and must be accessed through the required name-based search of the NCIC NSOR.

- a. Does the Lead Agency conduct NCIC NSOR name-based background checks for all child

care staff members (including prospective staff members) of licensed, regulated, or registered child care providers, regardless of CCDF participation?

Yes.

No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct NCIC NSOR name-based background checks.

- b. Does the Lead Agency conduct NCIC NSOR name-based background checks for all child care staff members (including prospective staff members) of all other child care providers eligible for CCDF participation (i.e., license-exempt providers)?

Yes.

No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct NCIC NSOR name-based background checks.

- c. Does the Lead Agency conduct the NCIC NSOR name-based background check for all individuals age 18 or older who reside in a family child care home?

Yes.

No. If no, describe individuals age 18 or older who reside in a family child care home who do not receive a NCIC NSOR name-based background check.

5.7.4 In-state sex offender registry (SOR) check

- a. Does the Lead Agency conduct in-state SOR checks for all child care staff members (including prospective staff members) of licensed, regulated, or registered child care providers, regardless of CCDF participation?

Yes.

No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct in-state SOR background checks.

- b. Does the Lead Agency conduct in-state SOR background checks for all child care staff members (including prospective staff members) of all other child care providers eligible for CCDF participation (i.e., license-exempt providers)?

Yes.

No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct in-state SOR background checks.

- c. Does the Lead Agency conduct the in-state SOR background check for all individuals age 18 or older who reside in a family child care home?

Yes.

No. If no, describe individuals age 18 or older who reside in a family child care home who do not receive an in-state SOR background check.

5.7.5 In-state child abuse and neglect (CAN) registry check

- a. Does the Lead Agency conduct CAN registry checks for all child care staff members (including prospective staff members) of licensed, regulated, or registered child care providers, regardless of CCDF participation?

Yes.

No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct CAN registry checks.

- b. Does the Lead Agency conduct CAN registry checks for all child care staff members (including prospective staff members) of all other child care providers eligible for CCDF participation (i.e., license-exempt providers)?

Yes.

No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct CAN registry checks.

- c. Does the Lead Agency conduct the CAN registry check for all individuals age 18 or older who reside in a family child care home?

Yes.

No. If no, describe individuals age 18 or older who reside in a family child care home who do not receive a CAN registry check.

5.7.6 Interstate criminal history check

These questions refer to requirements for a Lead Agency to conduct an interstate check for a child care staff member (including prospective child care staff members) who currently lives in their State or Territory but has lived in another State, Territory, or Tribal land within the previous 5 years.

- a. Does the Lead Agency conduct interstate criminal history background checks for any staff member (or prospective staff member) who resided in other state(s) in the past 5 years of licensed, regulated, or registered child care providers, regardless of CCDF participation?

Yes.

No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct interstate criminal history background checks.

- b. Does the Lead Agency conduct interstate criminal history background checks for any staff member (or prospective staff member) who resided in other state(s) in the past 5 years eligible for CCDF participation (i.e., license-exempt providers)?

Yes.

No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct interstate criminal history background checks.

- c. Does the Lead Agency conduct interstate criminal history background checks for all individuals age 18 or older who reside in a family child care home and resided in other state(s) in the past 5 years.

Yes.

No. If no, describe why individuals age 18 or older that resided in other state(s) in the past 5 years who reside in a family child care home that do not receive an interstate criminal history background check.

5.7.7 Interstate Sex Offender Registry (SOR) check

These questions refer to requirements for a Lead Agency to conduct an interstate check for a child care staff member (including prospective child care staff members) who currently lives in their State or Territory but has lived in another State, Territory, or Tribal land within the previous 5 years.

- a. Does the Lead Agency conduct interstate SOR checks for any staff member (or prospective staff member) who resided in other state(s) in the past 5 years of licensed, regulated, or registered child care providers, regardless of CCDF participation?

Yes.

No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct interstate SOR checks.

- b. Does the Lead Agency conduct interstate SOR checks for any staff member (or prospective staff member) who resided in other state(s) in the past 5 years eligible for CCDF participation (i.e., license-exempt providers)?

Yes.

No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct interstate SOR checks.

- c. Does the Lead Agency conduct the interstate SOR checks for all individuals age 18 or older who resided in other state(s) in the past 5 years who reside in a family child care home?

Yes.

No. If no, describe individuals age 18 or older that resided in other state(s) in the past 5 years who reside in a family child care home that do not receive an interstate SOR check.

5.7.8 Interstate child abuse and neglect (CAN) registry check

These questions refer to requirements for a Lead Agency to conduct an interstate check for a child care staff member (including prospective child care staff members) who currently lives in their State or Territory but has lived in another State, Territory, or Tribal land within the previous 5 years.

- a. Does the Lead Agency conduct interstate CAN registry checks for any staff member (or prospective staff member) that resided in other state(s) in the past 5 years of licensed, regulated, or registered child care providers, regardless of CCDF participation?

Yes.

No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct interstate CAN registry checks.

- b. Does the Lead Agency conduct interstate CAN registry checks for any staff member (or prospective staff member) who resided in other state(s) in the past 5 years eligible for CCDF participation (i.e., license-exempt providers)?

Yes.

No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct interstate CAN registry checks.

- c. Does the Lead Agency conduct the interstate CAN registry checks for all individuals age 18 or older who resided in other state(s) in the past 5 years who reside in a family child care home?
- Yes.
- No. If no, describe individuals age 18 or older that resided in other state(s) in the past 5 years who reside in a family child care home that do not receive interstate CAN registry checks.

5.7.9 Disqualifications for child care employment

The Lead Agency must prohibit employment of individuals with child care providers receiving CCDF subsidy payment if they meet any of the following disqualifying criteria:

- Refused to consent to a background check.
 - Knowingly made materially false statements in connection with the background check.
 - Are registered, or are required to be registered, on the State/Territory sex offender registry or repository or the National Sex Offender Registry.
 - Have been convicted of a felony consisting of murder, child abuse or neglect, crimes against children (including child pornography), spousal abuse, crimes involving rape or sexual assault, kidnapping, arson, physical assault, or battery.
 - Have a violent misdemeanor committed as an adult against a child, including the following crimes: child abuse, child endangerment, sexual assault, or any misdemeanor involving child pornography.
 - Convicted of a felony consisting of a drug-related offense committed during the preceding 5 years.
- a. Does the Lead Agency disqualify the employment of child care staff members (including prospective staff members) by child care providers receiving CCDF subsidy payment for CCDF-identified disqualifying criteria?
- Yes.
- No. If no, describe the disqualifying criteria:
- b. Does the Lead Agency use the same criteria for licensed, regulated, and registered child care providers regardless of CCDF participation?
- Yes.
- No. If no, describe any disqualifying criteria used for licensed, regulated, and registered child care providers:
- c. How does the Lead Agency use results from the in-state child abuse and neglect registry check?
- Does not use them to disqualify employment.
- Uses them to disqualify employment. If checked, describe: **If an individual is identified as a maltreater in a final determination of substantiated abuse or neglect through a Wisconsin or out of state child and abuse and neglect registry, the individual will receive**

an ineligibility determination. If a licensee or operator or household member is identified as a maltreater in a final determination of substantiated child abuse or neglect finding, the lead agency or the certification agency must proceed with denial or revocation of the license or certification, even when the individual is appealing the child abuse or neglect final determination. The provisions of the background check law mandate denial or revocation when a barred offense exists until it is lifted through rehabilitation review approval. The provider or household member is barred until the outcome of the child abuse or neglect final determination, the child abuse or neglect finding has been reversed, or the individual has completed a rehabilitation review.

- d. How does the Lead Agency use results from the interstate child abuse and neglect registry check?

Does not use them to disqualify employment.

Uses them to disqualify employment. If checked, describe: **If an individual is identified as a maltreater in a final determination of substantiated abuse or neglect through a Wisconsin or out of state child and abuse and neglect registry, the individual will receive an ineligibility determination. If a licensee or operator or household member is identified as a maltreater in a final determination of substantiated child abuse or neglect finding, the lead agency or the certification agency must proceed with denial or revocation of the license or certification, even when the individual is appealing the child abuse or neglect final determination. The provisions of the background check law mandate denial or revocation when a barred offense exists until it is lifted through rehabilitation review approval. The provider or household member is barred until the outcome of the child abuse or neglect final determination, the child abuse or neglect finding has been reversed, or the individual has completed a rehabilitation review.**

5.7.10 Privacy

Lead Agencies must ensure the privacy of a prospective staff member by notifying child care providers of the individual's eligibility or ineligibility for child care employment based on the results of the comprehensive background check without revealing any documentation of criminal history or disqualifying crimes or other related information regarding the individual.

Does the Lead Agency certify they ensure the privacy of child care staff members (including prospective child care staff member) when providing the results of the comprehensive background check?

Yes.

No. If no, describe the current process of notification:

5.7.11 Appeals processes for background checks

Lead Agencies must provide for a process that allows child care provider staff members (and prospective staff members) to appeal the results of a background check to challenge the accuracy or completeness of the information contained in the individual's background check report.

Does the appeals process:

- i. Provide the affected individual with information related to each disqualifying crime in a report, along with information/notice on the opportunity to appeal.

Yes.

No. Describe:

- ii. Provide the affected individual with clear instructions about how to complete the appeals process for each background check component if they wish to challenge the accuracy or completeness of the information contained in such individual's background report.

Yes.

No. Describe:

- iii. Ensure the Lead Agency attempts to verify the accuracy of the information challenged by the individual, including making an effort to locate any missing disposition information related to the disqualifying crime.

Yes.

No. Describe:

- iv. Get completed in a timely manner.

Yes.

No. Describe:

- v. Ensure the affected individual receives written notice of the decision. In the case of a negative determination, the decision must indicate (1) the Lead Agency's efforts to verify the accuracy of information challenged by the individual, (2) any additional appeals rights available to the individual, and (3) information on how the individual can correct the federal or State records at issue in the case.

Yes.

No. Describe:

- vi. Facilitate coordination between the Lead Agency and other agencies in charge of background check information and results (such as the Child Welfare office and the State Identification Bureau), to ensure the appeals process is conducted in accordance with the Act.

Yes.

No. Describe:

5.7.12 Provisional hiring of prospective staff members

Lead Agencies must at least complete and receive a qualifying result for either the FBI criminal background check or a fingerprint-based in-state criminal background check where the individual resides before prospective staff members may provide services or be in the vicinity of children.

Until all the background check components have been completed, the prospective staff member must be supervised at all times by someone who has already received a qualifying result on a background check within the past five years.

Check all background checks for which the Lead Agency requires a qualifying result before a prospective child care staff member begins work with children.

- a. FBI criminal background check.
 Yes.
 No. If no, describe:
- b. In-state criminal background check with fingerprints.
 Yes.
 No. If no, describe:
- c. In-state Sex Offender Registry.
 Yes.
 No. If no, describe:
- d. In-state child abuse and neglect registry.
 Yes.
 No. If no, describe:
- e. Name-based national Sex Offender Registry (NCIC NSOR).
 Yes.
 No. If no, describe:
- f. Interstate criminal background check, as applicable.
 Yes.
 No. If no, describe: **Obtain consent forms and request out of state records for final eligibility.**
- g. Interstate Sex Offender Registry check, as applicable.
 Yes.
 No. If no, describe:
- h. Interstate child abuse and neglect registry check, as applicable.
 Yes.
 No. If no, describe: **Obtain consent forms and request out of state records for final eligibility.**
- i. Does the Lead Agency require provisional hires to be supervised by a staff member who received a qualifying result on the comprehensive background check while awaiting results from the provisional hire's full comprehensive background check?
 Yes.
 No. If no, describe:

5.7.13 Completing the criminal background check within a 45-day timeframe

The Lead Agency must carry out a request from a child care provider for a criminal background check as expeditiously as possible, and no more than 45 days after the date on which the provider submitted the request

- a. Does the Lead Agency ensure background checks are completed within 45 days (after the date on which the provider submits the request)?

Yes.

No. If no, describe the timeline for completion for categories of providers, including which background check components take more than 45 days.

- b. Does the Lead Agency ensure child care staff receive a comprehensive background check when they work in your State but reside in a different State?

Yes.

No. If no, describe the current policy:

5.7.14 Responses to interstate background check requests

Lead Agencies must respond as expeditiously as possible to requests for interstate background checks from other States/Territories/Tribes in order to meet the 45-day timeframe.

- a. Does your State participate in the National Crime Prevention and Privacy Compact or National Fingerprint File programs?

Yes.

No.

- b. Describe how the State/Territory responds to interstate criminal history, Sex Offender Registry, and Child Abuse and Neglect Registry background check requests from another state. **This role is handled by other state agencies such as The Department of Justice (DOJ) and Tribal and County Child Protective Service agencies. The Lead Agency refers inquiries to those agencies.**

- c. Does your State/Territory have a law or policy that prevents a response to CCDF interstate background check requests from other States/Territories/Tribes?

Yes. If yes, describe the current policy.

No.

5.7.15 Consumer education website links to interstate background check processes

Lead Agencies must include on their consumer education website and the website of local Lead Agencies if the CCDF program is county-run, the policies and procedures related to comprehensive background checks. This includes the process by which a child care provider or other State or Territory may submit a background check request.

- a. Provide the direct URL/website link that contains instructions on how child care providers and other States and Territories should initiate background check requests for prospective and current child care staff members: **<https://dcf.wisconsin.gov/cdbgcheck/outofstate>**

Check to certify that the required elements are included on the Lead Agency's consumer and provider education website for each interstate background check component.

- b. Interstate criminal background check:

- i. Agency name

- ii. Address
 - iii. Phone number
 - iv. Email
 - v. Website
 - vi. Instructions
 - vii. Forms
 - viii. Fees
 - ix. Is the State a National Fingerprint File (NFF) State?
 - x. Is the State a National Crime Prevention and Privacy Compact State?
 - xi. If not all boxes above are checked, describe:
- c. Interstate sex offender registry (SOR) check:
- i. Agency name
 - ii. Address
 - iii. Phone number
 - iv. Email
 - v. Website
 - vi. Instructions
 - vii. Forms
 - viii. Fees
 - ix. If not all boxes above are checked, describe:
- d. Interstate child abuse and neglect (CAN) registry check:
- i. Agency name
 - ii. Is the CAN check conducted through a county administered registry or centralized registry?
 - iii. Address
 - iv. Phone number
 - v. Email
 - vi. Website
 - vii. Instructions
 - viii. Forms
 - ix. Fees
 - x. If not all boxes above are checked, describe:

5.7.16 Background check fees

The Lead Agency must ensure that fees charged for completing the background checks do not exceed the actual cost of processing and administration.

Does the Lead Agency certify that background check fees do not exceed the actual cost of processing and administering the background checks?

Yes.

No. If no, describe what is currently in place and what elements still need to be implemented:

5.7.17 Renewal of the comprehensive background check

Does the Lead Agency conduct the background check at least every 5 years for all components?

Yes.

No. If no, what is the frequency for renewing each component?

5.8 Exemptions for Relative Providers

Lead Agencies may exempt relatives (defined in CCDF regulations as grandparents, great-grandparents, siblings if living in a separate residence, aunts, and uncles) from certain health and safety requirements. This exception applies only if the individual cares only for relative children.

5.8.1 Exemptions for relative providers

Does the Lead Agency exempt any federally defined relative providers from licensing requirements, the CCDF health and safety standards, preservice/orientation training, ongoing training, inspections, or background checks?

No.

Yes. If yes, which type of relatives do you exempt, and from what requirements (licensing requirements, CCDF health and safety standards, preservice/orientation training, ongoing training, inspections, and/or background checks) do you exempt them?

6 Support for a Skilled, Qualified, and Compensated Child Care Workforce

A skilled child care workforce with adequate wages and benefits underpins a stable high-quality child care system that is accessible and reliable for working parents and that meets their needs and promotes equal access. Positive interactions between children and caregivers provide the cornerstone of quality child care experiences. Responsive caregiving and rich interactions support healthy socio-emotional, cognitive, and physical development in children. Strategies that successfully support the child care workforce address key challenges, including low wages, poor benefits, and difficult job conditions. Lead Agencies can help mitigate some of these challenges through various CCDF policies, including through ongoing professional development and supports for all provider types and embedded in the payment policies and practices covered in Section 4. Lead Agencies must have a framework for training, professional development, and post-secondary education. They must also incorporate health and safety training into their professional development. Lead Agencies should also implement policies that focus on improving wages and access to benefits for the child care workforce. When implemented as a cohesive approach, the initiatives support the recruitment and retention of a qualified and effective child care workforce,

and improve opportunities for caregivers, teachers, and directors to advance on their progression of training, professional development, and postsecondary education.

This section addresses Lead Agency efforts to support the child care workforce, the components and implementation of the professional development framework, and early learning and developmental guidelines.

6.1 Supporting the Child Care Workforce

Lead Agencies have broad flexibility to implement policies and practices to support the child care workforce.

6.1.1 Strategies to improve recruitment, retention, compensation, and well-being

- a. Identify any Lead Agency activities related to strengthening workforce recruitment and retention of child care providers. Check all that apply:
 - i. Providing program-level grants to support investments in staff compensation.
 - ii. Providing bonuses or stipends paid directly to staff, like sign-on or retention bonuses.
 - iii. Connecting family child care providers and center-based child care staff to health insurance or supporting premiums in the Marketplace.
 - iv. Subsidizing family child care provider and center-based child care staff retirement benefits.
 - v. Providing paid sick, personal, and parental leave for family child care providers and center-based child care staff.
 - vi. Providing student loan debt relief or loan repayment for family child care providers and center-based child care staff.
 - vii. Providing scholarships or tuition support for center-based child care staff and family child care providers.
 - viii. Other. Describe: **While providers are not connected directly to health insurance or supporting premiums in the Marketplace, the Wisconsin Early Education Shared Services Network (WEESN) does provide support from a Tiered Membership Specialist to connect providers with 24/7 telehealth access to doctors and mental wellness experts.**
- b. Describe any Lead Agency ongoing efforts and future plans to assess and improve the compensation of the child care workforce in the State or Territory, including increasing wages, bonuses, and stipends. **The Child Care Counts program provides payments to eligible providers to invest in staff compensation as well as cover operating expenses, invest in program quality, and reduce costs for families. Specifically, payments through Child Care Counts Program B: Funding Workforce Recruitment and Retention are based on the number of staff at the provider, the part-time or full-time employment status of the staff, and YoungStar Quality Rating and Improvement System rating. Program B funds can be used for staff compensation and professional development.**

The Lead agency also invests in Wisconsin’s child care workforce through funding

T.E.A.C.H. scholarships and REWARD stipends. T.E.A.C.H. scholarships were awarded to 1285 participant which amassed completion and earning of over 10,000 college credits. These credits helped increase scholarship recipient wages by an average of nearly 5% and the receipts went on to provide care for over 39,000 children throughout Wisconsin.

- c. Describe any Lead Agency ongoing efforts and future plans to expand access to benefits, including health insurance, paid sick, personal, and parental leave, and retirement benefits. **N/A**
- d. Describe any Lead Agency ongoing efforts and future plans to support the mental health and well-being of the child care workforce. **The lead agency approaches workforce mental health and wellbeing through multiple programs, projects, and initiatives. For example, the Lead Agency contracted with the Wisconsin Alliance for Infant Mental Health to develop and administer a statewide Infant and Early Childhood Mental Health Consultation (IECMHC) program in early care and education settings, Healthy Minds Healthy Children. Infant and Early Childhood Mental Health Consultation is a prevention-based approach that pairs a mental health consultant with adults who work with infants and young children in different settings where they learn and grow, to equip caregivers to facilitate children's healthy social and emotional development. IECMHC has been shown to be an effective strategy for preventing suspension and expulsion, and focuses on the well-being of caregivers and children. Healthy Minds Healthy Children was launched in July 2023, and is available in the Southeastern and Southern Regions in Wisconsin, with ten IECMH Consultants serving the community and child care programs. Infant and Early Childhood Mental Health Consultants have deep expertise in early childhood, social and emotional development, and mental health for children ages birth through five.**

As part of the Healthy Minds Healthy Children project, the Wisconsin Office of Children's Mental Health developed the Early Childhood Feelings Thermometer, a visual aid for the early care and education workforce, as well as families, to use with young children ages 0-5. This tool can be used to help children begin to name emotions and learn strategies for emotional regulation. The Early Childhood Feelings Thermometer is currently being distributed through local CCR&R agencies and YoungStar Connect.

The Wisconsin Early Education Shared Services Network (WEESN) launched the Educator Assistance Program (EAP) in 2023. EAP provides a comprehensive set of tools to help participants address emotional wellbeing, including free and confidential short-term counseling and follow-up services. To date, 20,225 individuals employed by regulated child care providers have access to EAP.

Through YoungStar Connect and CCR&R agencies, trainings and coaching are available to increase provider preparedness, child and adult well-being, and child safety. YoungStar Evaluation Criteria includes a quality indicator for being trained in Wisconsin Pyramid Model for Social and Emotional Competence, Positive Behavioral Interventions and Supports, Guiding Children's Behavior in School-Age Care or other equivalent training to meet the social-emotional needs of children. These trainings provide strategies for adult wellbeing, emotional regulation, and effective behavior management including positive behavior interventions and support models. The trainings promote positive social and emotional development and give providers research-based strategies to reduce challenging behaviors and help providers manage stress. The training is further supported

by coaching and mentoring through either YoungStar Connect coaching or through specific assistance provided by a Pyramid Model External Coach.

YoungStar Connect offers individualized and group-based coaching, on-demand resources and live trainings, and a help desk to ensure that child care providers have the tools they need to support and manage their mental health and wellbeing and to build their capacity to nurture and care for young children.

- e. Describe any other strategies the Lead Agency is developing and/or implementing to support providers' recruitment and retention of the child care workforce. **Under the YoungStar QRIS, there are high-quality practices required at higher star ratings focused on high-quality employment policies and strategic planning for staff retention for group and school-age programs. The Lead Agency is committed to this because a positive working environment leads to high-quality programming and improved staff retention.**

In order to meet this strategic planning requirement, higher rated providers must demonstrate the following.

The program director/administrator must have read one of these resources:

Model Work Standards ☐ 2019 revised edition or previous edition ☐ Center for the Study of Child Care Employment

<https://cscce.berkeley.edu/publications/report/creating-better-child-care-jobs-model-work-standards/>

Blueprint for Action: Achieving Center-Based Change Through Staff Development ☐ Paula Jorde Bloom

Program Administration Scale (PAS) ☐ Teri N. Talan and Paula Jorde Bloom

A Great Place to Work ☐ Paula Jorde Bloom, Ann Hentschell, and Jill Bella

The program must have held a strategic planning meeting focused on improving the working environment with at least 75% of staff in attendance. The meeting must have included opportunities for all staff to participate. A written agenda and meeting notes are required for verification.

At least one goal and an action plan have been developed with all staff having had an opportunity to provide input. The goal and action plan must:

Identify how the work environment will be improved.

Identify who is responsible for implementing each part of the action plan.

List next steps that may be required.

Programs having met this indicator in the previous rating year must show evidence of

progress on at least one goal from the previous rating year. There must also be evidence that staff provided feedback on evaluating the progress made toward the goal.

The program director is interviewed by a consultant to verify which resource has been read an to understand the strategic planning process. The following documentation is then required:

Meeting attendance records, including the date of the meeting(s) and who attended.

Identified goal(s) and action plan.

Evidence of the participatory process (e.g., survey).

Progress on previous year's goal, if applicable.

6.1.2 Strategies to support provider business practices

- a. Describe other strategies that the Lead Agency is developing and/or implementing to strengthen child care providers' business management and administrative practices. **The Lead Agency provides numerous trainings, resources and technical assistance focusing on best business practices through contracts with the Wisconsin Early Childhood Association (WECA), Supporting Families Together Association (SFTA) and Child Care Resource and Referral agencies (CCR&Rs). Consultants and trainers for YoungStar, the Quality Rating and Improvement System, are equipped with skills to aid in supporting providers' business practices. Both in-person and online training opportunities are offered to all early childhood programs in Wisconsin. Professional development opportunities assist individual programs' quality improvement goals and support programs in meeting the requirements of the YoungStar evaluation criteria. Technical assistance is available to child care programs onsite or virtually and can include business practices if the provider chooses. The Business Practices element in the YoungStar evaluation criteria includes a mandatory indicator for all 3, 4, and 5 Star providers, requiring programs to have a yearly budget, perform budget reviews, establish payment agreements, and maintain records.**

Business Tool Kits offering helpful information related to owning and operating a child care business are available by various CCR&R agencies with consultation from pre-licensing specialists. Additional resources are available for providers on the YoungStar website: <https://dcf.wisconsin.gov/youngstar/providers/resources>. With funding from the Lead Agency, WECA implements the Wisconsin Early Education Shared Services Network (WEESN) to provide business practice supports including payroll support, healthy business practices, benefits management, banking, taxes, staffing services, and personal wellness.

- b. Check the topics addressed in the Lead Agency's strategies for strengthening child care providers' administrative business practices. Check all that apply:
- i. Fiscal management.
 - ii. Budgeting.
 - iii. Recordkeeping.

- iv. Hiring, developing, and retaining qualified staff.
- v. Risk management.
- vi. Community relationships.
- vii. Marketing and public relations.
- viii. Parent-provider communications.
- ix. Use of technology in business administration.
- x. Compliance with employment and labor laws.
- xi. Other. Describe any other efforts to strengthen providers' administrative business:

6.1.3 Strategies to support provider participation

Lead Agencies must facilitate participation of child care providers and staff with limited English proficiency and disabilities in the child care subsidy system. Describe how the Lead Agency will facilitate this participation, including engagement with providers to identify barriers and specific strategies used to support their participation:

- a. Providers and staff with limited English proficiency: **The Lead Agency follows all federal guidelines for translation of materials, including telephone and written translation services for providers with limited English proficiency. In addition, the Lead Agency has identified that materials for providers created by the Lead Agency should be provided in Spanish as there is a large Spanish-speaking population in Wisconsin. Contracts for vendors for various trainings that support providers in the subsidy system include fees for translation of materials. Wisconsin has published key resources in Spanish for providers accepting subsidy, including infographics about accepting Wisconsin Shares and program integrity training videos and booklets. (<https://dcf.wisconsin.gov/wishares/providers>) The Child Care Provider Portal, an online system for licensing, background checks, and subsidy information for providers, can also be viewed in Spanish.**

The Lead Agency works with training agencies to ensure that professional development offerings are appropriate for providers with limited English proficiency. The state QRIS vendor, YoungStar Connect, provides entry-level training, coaching and support for providers wishing to enter the subsidy system, and offers training and coaching in both English and Spanish.

In addition, the Lead Agency contracts with the Wisconsin Early Education Shared Services Network (WEESN) to provide back-office support to assist providers to navigate the subsidy system. All services provided by WEESN are provided in English and Spanish. WEESN has developed an 18 hour Build It Strong: Child Care Business Foundations computer-based training which includes content supporting providers and families to participate in the subsidy system which is translated into Spanish and is available to newly regulated providers or providers participating in the WEESN coaching system who need subsidy participation support.

The Lead Agency provides funding for the T.E.A.C.H. Scholarship Program which pays for 90% of the cost of attending credit-based education including the credential courses in

a Wisconsin 2-year or 4-year IHE. The Lead Agency partners with contracted agencies and Wisconsin IHEs to ensure that credit and non-credit based professional development opportunities are available in multiple languages, through multiple mediums (online, in person), and in more local community sites. For example, the Infant Toddler, Preschool, Family Child Care, Administrator, and Supporting Dual Language Learners credentials are offered in Spanish by the University of Wisconsin-Platteville online (<https://www.uwplatt.edu/department/child-care-education>).

The Lead Agency works closely with tribal nations to develop trainings that are culturally appropriate. The Lead Agency worked collaboratively with tribal nations and providers to develop trainings on the Wisconsin Model Early Learning Standards and the Wisconsin Pyramid Model that are culturally appropriate and fit the needs of tribal providers. The Registry, Wisconsin's child care trainer and training approval system, integrates culturally appropriate practice in all train-the-trainer events and empowers trainers to support the needs of tribal communities when leading trainings. All approved Registry trainings must include a Diversity Inclusion Statement explaining how the training delivery and content is reflective of the unique needs of the communities in which the training is delivered.

Wisconsin's system of professional development is comprehensive and supports learners of all abilities and backgrounds. Onsite consultation and mentoring services are available to providers through our state's CCR&R network and Wisconsin's new QRIS administrator, YoungStar Connect. Professional development opportunities are developed and translated or interpreted in multiple languages (e.g., English, Spanish, and Hmong) through a variety of locally contracted agencies (e.g., independent training facilities, technical and private colleges, and the University of Wisconsin system). Trainings are also provided in a variety of formats (e.g., online, in community settings, one-on-one) to meet the needs of the providers. CCR&R agencies provide training and technical assistance to current child care providers, as well as potential child care providers, through community-based delivery. CCR&Rs ensure staff are available to: deliver, when necessary, training and technical assistance in Spanish, support the recruitment and retention of non-English speaking child care providers, and provide individualized referrals to families seeking providers that speak their home language or that serve children with special needs. The Lead Agency has partnered with contracted agencies and Wisconsin IHEs to ensure that credit and non-credit based professional development opportunities are available in multiple languages, through multiple formats (online, in-person), and in more local community sites. Informational workshops and educational opportunities for Spanish and Hmong providers are presented using language translation/interpretation services to ensure a more inclusive experience.

- b. Providers and staff who have disabilities: Current and future child care providers are encouraged to work with their local CCR&R agency in order to locate trainings and other professional development opportunities that fit their needs, language, life, and abilities. Local colleges and universities have systems in place to ensure that learners can access training in their primary language and that students with disabilities are able to attend and access trainings that meet their individual needs (for example, finding online trainings that include real-time transcription of information for persons with hearing loss). Accessibility to both the material, as well as the location or mode of training is taken into consideration prior to any professional development offering.

The Lead Agency funds the Wisconsin Early Education Shared Services Network to provide trainings such as Build It Strong: Child Care Business Foundations, which is available as live in-person sessions as well as self-navigated computer-based training. This flexible training allows providers to view, review, and receive support that meets their needs. All business resources from CIVITAs on the WEESN resource library are available in print and in video to meet the needs of people with varying needs for communication resources.

6.2 Professional Development Framework

A Lead Agency must have a professional development framework for training, professional development, and post-secondary education for caregivers, teachers, and directors in child care programs that serve children of all ages. The framework must include these components:

(1) professional standards and competencies, (2) career pathways, (3) advisory structures, (4) articulation, (5) workforce information, and (6) financing. CCDF provides Lead Agencies flexibility on the strategies, breadth, and depth of the framework. The professional development framework must be developed in consultation with the State Advisory Council on Early Childhood Education and Care or a similar coordinating body.

6.2.1 Updates and consultation

- a. Did the Lead Agency make any updates to the professional development framework since the FFY 2022-2024 CCDF Plan was submitted?

Yes. If yes, describe the elements of the framework that were updated and describe if and how the State Advisory Council on Early Childhood Education and Care (if applicable) or similar coordinating body was consulted:

No.

- b. Did the Lead Agency consult with other key groups in the development of their professional development framework?

Yes. If yes, identify the other key groups: **Wisconsin Department of Health Services (DHS)**

Wisconsin Department of Public Instruction (DPI)

No.

6.2.2 Description of the professional development framework

- a. Describe how the Lead Agency's framework for training and professional development addresses the following required elements:

- i. Professional standards and competencies. For example, Lead Agencies can include information about which roles in early childhood education are included (such as teachers, directors, infant and toddler specialists, mental health consultants, coaches, licensors, QIS assessors, family service workers, home visitors). **With the goal of benefitting the children and families in the state of Wisconsin, the Lead agency created common standards for Professional Development expectations across numerous system partners (Higher Education, Child Care, Head Start, 4 & 5**

year-old Kindergarten, Special Education, Child Welfare, Home Visiting, Health & Mental Health, Afterschool, Advocacy, etc.) called the Wisconsin Core Competencies. The Core Competencies can be seen as set expectations for what the child care workforce should know and be able to put into practice in a respectful and competent manner while assuming their roles working with and/or on behalf of children and their families. Additionally, the Lead Agency has engaged with WAN to to incorporate the National Afterschool Association Quality Standards and the Core Knowledge, Skills, and Competencies for afterschool staff. Further, the Lead Agency is working in collaboration with WAN to create a professional entry level training for school-staff providers. The alternative pathway consists of several non-credit courses and four credit Registry approved courses needed for the completion of an afterschool and youth development credential.

- ii. Career pathways. For example, Lead Agencies can include information about professional development registries, career ladders, and levels. **The Lead Agency uses a workforce registry to monitor all credit and non-credit based professional development opportunities completed by child care professionals. Teachers, directors, administrators, and licensed family providers that began work with children on or after January 1, 2009 are required to participate. As of September 30, 2023 nearly 17,000 child care professionals were participants in the workforce registry.**

Between October 1, 2022 and September 30, 2023 the Lead Agency aided child care professionals in their development by providing scholarships (to formal education institutions) for 1,285 individuals, career development counseling for 297 individuals, and provided funding to the Wisconsin Early Education Shared Services Network (WEESN) which offered free resources for up to 3,000 providers throughout Wisconsin. Additionally, with the support of WAN the Lead Agency collaborated in the development of an alternative pathway to address the needs of school-age children and their out of school time.

- iii. Advisory structure. For example, Lead Agencies can include information about how the professional development advisory structure interacts with the State Advisory Council on Early Childhood Education and Care. **The Lead Agency in conjunction with the Wisconsin Early Childhood Collaborating Partners aim to improve the quality, availability, and coordination of programs and services for children ages birth to five. In its efforts, the collaboration ensures that early care, school age, and family providers receive access to professional development opportunities that reinforce comprehension of optimal practices.**

The creation of the Governor’s Early Childhood Advisory Council (ECAC) effective resulting of Executive Order #269, tasked the Council with developing recommendations pertaining to statewide professional and career advancement plans for Wisconsin’s early childhood educators and assessing the capacity and effectiveness of Wisconsin’s 2- and 4- year public and private higher education institutions toward supporting the development of early childhood educators

- iv. Articulation. For example, Lead Agencies can include information about

articulation agreements, and collaborative agreements that support progress in degree acquisition. **In partnership with the Wisconsin Early Childhood Association Childhood Collaborating Partners, the Lead Agency actively promotes articulation between IHEs and in-service programs in attempt to provide easy access and transferability of achieved credits and credentials within a constant career ladder. These agreements are constantly being revised with new agreements being formed as well. This has been especially supportive for nontraditional student populations.**

- v. Workforce information. For example, Lead Agencies can include information about workforce demographics, educator well-being, retention/turnover surveys, actual wage scales, and/or access to benefits. **Utilizing Preschool Development Grant funding and in collaboration with Center on Wisconsin Strategy, Institute for Research on Poverty, Wisconsin Early Childhood Association, and UW-Madison Survey Center, the Wisconsin’s Early Care and Education Workforce was conducted with updated findings since the last CCDF state plan.**

There is a strong commitment to ECE, with a vast majority of center-based teachers stated that they work in the field because it is their chosen career or profession. But the study shows that the combination of low wages and challenging work conditions contribute to high rates of turnover and the ultimate decision to leave the field.

For example:

22% of center-based teachers reported that it was very or extremely difficult to live on their household income.

39% of center-based and 42% of family providers reported “feeling used up but the end of the day” a few times per week or every day.

During the time of this study (2021) 50% of center-based teachers, 66% of center-based directors, and 37% of family providers stated they plan to leave the ECE field within five years.

- vi. Financing. For example, Lead Agencies can include information about strategies including scholarships, apprenticeships, wage enhancements, etc. **Effective January of 2024, the Lead agency allocated funding for providers rated 4 and 5 stars in YoungStar to receive quality adjustments, additional funding beyond the maximum subsidy rate, for providers to use to maintain quality practices.**

Per State Statute the YoungStar adjustment percentages are up to 15% for 4-Star providers and up to 30% for 5-Star providers.

The Lead Agency has also made substantial investments into the child care workforce through its Child Care Counts stabilization payments, including Program B dedicated specifically to workforce recruitment and retention. This additional funding opportunity will be available through 6/30/25.

- b. Does the Lead Agency use additional elements?

Yes.

If yes, describe the element(s). Check all that apply.

- i. Continuing education unit trainings and credit-bearing professional development. Describe: **The Lead agency also invests in Wisconsin’s child care workforce through funding T.E.A.C.H. scholarships and REWARD stipends. T.E.A.C.H. scholarships were awarded to 1,285 participants which amassed completion and earning of over 10,000 college credits. These credits helped increase scholarship recipient wages by an average of nearly 5% and the receipts went on to provide care for over 39,000 children throughout Wisconsin.**
- ii. Engagement of training and professional development providers, including higher education, in aligning training and educational opportunities with the Lead Agency's framework. Describe: **In addition to providing current trainings, collaborative workgroups including The Registry Credential Committee and the Professional Development Approval System Committee meet quarterly to discuss revising existing courses, developing of new trainings/courses, and new processes or information sharing strategies. Members include training and technical assistance consultants and Wisconsin Technical College System (WTCS) system administrators as well as higher education faculty.**

Additionally, the Lead Agency revised the entry-level noncredit foundational courses for child care professionals (CCFT) by engaging trainers and training agencies, as well as higher education staff, in the revision process in 2022-2024. Beginning in 2024, the CCFT Community of Practice will begin engaging trainers and training agencies as well as higher education staff, in ongoing alignment of the CCFT noncredit trainings to the State T&TA framework.

iii. Other. Describe:

No.

6.2.3 Impact of the Professional Development Framework

Describe how the framework improves the quality, diversity, stability, and retention of caregivers, teachers, and directors and identify what data are available to assess the impact.

- a. Professional standards and competencies. For example, do the professional standards and competencies reflect the diversity of providers across role, child care setting, or age of children served? **The Wisconsin Core Competencies create a common thread of Professional Development expectations across the variety of system partners (Higher Education, Child Care, Head Start, 4 & 5 year-old Kindergarten, Special Education, Child Welfare, Home Visiting, Health & Mental Health, Afterschool, Advocacy, and others). The Core Competencies provide expectations for what the workforce should know (content) and be able to do (skills) in a respectful & competent manner (attitudes) in their roles working with and/or on behalf of children and their families. The Core Competencies are organized under 12 Content Areas: child development; family systems and dynamics; diversity; special needs, disabilities, and inclusive practices; learning experiences, strategies, and curriculum; health, safety, and nutrition; guidance and nurturing; observation, screening, and assessment; family and community relationships; professionalism; planning, reflection, and evaluation; and administration and**

management.

Additionally, the Wisconsin Training and Technical Assistance Professionals (T-TAP) Competencies were designed as a framework that complements other professional development systems. These competencies are used to inform, guide, and evaluate professional development opportunities that support T-TA Professionals, to provide consistency across sectors for T-TA to the workforce, as a resource for organizations to support employees involved in T-TA, and for guidance to support both new and current T-TA Professionals.

- b. Career pathways. For example, has the Lead Agency developed a wage ladder that provides progressively higher wages as early educators gain more experience and credentials? What types of child care settings and staff roles are addressed in career pathways, such as licensed centers and family child care homes? **Upon successful completion of a T.E.A.C.H. scholarship contract, providers obtain a monetary raise or bonus from both the scholarship program and their employer (if applicable). In addition, the Lead Agency provides funding for the REWARD stipend program, which offers providers stipends if they have attained a certain educational level and remain in the child care field.**
- c. Advisory structure. For example, has the advisory structure identified goals for child care workforce compensation, including types of staff and target compensation levels? Does the Lead Agency have a Preschool Development Birth-to-Five grant and is part of its scope of work child care compensation activities? Are they represented in the advisory structure? **The Lead Agency's statewide needs assessment in 2020 found that "The Wisconsin early care and education workforce is lacking professional respect, adequate pay, benefits, and diversity. ECE programs are unable to retain their best workers. Members of the workforce seek opportunities to meaningfully connect with one another, receive coaching/mentorship, peer-to-peer support, and to engage in professional learning."** As a result of this needs assessment finding, Goal One of the Lead Agency's PDG Birth to Five Strategic Plan states, **"The Wisconsin early care and education workforce will be diverse, fairly compensated, and supported."** One of the strategies implemented in support of this goal was the Child Care Counts initiative, a provider payment program aimed at allowing early childhood educators to maintain and expand access to high-quality programming. This initiative includes funds to be invested in workforce through wage increases, benefits, and professional development. Workforce continues to be a priority of the Lead Agency. ECAC members have made budget recommendations for investments in workforce development and are launching a subcommittee focused on the early education workforce.
- d. Articulation. For example, how does the advisory structure include training and professional development for providers, including higher education, to assist in aligning training and education opportunities? **The ECAC includes representatives from University of Wisconsin Milwaukee School of Education, Wisconsin Technical College System, Wisconsin Association of Independent Colleges and Universities (WAICU), WECA, CCR&R, and other early childhood training and professional development consultants to assist in aligning Wisconsin's professional development framework for providers.**

The Lead Agency also provides funding for the T.E.A.C.H. Scholarship Program, which pays

for 90% of the cost of attending credit-based education in a Wisconsin 2-year or 4-year IHE. T.E.A.C.H. scholarship contracts provide financial assistance to complete stand-alone credits in early childhood education, credential programs (Infant Toddler, Administrator, Preschool, Inclusion, Family Child Care, Afterschool and Youth Development, Leadership, Program Development, Diversity, Nature-Based ECE, and Serving Dual Language Learners), as well as Associate's and Bachelor's degree paths and a First Nations Pathway. The T.E.A.C.H. steering committee consists of cross-sector partners, including IHE and other training organizations, to inform the direction of the T.E.A.C.H. program.

- e. Workforce information. For example, does the Lead Agency have data on the existing wages and benefits available to the child care workforce? Do any partners such as the Quality Improvement System, child care resource and referral agencies, Bureau of Labor Statistics, and universities and research organizations collect compensation and benefits data? Does the Lead Agency monitor child care workforce wages and access to benefits through ongoing data collection and evaluation? Can the data identify any disparities in the existing compensation and benefits (by geography, role, child care setting, race, ethnicity, gender, or age of children served)? **Through Preschool Development Grant funding, the Lead Agency collected and compiled workforce compensation data from 2020 and 2021 surveys prepared and released by UW Madison Center on Wisconsin Strategy (COWS) and the Institute for Research on Poverty (IRP), in partnership with the Wisconsin Early Childhood Association (WECA) and the UW Survey Center. This data included median wages, tenure, and benefits of child care staff. The Lead Agency also contracts the CCR&R network to collect provider data by county, regulation type, age of children served, language spoken, training and experience, and other criteria. Data collection occurs annually through a provider Business Information Form, accessible online for providers to update throughout the year as changes occur. Additional local CCR&R data collected annually and made available to the Lead Agency includes staff wages of group centers by role and geography. Staffing and wage data are also collected by the Wisconsin Registry and made available to the Lead Agency.**
- f. Financing. For example, has the Lead Agency set a minimum or living wage as a floor for all child care staff? Do Lead Agency-provider subsidy agreements contain requirements for staff compensation levels? Do Lead Agencies provide program-level compensation grants to support staff base salaries and benefits? Does the Lead Agency administer bonuses or stipends directly to workers? **In 2020, the Lead Agency implemented the Child Care Counts initiative, a provider payment program aimed at allowing early childhood educators to maintain and expand access to high-quality programming. This initiative includes funds to be invested in workforce through wage increases, benefits, and professional development. Child Care Counts will continue through State Fiscal Year 2025. In addition, the Lead Agency provides funding for the REWARD stipend program, which offers providers stipends if they have attained a certain educational level and remain in the child care field.**

6.3 Ongoing Training and Professional Development

6.3.1 Required hours of ongoing training

Provide the number of hours of ongoing training required annually for CCDF-eligible providers in the following settings:

- a. Licensed child care centers: **15 hours annually.**
- b. License-exempt child care centers: **Fifteen hours annually.**
- c. Licensed family child care homes: **Fifteen hours annually.**
- d. License-exempt family child care homes: **Five hours annually.**
- e. Regulated or registered in-home child care: **Five hours annually.**
- f. Non-regulated or registered in-home child care: **N/A**

6.3.2 Accessibility of professional development for Tribal organizations

Describe how the Lead Agency’s training and professional development are accessible to providers supported through Indian tribes or Tribal organizations receiving CCDF funds (as applicable). **The Lead Agency contracts with the CCR&R network to provide training and technical assistance to all 11 tribes. This contract includes coordination and support for the Wisconsin Inter Tribal Child Care Association (WITCCA), which holds four to five annual meetings using agendas developed by the tribal agencies and ad hoc calls and meetings as needed. WITCCA provides the opportunity for statewide professional development opportunities that include train the trainer events for key early education related trainings, as requested by the tribes. This contract includes funding for an annual conference, planning collaboratively with and around topics identified by the tribes.**

The contract with the CCR&R network also requires CCR&Rs to develop and implement plans for targeted services to tribal providers in their communities. Activities include onsite consultation, training, learning cohorts, and other supports that focus on needs identified by tribal providers. A CCR&R agency in Northern Wisconsin hosts an annual conference to support tribal child care professionals and those serving tribal children by providing professional development related to culturally relevant topics and topics of interest as identified by the tribes. The conference is open to all 11 tribes and early childhood professionals serving tribal children. Additionally, this CCR&R agency, along with input from tribal leaders and partners, developed curriculum that incorporates culture into the early learning standards. Course content includes developmentally appropriate practice, Wisconsin Model Early Learning Standards, and the WMELS Framework in Practice: Exploring the Teaching Cycle while Reflecting the Lives of Children, Families and Communities. This training is delivered when requested by the Tribes in the CCR&R service delivery area and is open to all Tribal early childhood programs throughout Wisconsin.

The Lead Agency continuously assesses quantity, location of, and format of training events for accessibility among all tribal providers and meets with both tribal agencies and contract administrators to ensure topics are aligned with tribal needs. New and existing trainings are scanned for cultural relevance, inclusivity, and appropriate themes.

6.3.3 Professional development appropriate for the diversity of children, families, and child care providers

Describe how the Lead Agency’s training and professional development requirements reflect the diversity of children, families, and child care providers participating in CCDF. To the extent practicable, how does professional development include specialized training or credentials for providers who care for infants or school-age children; individuals with limited English proficiency; children who are bilingual; children with developmental delays or disabilities; and/or Native

Americans, including Indians, as the term is defined in Section 900.6 in subpart B of the Indian Self-Determination and Education Assistance Act (including Alaska Natives) and Native Hawaiians? The Lead Agency works in conjunction with training agencies (e.g., CCR&Rs, YoungStar trainers, WI Registry, WAN, etc.) to ensure that needed professional development offerings are available to and appropriate for providers who work with diverse communities of children. A number of Early Childhood Credentials were created to give providers access to specific credit-based coursework (12 - 18 credits each) that reflects the needs of their community and the children they work with. Wisconsin offers the following specialized credentials (<https://wiregistry.org/credentials-overview/>):

- Infant/Toddler,
- Preschool,
- Afterschool and Youth Development,
- Administrator,
- Family Child Care,
- Leadership,
- Program Development,
- Inclusion (re-designed and new curriculum available in 2024),
- Supporting Dual Language Learners, and
- Diversity

The WI Registry Board and Credential Committee review and approve curricula for credential coursework and is responsible for storing, updating, and distributing resources for credential instructors statewide.

The Lead Agency also continues to fund the T.E.A.C.H. Scholarship Program which pays for 90% of the cost of attending credit-based education including the credential courses in a Wisconsin 2-year or 4-year Institute of Higher Education (IHE). The Lead Agency partners with contracted agencies and Wisconsin IHEs to ensure that credit and non-credit based professional development opportunities are available in multiple languages, through multiple mediums (online, in-person), and in more local community sites (e.g., the Infant/Toddler, Preschool, Family Child Care, Administrator, and Supporting Dual Language Learners credentials are offered in Spanish by the University of Wisconsin-Platteville online (<https://www.uwplatt.edu/department/child-care-education>)).

The Lead Agency contracts with CCR&Rs to develop trainings that are culturally appropriate in collaboration with tribal nations. This work includes partnering with tribal child care providers to

embed language and culture (including teachings, materials, and practices) into trainings and coaching related to the Wisconsin Model Early Learning Standards and the Wisconsin Pyramid Model. The WI Registry integrates culturally appropriate practice in all train-the-trainer events and empowers trainers to support the needs of tribal communities when leading trainings. All approved Registry trainings must include a Diversity Inclusion Statement explaining how the training delivery and content is reflective of the unique needs of the communities in which the training is delivered.

The Lead Agency provides inclusion-related support to families and providers through the Early Childhood Inclusion webpages: (<https://dcf.wisconsin.gov/youngstar/eci>). These pages are updated frequently and provides needed information around: Disability laws (e.g., The Americans with Disabilities Act (ADA) and the Individuals with Disabilities Education Act (IDEA)), current best practices for working with and supporting children with disabilities (e.g., adapting activities and materials, creating supportive environments, supporting a child’s social and emotional needs, etc.), writing inclusive policy statements, making referrals, etc. The Lead Agency, with assistance from other WI Departments, created The Wisconsin Early Childhood Inclusion Tool Kit (<https://dcf.wisconsin.gov/files/youngstar/pdf/eci/wi-eci-toolkit.pdf>) to help families and providers better understand how the three main Departments (DHS, DPI and DCF) work together to support the needs of young children with disabilities and their families. This resource is available in both English and Spanish. The Early Childhood Inclusion webpage also contains a page dedicated to trainings and presentations (<https://dcf.wisconsin.gov/youngstar/eci/trainings>) that focus on helping providers learn how best to support young children with disabilities and/or varying needs. The Lead Agency also collaborates with WAN to provide training throughout the state that is culturally relevant and provides a developmentally appropriate curriculum that is evidence based and utilizes both the NAA standards of Quality and the NAA Core Knowledge, Skills, and Competencies.

6.3.4 Child developmental screening

Describe how all providers receive, through training and professional development, information about: (1) existing resources and services the State/Territory can make available in conducting developmental screenings and providing referrals to services when appropriate for children who receive assistance under this part, including the coordinated use of the Early and Periodic Screening, Diagnosis, and Treatment program (42 U.S.C. 1396 et seq.) and developmental screening services available under section 619 and part C of the Individuals with Disabilities Education Act (20 U.S.C. 1419, 1431 et seq.); and (2) how child care providers may utilize these resources and services to obtain developmental screenings for children who receive assistance and who may be at risk for cognitive or other developmental delays, which may include social, emotional, physical, or linguistic delays: **The Lead Agency contracts with Child Care Resource and Referral (CCR&R) agencies to provide information on developmental screening and the Wisconsin Child Find system to parents and providers. This includes making referrals and requests for screening, information on Birth to 3 and special education services through Local Education Agencies (LEAs). Child care providers are offered training and assistance on implementing the Ages and Stages Questionnaires, Developmental Milestones checklist, and other screening tools. Child care providers are offered training and assistance on implementing the Ages and Stages Questionnaires, Developmental Milestones checklist, and other screening tools. Training and Technical Assistance are provided through contracts with SFTA and local CCR&R's. Additionally, computer-based training and professional development online modules are available to providers**

on an ongoing basis. The Lead Agency partnered with early intervention specialists and special education service providers to develop the YoungStar Early Childhood Inclusion (ECI) webpage at <https://dcf.wisconsin.gov/youngstar/eci/> . The information contained within the ECI webpage continues to be updated in order to provide parents and providers with the most current information and best practices around supporting infants and toddlers with special needs. Specifically, the webpage <https://dcf.wisconsin.gov/youngstar/eci/child-development> provides families and child care providers with information about the different types of assessments (developmental monitoring, screening, and evaluation). It also contains links for where parents and providers can go to make a referral to either IDEA Part C (early intervention - DHS) or IDEA Part B (early childhood special education - DPI). Also, a link under the Screening Resources within the Developmental Screening menu directs parents and providers to the page dedicated to Wisconsin's Child Find process. Additional resources and contact information for State specific mental health supports (WI-AIMH) and Pyramid Model supports, as well as links to National organizations can be found here: <https://dcf.wisconsin.gov/youngstar/eci/resource-library>. The Lead Agency has requirements embedded in contracts with CCR&R agencies and within the YoungStar service delivery contract that require providing information, resources, training, and professional development on developmental screenings and how to access and make referrals for screening.

6.4 Early Learning and Developmental Guidelines

Lead Agencies must develop, maintain, or implement early learning and developmental guidelines appropriate for children from birth to kindergarten entry. Early learning and developmental guidelines should describe what children should know and be able to do at different ages and cover the essential domains of early childhood development, which at a minimum includes cognition, including language arts and mathematics; social, emotional, and physical development; and approaches toward learning.

6.4.1 Early learning and developmental guidelines

- a. Check the boxes below to certify the Lead Agency's early learning and developmental guidelines are:
 - i. Research-based.
 - ii. Developmentally appropriate.
 - iii. Culturally and linguistically appropriate.
 - iv. Aligned with kindergarten entry.
 - v. Appropriate for all children from birth to kindergarten entry.
 - vi. Implemented in consultation with the educational agency and the State Advisory Council on Early Childhood Education and Care or similar coordinating body.
 - vii. If any components above are not checked, describe:
- b. Check the boxes below to certify that the required domains are included in the Lead Agency's early learning and developmental guidelines.
 - i. Cognition, including language arts and mathematics.

- ii. Social development.
 - iii. Emotional development.
 - iv. Physical development.
 - v. Approaches toward learning.
 - vi. Other optional domains. Describe any optional domains:
 - vii. If any components above are not checked, describe:
- c. When were the Lead Agency's early learning and developmental guidelines most recently updated and for what reason? **The WMELS were first issued in 2003, with updates in 2008, 2011, 2013, and 2017. The 2003 edition included standards for 3- to 5-year-olds. The 2008 edition added standards for the birth-to-3 age range and developmental continuums, sample behaviors of children, and sample strategies for adults. The 2011 edition added alignment of WMELS with Wisconsin Common Core State Standards and an updated resources section. The 2014 edition added the previously developed 2011 Literacy Update (printed separately), Revised WMELS Alignment with 2013 Common Core State Standards and Common Core Essential Elements, and an updated resource section. The 2017 edition updated resources and terminology, clarified the developmental continuum purpose, and the Wisconsin Common Core State Standards were renamed and updated with the Wisconsin Academic Standards. The original Standards were translated into Spanish and Hmong. A Spanish version of the Standards (2015) is available on the Wisconsin Early Childhood Collaborating Partners Web site: https://www.collaboratingpartners.com/wp-content/uploads/2024/07/wmels4thedition_SPANISH.pdf. DPI and DCF began a joint revision process in 2022, which is anticipated to complete during the next five year cycle.**
- d. Provide the Web link to the Lead Agency's early learning and developmental guidelines. https://www.collaboratingpartners.com/wp-content/uploads/2024/07/wmels_5thedition.pdf

6.4.2 Use of early learning and developmental guidelines

- a. Describe how the Lead Agency uses its early learning and developmental guidelines. **The WMELS are intended to be used as a resource for improving the quality of all early learning environments, to guide professional development activities and investment, and to inform educators and caregivers in their decisions regarding approaches to curriculum development across all early learning environments. A statewide system of 65+ trainers is available to provide WMELS training in every region of the state. The training designs are available for University and Technical College credit in both online and face-to-face delivery and are available in a non-credit 15-18-hour delivery format. The 15-18-hour training is intended to provide opportunities for participants to learn how to use the standards as a guide to determine developmentally appropriate curriculum, daily activities, assessment, and to design care and learning environments to support adult/child relationships that enhance optimal learning experiences for young children. Through the assessment process a child's early learning and development is observed through social and emotional development, approaches to learning, language development and communication, health and physical development, and cognition and general knowledge. The training is available in Spanish and Hmong, and a WMELS training**

has been developed to be culturally responsive to tribes throughout Wisconsin.

The WMELS have been embedded in the entry level noncredit courses for child care professionals in the 2024 revision, although this training does not replace the need for the 15-18hour training.

- b. Check the boxes below to certify that CCDF funds are not used to develop or implement an assessment for children that:
- i. Will be the primary or sole basis to determine a child care provider ineligible to participate in the CCDF.
 - ii. Will be used as the primary or sole basis to provide a reward or sanction for an individual provider.
 - iii. Will be used as the primary or sole method for assessing program effectiveness.
 - iv. Will be used to deny children eligibility to participate in CCDF.
 - v. If any components above are not checked, describe:

7 Quality Improvement Activities

The quality of child care directly affects children’s safety and healthy development while in care settings, and high-quality child care can be foundational across the lifespan. Lead Agencies may use CCDF for quality improvement activities for all children in care, not just those receiving child care subsidies. OCC will collect the most detailed Lead Agency information about quality improvement activities in annual reports instead of this Plan.

Lead Agencies must report on CCDF child care quality improvement investments in three ways:

1. In this Plan, Lead Agencies will describe the types of activities supported by quality investments over the 3-year period.
2. An annual expenditure report (the ACF-696). Lead Agencies will provide data on how much CCDF funding is spent on quality activities. This report will be used to determine compliance with the required quality and infant and toddler spending requirements.
3. An annual Quality Progress Report (the ACF-218). Lead Agencies will provide a description of activities funded by quality expenditures, the measures used to evaluate its progress in improving the quality of child care programs and services within the State/Territory, and progress or barriers encountered on those measures.

In this section of the Plan, Lead Agencies will describe their quality activities needs assessment and identify the types of quality improvement activities where CCDF investments are being made using quality set-aside funds.

7.1 Quality Activities Needs Assessment

7.1.1 Needs assessment process and findings

- a. Describe the Lead Agency needs assessment process for expending CCDF funds on activities to improve the quality of child care, including the frequency of assessment, how a diverse range of parents and providers were consulted, and how their views are incorporated: **The Lead Agency incorporates numerous strategies in order to assess which quality improvement services are most pertinent in Wisconsin. In July 2022, in conjunction with Consilience Group LLC, the development of a B-5 Strategic Plan was facilitated as part of a three-phased initiative with the goal of providing all Wisconsin families with young children with the support and resources they need to be healthy and flourish. Launched in 2023, the DCF B-5 Strategic Plan continues on a previously developed plan, Birth to 5 Statewide Strategic Plan for 2021-23 which focused on bolstering early childhood education.**

Phase One: Align services for families with young children within the Lead Agency, while subsequent phases will identify promote inter-agency alignment.

Phase Two: Gather and Synthesize information related to the broader statewide B-5 programs and services, document current conditions, and identify potential opportunities for greater cross-agency alignment. As part of that work, the Lead Agency will partner with DPI and DHS to refine and adopt a shared B-5 strategic framework that will guide their aligned services for families with young children.

Phase Three: Provide opportunity for all three agencies to co-create B-5 strategies that drive greater inter-agency alignment and inform an accountability framework and implementation monitoring plan. The final deliverable is a B-5 Early Childhood State System Strategic Plan.

It was crucial that a diverse group of perspectives were included in guiding the Lead Agency's efforts in effectively aligning its B-5 programs and services. Representatives across Lead Agency divisions and bureaus along with representatives from the Parent and Caregiver Early Childhood Advisory Cabinet (PCEAC), the Governor's Leadership Council on Early Years (LCEY) were consulted. The Governor's Early Childhood Advisory Council (ECAC), Head Start State Collaboration Office, and the Wisconsin Child Abuse and Neglect Board all collaborated in these efforts while leaders from the Department of Health Services, the Department of Public Instruction, and the ECAC informed the overarching strategic plan framework. Correlating strategies and goals were influenced by the feedback from key stakeholder interviews, focus groups, and secondary documents reviewed by the Consilience Group team. The finalized strategies and key milestones were formed by a Cross Agency Team representing all divisions and bureaus of the Lead Agency.

As a five-year plan, the Lead Agency's B-5 Strategic Plan advances seven key strategies. The first three (Economic Security, Equipped for Life-Long Learning, Connected, Safe, and Healthy) focus on advancing families in those respective areas. The following four (Access, Partnerships, Connectivity and Equity) identify methods that support internal infrastructure and system building that will be necessary to successful achieve overall alignment commitments.

- b. Describe the findings of the assessment, including any findings related to needs of different populations and types of providers, and if any overarching goals for quality

improvement were identified: The Lead Agency partnered with the University of Wisconsin Whitewater to complete the Birth to Five 2022 Needs Assessment – Preschool Development Grant. The assessment findings include feedback from staff, stakeholders, and caregivers who identified several strengths and needs related to the quality of Wisconsin’s B-5 ECSS. Strengths identified include the lead agency’s long-standing programs and current initiatives that support the quality of ECE programs within Wisconsin’s B-5 system, including YoungStar, the Wisconsin Model Early Learning Standards, Wisconsin Early Childhood Collaborating Partners, Wisconsin Early Education Shared Services Network, and the 53206 Early Care and Education Initiative.

However, families still face considerable challenges in locating ECE programs and services near them that meet their needs. Challenges in availability of and access to high-quality programs affect many areas of the state, with additional barriers experienced by families living in rural areas, families living in poverty, families of color, multilingual families, and families of children with special needs. Gaps in availability include a lack of adequate child care programs overall (i.e., child care deserts), a lack of programs for three-year-olds, a lack of infant and toddler care, a lack of family child care, gaps in home visiting programs, and gaps in Head Start programming. Additional barriers to accessing ECE programs include limited options within close proximity to families’ homes, lack of full-day options or programs with nontraditional hours, and limited options for vulnerable or underserved children and families.

Quality Strengths and Needs

State agency staff, stakeholders, and caregivers identified several strengths related to the quality of Wisconsin’s B-5 ECSS. These include Wisconsin Model Early Learning Standards (WMELS), family-centered approaches, a strong Quality Rating and Improvement System (QRIS) (i.e., YoungStar), and a robust technical assistance and training system. Wisconsin has several initiatives underway to support the availability and accessibility of high-quality care that are responsive to family’s needs. There are still many opportunities for addressing issues related to quality that build on current programs and initiatives, including increasing funding for programs, increasing access and affordability for vulnerable and underserved populations, reviewing YoungStar critically through an equity lens, and building and supporting the ECE workforce.

Identified needs specific to quality include:

Inconsistent and Inequitable Definitions and Measures

Lack of Participation in Quality Care /Barriers to participation in Wisconsin Shares

Lack of Linguistically Diverse and Culturally Relevant Resources and Curricula

Workforce Issues

The overarching goal relating to quality identified in the strategic 2021-23 strategic plan: Wisconsin early care and education will be high-quality and responsive to all families’ needs. The updated DCF Strategic Plan continues to anchor in increasing access to high-

quality and affordable child care.

7.2 Use of Quality Set-Aside Funds

Lead Agencies must use a portion of their CCDF expenditures for activities designed to improve the quality of child care services and to increase parental options for and access to high-quality child care. They must use the quality set-aside funds on at least one of 10 activities described in CCDF and the quality activities must be aligned with a Statewide or Territory-wide assessment of the State's or Territory's need to carry out such services and care.

7.2.1 Quality improvement activities

- a. Describe how the Lead Agency will make its Quality Progress Report (ACF – 218) and expenditure reports, available to the public. Provide a link if available. **The Lead Agency posts the approved ACF-218 Quality Progress Report to the following website: <https://dcf.wisconsin.gov/childcare/ccdbg>**
- b. Identify Lead Agency plans, if any, to spend CCDF funds for each of the following quality improvement activities. If an activity is checked “yes”, describe the Lead Agency’s current and/or future plans for this activity.
 - i. Supporting the training and professional development of the child care workforce, including birth to five and school-age providers.

No plans to spend in this category of activities at this time.

Yes. If yes, describe current and future investments. **The Lead Agency will continue to spend CCDF funds to support new and current training and professional development opportunities for the child care workforce through various external vendors. CCDF funds will be used for to support Child Care Foundational Trainings and training and technical assistance activities with the YoungStar vendor, SHINE Early Learning, to provide face-to-face and on-demand computer-based trainings. The Lead Agency will also fund training and professional development through the WECA, WI Registry, and CCR&R contracts.**
 - ii. Developing, maintaining, or implementing early learning and developmental guidelines.

No plans to spend in this category of activities at this time.

Yes. If yes, describe current and future investments. **The Wisconsin Model Early Learning Standards are currently undergoing revision, a process that may take several years to fully complete. Following revision, new training for the child care workforce will have to be developed to support implementation. DCF currently funds WECCP to assist with the revision process and development of workforce training supports.**
 - iii. Developing, implementing, or enhancing a quality improvement system.

No plans to spend in this category of activities at this time.

Yes. If yes, describe current and future investments. **The YoungStar quality improvement system has begun a five year revision process. CCDF funds will support the revision process, as well as supporting the current and future**

implementation of the YoungStar program for providers.

- iv. Improving the supply and quality of child care services for infants and toddlers.
 No plans to spend in this category of activities at this time.
 Yes. If yes, describe current and future investments. **Pre-licensing support to individuals interested in becoming infant and toddler child care providers will continue to be funded by CCDF. The Lead Agency will utilize CCDF funds to support increasing the quality of child care through training and technical assistance with outside agencies including SHINE Early Learning/YoungStar, WECA, WI Registry, and the CCR&R network.**
- v. Establishing or expanding a statewide system of CCR&R services.
 No plans to spend in this category of activities at this time.
 Yes. If yes, describe current and future investments. **CCDF funding will continue to be used to support a statewide system of CCR&R services that provide referrals and technical assistance to families, training and technical assistance to child care and school-age care providers, and community collaboration, outreach, and visibility.**
- vi. Facilitating compliance with Lead Agency child care licensing, monitoring, inspection and health and safety standards.
 No plans to spend in this category of activities at this time.
 Yes. If yes, describe current and future investments. **Pre-licensing support to individuals interested in becoming child care providers will continue to be funded by CCDF, which directly facilitates compliance with Lead Agency child care licensing, monitoring, inspection, and health and safety standards. In addition, the state QRIS vendor SHINE Early Learning uses CCDF funds to provide targeted supports to assist providers who are out-of-compliance in specific areas as directed by the Lead Agency.**
- vii. Evaluating and assessing the quality and effectiveness of child care services within the State/Territory.
 No plans to spend in this category of activities at this time.
 Yes. If yes, describe current and future investments. **CCDF funds support the Lead Agency's QRIS program through SHINE Early Learning to evaluate and assess the quality and effectiveness of child care services within Wisconsin.**
- viii. Accreditation support.
 No plans to spend in this category of activities at this time.
 Yes. If yes, describe current and future investments.
- ix. Supporting State/Territory or local efforts to develop high-quality program standards relating to health, mental health, nutrition, physical activity, and physical development.
 No plans to spend in this category of activities at this time.
 Yes. If yes, describe current and future investments. **CCDF funds are used by**

the Lead Agency to support the work of the cross-sector Healthy Early program as well as the Wisconsin Model Early Learning Standards to create high-quality program standards relating to health, mental health, nutrition, physical activity, and physical development. Both Healthy Early and the Wisconsin Model Early Learning Standards will undergo revision and enhancement in the next five year cycle.

- x. Other activities determined by the Lead Agency to improve the quality of child care services and the measurement of outcomes related to improved provider preparedness, child safety, child well-being, or kindergarten entry.

No plans to spend in this category of activities at this time.

Yes. If yes, describe current and future investments.

8 Lead Agency Coordination and Partnerships to Support Service Delivery

Coordination and partnerships help ensure that the Lead Agency's efforts accomplish CCDF goals effectively, leverage other resources, and avoid duplication of effort. Such coordination and partnerships can help families better access child care, can assist in providing consumer education to parents, and can be used to improve child care quality and the stability of child care providers. Such coordination can also be particularly helpful in the aftermath of disasters when the provision of emergency child care services and the rebuilding and restoring of child care infrastructure are an essential part of ensuring the well-being of children and families in recovering communities.

This section identifies who the Lead Agency collaborates with to implement services, how match and maintenance-of-effort (MOE) funds are used, coordination with child care resource and referral (CCR&R) systems, and efforts for disaster preparedness and response plans to support continuity of operations in response to emergencies.

8.1 Coordination with Partners to Expand Accessibility and Continuity of Care

Lead Agencies must coordinate child care services supported by CCDF with other federal, State/Territory, and local level programs. This includes programs for the benefit of Indian children, infants and toddlers, children with disabilities, children experiencing homelessness, and children in foster care.

8.1.1 Coordination with required and optional partners

Describe how the Lead Agency coordinates and the results of this coordination of the provision of child care services with the organizations and agencies to expand accessibility and continuity of care and to assist children enrolled in early childhood programs in receiving full-day services that meet the needs of working families.

The Lead Agency must coordinate with the following agencies:

- a. State Advisory Council on Early Childhood Education and Care or similar coordinating body (pursuant to 642B(b)(1)(A)(i) of the Head Start Act). Describe the coordination and results of the coordination: **The Lead Agency continues as a full and engaged partner in the system building efforts of the Early Childhood Advisory Council (ECAC). The goals of the ECAC include: the completion of a comprehensive assessment of current issues confronting the early childhood system; the development of recommendations for**

increasing the overall participation of children in existing federal and state child care; and the creation of recommendations regarding child care educators and providers statewide. Additionally, the initial Wisconsin Birth to Five Statewide Strategic Plan, developed under the Preschool Development Grant in 2020, outlines a series of strategies to increase coordination and through development of additional collaborative bodies, including the Governor's Leadership Council on the Early Years (LCEY), which is comprised of agency heads from across the Wisconsin State Government enterprise. LCEY helps ensure broad awareness of the interests and needs of children and families that are impacted by numerous government agencies, and an enhanced focus on alignment of policies and efforts across state-administered early childhood programs. Finally, an Equity Advisory Council (EAC), the Parent and Caregiver Equity Advisory Cabinet, was established in 2021 through PDG and the Wisconsin Infant and Toddler Policy Project (WITPP) to increase DCF's awareness of the lived experiences of vulnerable and underserved populations as they navigate early childhood programs and offer recommendations to address barriers and gaps.

- b. Indian Tribe(s) and/or Tribal organization(s), at the option of the Tribe or Tribal organization. Describe the coordination and results of the coordination, including which Tribe(s) was (were) involved: **The Lead Agency meets with tribal staff and managers on a monthly basis to discuss new policy and system development options. During meetings of the CCAC, CCPC, WITCCA, and ES PAC, the Lead Agency discusses coordinated solutions to the tribal specific CCDF requirements. Specific goals identified include increasing culturally responsive trainings and presentations to increase the supply of quality care to tribal children.**

Not applicable. Check here if there are no Indian Tribes and/or Tribal organizations in the State/Territory.

- c. State/Territory agency(ies) responsible for programs for children with disabilities, including early intervention programs authorized under the Individuals with Disabilities Education Act. Describe the coordination and results of the coordination: **The Lead Agency meets frequently with the Wisconsin Department of Public Instruction (DPI) and DHS to ensure coordination of services for young children with special needs. DPI is the lead agency for Part B of the Individuals with Disabilities Education Act (IDEA) and DHS is the lead for Part C of IDEA. The Lead Agency developed resource and training materials to support the professional development of the early care and education workforce in providing inclusive child care programming. The Lead Agency increased coordination with DHS Birth to Three (Part C in Wisconsin) and DPI Early Childhood Special Education (Part B in Wisconsin) coordinators and regularly meets with team leads to identify strategies to support shared professional development opportunities. The goal of these opportunities is equipping child care programming staff with the skills needed to provide full-day child care access for children with special needs. Additional cross-agency efforts included developing webpages to provide comprehensive information for families, training opportunities for early care and education professionals across the state, and the development of training modules to support inclusion in child care programs. Information can be found at <https://dcf.wisconsin.gov/youngstar/eci>. The Lead Agency actively participates on the Birth to Three Inter-Agency Coordination Council with the purpose of communicating recommendations for effective implementation of the early intervention system, including services provided in child care settings. Ensuring increased access to**

services is a priority for this council.

- d. State/Territory office/director for Head Start State collaboration. Describe the coordination and results of the coordination: **The Lead Agency houses the Head Start Collaboration Office (HSCO) and extensively collaborates with the Director. These collaborations include planning with the HSCO Director to ensure that programs are able to meet both the Head Start Program Performance Standards (HSPPS) and CCDF requirements. The coordination goals include full Head Start programs participation in YoungStar, Wisconsin's Quality Rating Improvement System (QRIS) system, and participation in Fingerprint Background checking. This ensures Head Start grantee compliance with the HSPPS and assists in identifying ways that families enrolled in Head Start programs can utilize the child care subsidy program. The HSCO and other Head Start representatives serve as members of the ECAC along with other B-5 Early Childhood State System program representatives. The lead agency collaborates with the HSCO around assessing the needs of the ECSS and strategic planning. This ensures Head Start is intentionally included in the state's system strategic planning. The Lead Agency and the HSCO co-lead a Transitions Case Study Evaluation to look at what is happening in communities around supporting children and families through the multiple transitions in the first five years, pre-natal to entry into K-12 school. The Lead Agency and the HSCO are working together to facilitate the revisions of the state's Wisconsin Model Early Learning Standards (WMELS). This will ensure the revised standards and supporting resources meet CCDF/CCDBG requirements to be aligned to the Head Start Early Learning Outcomes Framework (HSELOF), and that the revised standards are usable for all early childhood professionals including such professionals as EHS Home visitors and family support workers. The Lead Agency has ensured that the HSCO is a key stakeholder in the Young Star revisions process so that Head Start will be represented in that work. The HSCO works closely with the Lead Agency on the Head Start Data Expansion initiative to encourage Head Start programs to begin voluntarily submitting their data to the state. Finally, the HSCO convenes a quarterly cross-system group made of up the CSBG manager (CAP Agencies), MIECHV State Coordinator, TANF, and CBCAP (Family Resource Centers) within the Lead Agency to ensure that the state level systems within the Lead Agency are supporting local level ECSS work in communities, and to find ways to collaborate on shared initiatives, leverage funding opportunities, reduce administrative burden for implementing agencies, and share professional development across these intersecting systems.**
- e. State/Territory agency responsible for public health, including the agency responsible for immunizations. Describe the coordination and results of the coordination: **Under Wis. Statutes, s.252.04 and Wis. Admin. Code DHS 144, within 30 school days after a child is admitted to child care, the center must have on file evidence that the child has completed the first immunization for each vaccine required for the child's age and/or a record that the child is on schedule for the basic and recall (booster) immunizations, or shall present a written waiver. The Lead Agency's administrative rules require child care programs to maintain child records, including child immunization history, enrollment forms and attendance records, so an accurate measurement of compliance with DHS immunization requirements can be made during onsite audits. Immunization requirements for child care programs can be found here: <https://www.dhs.wisconsin.gov/immunization/reqs.htm>. The Lead Agency annually provides DHS with contact information for all licensed child care programs. DHS then sends licensed programs a required report/assessment which the**

programs use to submit to DHS the most recent immunization records on file.

The Lead Agency works extensively with DHS and has coordinated with them in the development of a computer system that will allow public health data to be used for research purposes related to early childhood issues. The Lead Agency, in conjunction with DHS, created **Active Early: A Wisconsin Guide for Improving Childhood Physical Activity** and the companion **Healthy Bites: A Wisconsin Guide for Improving Childhood Nutrition** in 2011 with a revision to the **Healthy Bites** in 2014. Both the Lead Agency and DHS promote **Active Early's** corresponding four-hour training course for child care providers and parents and **Healthy Bites'** eight-hour module to ensure quality health-related information reaches providers and parents.

- f. State/Territory agency responsible for employment services/workforce development. Describe the coordination and results of the coordination: **The Lead Agency ensures coordination between the Wisconsin Shares Child Care Subsidy Program and the Wisconsin Works (W-2) TANF program. W-2 and Wisconsin Shares eligibility workers disseminate information that supports parents' access to high quality, affordable child care arrangements that allow a parent to be engaged in their W-2 approved employability plan activity. The Lead Agency ensures strong coordination of W2 and child care policies that support low-income families' access to needed supports to attain and maintain employment. For example, print materials are disseminated widely to W-2 agencies to ensure families are aware of child care subsidy program.**
- g. State/Territory agency responsible for public education, including pre-Kindergarten. Describe the coordination and results of the coordination: **The Lead Agency actively participates on the DPI State Superintendent's Advisory Committee on four-year-Old Kindergarten (4K). That participation ensures open communication and dissemination of information related to early care and education quality improvement efforts. Collaborative approaches to child care and 4K settings are promoted throughout Wisconsin to provide full-day care arrangements that meet the needs of parents and families. In the collaborative model, school districts partner with child care providers to provide 4K services in regulated child care settings. The Lead Agency is a founding member of the Wisconsin Model Early Learning Standards (WMELS) Leadership Team. The WMELS provides the framework for families, professionals, and policymakers to understand the connection between the foundations of early childhood, K-12 educational experiences, and lifelong learning. The Leadership Team role ensures fidelity of approved training content and approved trainer competencies and implementation of WMELS Guiding Principles.**
- h. State/Territory agency responsible for child care licensing. Describe the coordination and results of the coordination: **The Lead Agency is responsible for licensing functions as well as the child care subsidy program. Both program areas are part of the same Division and coordinate on all aspects of the programs to ensure the highest level of service to the children and families across the state.**
- i. State/Territory agency responsible for the Child and Adult Care Food Program (CACFP) and other relevant nutrition programs. Describe the coordination and results of the coordination: **The Lead Agency coordinates with DPI, which has primary responsibility for the administration of the Child and Adult Care Food Program (CACFP), and with the Wisconsin CACFP Sponsors Forum, a group of organizations that administer CACFP in**

Wisconsin's family child care programs. The Lead Agency regularly communicates with DPI and child care programs to promote provider use of the CACFP as a best practice and includes this quality practice within the business and professional practices section of YoungStar. Programs receive support around participating in the CACFP through technical consultation services delivered by CCR&R agencies and the Wisconsin Early Childhood Association (WECA). In addition, DPI regularly shares information with quality and regulatory areas of the Lead Agency.

- j. McKinney-Vento State coordinators for homeless education and other agencies providing services for children experiencing homelessness and, to the extent practicable, local McKinney-Vento liaisons. Describe the coordination and results of the coordination: **The Lead Agency collaborates with the Wisconsin Department of Public Instruction (DPI), Head Start Collaboration Office (HSCO), and other stakeholders to support a multi-generational approach to support families who are experiencing homelessness. In addition, the Parent Caregiver Equity Advisory Cabinet (PCEAC) continuously works to raise awareness of the unique needs and hopes of all vulnerable and underserved populations, including children and families experiencing homelessness.**
- k. State/Territory agency responsible for the TANF program. Describe the coordination and results of the coordination: **The Lead Agency has direct responsibility for the Temporary Assistance for Needy Families (TANF) and CCDF Programs. Administrators, Deputy Administrators, and other assigned staff from both program areas meet monthly to coordinate services such as the availability at the Jobs Centers of onsite child care services that enable vulnerable populations to receive comprehensive services at the same location. Comprehensive services include job training and other technical assistance for the parents and quality child care for their children. Additional coordination goals include the exchange of information about the Wisconsin Shares program to contracted agencies administering the Wisconsin Works (TANF) program in order to ensure families participating in TANF programs receive information on the child care subsidy program and the importance of choosing high-quality child care for their children. Additionally, both programs partnered in a Demonstration Pilot Project that covers the parent share portion of child care costs for individuals participating in a TANF program and receiving Wisconsin Shares. The purpose of this project is to examine how the incentive of covering all of the child care costs for a parent impact the use of subsidized child care as well as the engagement and employment outcomes for parents such as job retention. Through the CCDBG/OPRE grant, the Lead Agency is analyzing the use of CCDF and TANF to evaluate the effectiveness of CCDBG reauthorization changes.**
- l. State/Territory agency responsible for Medicaid and the State Children's Health Insurance Program. Describe the coordination and results of the coordination: **The Lead Agency coordinates with DHS to ensure that information about Medicaid and the Children's Health Insurance Program (CHIP) is available to families at local human services agencies. These same agencies are contracted by the Lead Agency to administer the child care subsidy program. The Lead Agency coordinates with DHS for the child care eligibility application process with FoodShare, Medicaid programs, and W2 programs through the combined online ACCESS application process. This single combined application supports greater access and provides linkages to other services. The Lead Agency is working to further identify and reduce inefficiencies and barriers that families experience when navigating the early care and education programs administered by multiple agencies. This**

collaborative infrastructure involves participation by the Lead and partnering agencies on the Governor's Leadership Cooperative on Early Years (LCEY) and Health Equity Council (HEC). The Governor's HEC is charged with creating a comprehensive plan to achieve long-lasting and equitable health outcomes for all Wisconsinites. The plan will address health disparities based on race, economic status, education level, history of incarceration, and geographic location.

- m. State/Territory agency responsible for mental health services. Describe the coordination and results of the coordination: **In pursuit of equitable and quality outcomes for all children interacting with Wisconsin early childhood programs, the Lead Agency coordinates with DHS and the Wisconsin Office of Children's Mental Health (OCMH). OCMH monitors 48 indicators of child wellbeing, including positive factors and interventions as well as negative factors. OCMH reports on the indicators annually to the Wisconsin Legislature in order to gauge how Wisconsin is supporting young children and indicates places for improvement. The Lead Agency participates with OCMH as part of a Collective Impact with other state agencies and community partners. In addition, the Lead Agency contracted with the Wisconsin Alliance for Infant Mental Health (WI-AIMH) and its work promoting the Wisconsin Pyramid Model for Social Emotional Competence in Infants and Young Children. A recommendation has been made by the ECAC to address the challenge of early suspension and expulsion and the resulting inequities, by investing in training and coaching for caregivers and creating a statewide infant and early childhood mental health consultation system to support the social and emotional learning for children.**
- n. Child care resource and referral agencies, child care consumer education organizations, and providers of early childhood education training and professional development. Describe the coordination and results of the coordination: **The Lead Agency contracts with the Supporting Families Together Association (SFTA), the umbrella organization for the state's nine CCR&R agencies. Each CCR&R agency provides four core services for the entire population, including tribal communities, within their designated service delivery area (SDA). Each agency must ensure that all services are available in a family's and/or provider's preferred language and, when reasonable, in locations convenient to families and/or providers. The four core services include:**

Referrals to Families: Each CCR&R agency ensures that all families in their SDA have access to comprehensive, high-quality consumer education and referrals so that they can make informed decisions about child care and school-age care services. Specifically, they provide consumer education to families related to the selection of child care and school-age care, information on how to recognize quality early care, the developmental benefits of choosing high-quality, and referrals to other appropriate human service and community resources. In addition, the Lead Agency partnering with the Child Abuse and Neglect Prevention Board (CANPB) to enhance family navigator programs through implementation of consistent standards and training for staff of family resource centers.

Technical Assistance to Families: Each CCR&R agency ensures that all families in their SDA have access to education on child development, developmental screening, choosing quality child care and school-age care, and other parenting supports.

Training and Technical Assistance to Child Care and School-Age Care Providers: Each

CCR&R agency ensures that all providers in their SDA have access to high-quality training and technical assistance opportunities to ensure that families have access to high-quality care. They must offer high-quality, evidence-based training opportunities to both regulated and unregulated providers. They must offer services and resources to help providers offer high-quality care and attain higher skill levels through newsletters, electronic communications, lending libraries and resource rooms. They must offer services to help unregulated providers become regulated and connect to YoungStar. Finally, each agency implements strategies to target underserved populations, including license-exempt family child care providers, programs that have opted for automated 2 Star ratings in YoungStar, unregulated providers, and tribal communities.

Community Collaborations and Visibility: Each CCR&R agency is a highly visible partner in their SDA with existing early education stakeholders and community leaders, as well as a liaison between families, providers, and other community stakeholders.

The Lead Agency regularly monitors service deliverables for each CCR&R agency around these four core services. For example, the Lead Agency measures the number of unique families receiving referral services, the number of unique families receiving referrals to other support services, and the number of trainings and/or technical assistance interactions with both families and providers. Each CCR&R agency must also attempt to serve all clients that contact them seeking support for the types of services offered under this contract.

- o. Statewide afterschool network or other coordinating entity for out-of-school time care (if applicable). Describe the coordination and results of the coordination: **The Wisconsin Afterschool Network (WAN) and the Lead Agency collaborate in a number of different ways with the goal of creating and supporting quality school-age programs to meet the needs of working families with school-age children. WAN is an active participant in the development and refinement of the school-age criteria for YoungStar. In addition, the Lead Agency and WAN have collaborated on a number of professional development resources for school-age providers, including creation of regional institutes and webinars that help increase the quality of school-age programs across the state. The Lead Agency collaborates with WAN on a number of initiatives to create and support quality school-age program to meet the needs of working families with school-age children. WAN is contracted to provide the support for school-age programs within YoungStar. As part of the collaboration WAN contracts with coaches, consultants, and resources for programs participating in the YoungStar quality improvement system. Additionally, to support YoungStar, WAN provides foundational courses to help staff meet licensing requirements, and advanced professional development opportunities to program leads and supervisory staff through credit-based courses, state-wide OST conference, regional institutes and cohort groups, webinars, and podcasts.**
- p. Agency responsible for emergency management and response. Describe the coordination and results of the coordination: **The Lead Agency works closely with the Division of Emergency Management to ensure that all child care related policies, systems, and resources are available to Emergency Management staff in the event of a natural or man-made disaster. Lead Agency staff also participate in Federal and State disaster training exercises bi-annually. This process was solidified during the COVID-19 pandemic and the need for multiple agencies to provide staff to the Emergency Management Center for**

distribution and coordination of PPE supplies across the state.

- q. The following are examples of optional partners a Lead Agency might coordinate with to provide services. Check which optional partners the Lead Agency coordinates with and describe the coordination and results of the coordination.
- i. State/Territory/local agencies with Early Head Start – Child Care Partnership grants. Describe: **The Lead Agency includes the HSCO and collaborates to coordinate services through the nine Early Head Start-Child Care Partnership (EHS-CCP) located across the state. Specific collaboration efforts are included in the HSCO five-year plan.**
 - ii. State/Territory institutions for higher education, including community colleges. Describe: **The Lead Agency piloted a specific project in the City of Milwaukee where 30 child care providers can participate in free early care and education related course work at the Milwaukee Area Technical College (MATC). <https://dcf.wisconsin.gov/files/childcare/pdf/53206/53206-teach-reward.pdf>. The Lead Agency also collaborates with technical colleges and universities across the state in the development of online course work for early care and education staff.**
 - iii. Other federal, State, local, and/or private agencies providing early childhood and school-age/youth-serving developmental services. Describe:
 - iv. State/Territory agency responsible for implementing the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) programs grant. Describe: **The Wisconsin Family Foundations Home Visiting Program (FFHV) is led by the Lead Agency and is funded through a combination of federal and state dollars. FFHV programs are voluntary for families and use intensive, nationally proven models and strategies to support pregnant women and families with a child under five.**
 - v. Agency responsible for Early and Periodic Screening, Diagnostic, and Treatment Program. Describe:
 - vi. State/Territory agency responsible for child welfare. Describe: **Regular meetings occur between leadership in early care and education and child welfare to assure ongoing communication and information sharing about the range of areas related to out-of-home care and child care subsidy collaboration. Because it is an important goal for children in an out-of-home placement to have continuity of care in their child care if possible, and to be able to access quality child care during and after the out-of-home placement, a guide, Wisconsin Shares for Children in Out-of-Home Care Placements, was created to help those caring for children who have been placed in out-of-home care navigate the child care subsidy program. The guide is made available on the Wisconsin Shares webpage and is provided by child care eligibility workers and through Child Protective Services staff.**
 - vii. Child care provider groups or associations. Describe: **The Lead Agency conducts Networking meetings twice a year in five different locations across the state and virtually since the pandemic. Participants include representatives from provider associations and partner agencies that work with child care providers. The purpose of these meetings is to exchange information, collaborate on projects and initiatives, and problem solve issues or concerns occurring in the specific regions**

of the state.

- viii. Parent groups or organizations. Describe:
- ix. Title IV B 21st Century Community Learning Center Coordinators. Describe:
- x. Other. Describe:

8.2 Optional Use of Combined Funds, CCDF Matching, and Maintenance-of-Effort Funds

Lead Agencies may combine CCDF funds with other Federal, State, and local child care and early childhood development programs, including those in 8.1.1. These programs include preschool programs, Tribal child care programs, and other early childhood programs, including those serving infants and toddlers with disabilities, children experiencing homelessness, and children in foster care.

Combining funds may include blending multiple funding streams, pooling funds, or layering funds from multiple funding streams to expand and/or enhance services for infants, toddlers, preschoolers, and school-age children and families to allow for the delivery of comprehensive quality care that meets the needs of children and families. For example, Lead Agencies may use multiple funding sources to offer grants or contracts to programs to deliver services; a Lead Agency may allow a county/local government to use coordinated funding streams; or policies may be in place that allow local programs to layer CCDF funds with additional funding sources to pay for full-day, full-year child care that meets Early Head Start/Head Start Program Performance Standards or State/Territory pre-Kindergarten requirements in addition to State/Territory child care licensing requirements.

As a reminder, CCDF funds may be used in collaborative efforts with Head Start and Early Head Start programs to provide comprehensive child care and development services for children who are eligible for both programs.

8.2.1 Combining funding for CCDF services

Does the Lead Agency combine funding for CCDF services with Title XX of the Social Services Block Grant (SSBG), Title IV B 21st Century Community Learning Center Funds, State-only child care funds, TANF direct funds for child care not transferred into CCDF, Title IV-B, IV-E funds, or other federal or State programs?

No. (If no, skip to question 8.2.2)

Yes.

- i. If yes, describe which funds you will combine. Combined funds may include, but are not limited to:

Title XX (Social Services Block Grant, SSBG)

Title IV B 21st Century Community Learning Center Funds (Every Student Succeeds Act)

State- or Territory-only child care funds

TANF direct funds for child care not transferred into CCDF

Title IV-B funds (Social Security Act)

Title IV-E funds (Social Security Act)

Other. Describe:

- ii. If yes, what does the Lead Agency use combined funds to support, such as extending the day or year of services available (i.e., full-day, full-year programming for working families), smoothing transitions for children, enhancing and aligning quality of services, linking comprehensive services to children in child care, or developing the supply of child care for vulnerable populations? **The Lead Agency uses combined funding to support direct services payments to WI Shares subsidy participants.**

8.2.2 Funds used to meet CCDF matching and MOE requirements

Lead Agencies may use public funds and donated funds to meet CCDF match and maintenance of effort (matching MOE) requirements.

Note: Lead Agencies that use State pre-Kindergarten funds to meet matching requirements must check State pre-Kindergarten funds and public and/or private funds.

Use of private funds for match or maintenance-of-effort: Donated funds do not need to be under the administrative control of the Lead Agency to qualify as an expenditure for federal match. However, Lead Agencies must identify and designate in the State/Territory CCDF Plan the donated funds given to public or private entities to implement the CCDF child care program.

Not applicable. The Lead Agency is a Territory (skip to 8.3.1).

- a. Does the Lead Agency use public funds to meet match requirements?

Yes. If yes, describe which funds are used: **State General Purpose Revenue (GPR)**

No.

- b. Does the Lead Agency use donated funds to meet match requirements?

Yes. If yes, identify the entity(ies) designated to receive donated funds:

i. Donated directly to the state.

ii. Donated to a separate entity(ies) designated to receive donated funds. If checked, identify the name, address, contact, and type of entities designated to receive private donated funds:

No.

- c. Does the Lead Agency certify that, if State expenditures for pre-Kindergarten programs are used to meet the MOE requirements, the following is true:

- The Lead Agency did not reduce its level of effort in full-day/full-year child care services.
- The Lead Agency ensures that pre-Kindergarten programs meet the needs of working parents.
- The estimated percentage of the MOE requirement that will be met with pre-Kindergarten expenditures (does not to exceed 20 percent).
- If the percentage is more than 10 percent of the MOE requirement, the State will coordinate its pre-Kindergarten and child care services to expand the availability of child

care.

Public pre-Kindergarten funds may also serve as MOE funds as long as the State can describe how it will coordinate pre-Kindergarten and child care services to expand the availability of child care while using public pre-Kindergarten funds as no more than 20 percent of the State's MOE or 30 percent of its matching funds in a single fiscal year.

If expenditures for pre-Kindergarten services are used to meet the MOE requirement, does the Lead Agency certify that the State or Territory has not reduced its level of effort in full-day/full-year child care services?

Yes.

No. If no, describe:

8.3 Coordination with Child Care Resource and Referral Systems

Lead Agencies may use CCDF funds to establish or support a system or network of local or regional child care resource and referral (CCR&R) organizations that is coordinated, to the extent determined by the Lead Agency, by a statewide public or private non-profit, community-based or regionally based, lead child care resource and referral organization (such as a statewide CCR&R network).

If Lead Agencies use CCDF funds for local CCR&R organizations, the local or regional CCR&R organizations supported by those funds must, at the direction of the Lead Agency:

- Provide parents in the State with consumer education information concerning the full range of child care options (including faith-based and community-based child care providers), analyzed by provider, including child care provided during non-traditional hours and through emergency child care centers, in their area.
- To the extent practicable, work directly with families who receive assistance to offer the families support and assistance to make an informed decision about which child care providers they will use to ensure that the families are enrolling their children in the most appropriate child care setting that suits their needs and one that is of high quality (as determined by the Lead Agency).
- Collect data and provide information on the coordination of services and supports, including services under Part B, Section 619 and Part C of the Individuals with Disabilities Education Act.
- Collect data and provide information on the supply of and demand for child care services in areas of the State and submit the information to the Lead Agency.
- Work to establish partnerships with public agencies and private entities, including faith-based and community-based child care providers, to increase the supply and quality of child care services in the State and, as appropriate, coordinate their activities with the activities of the Lead Agency and local agencies that administer funds made available through CCDF.

8.3.1 Funding a system or network of CCR&R organization(s)

Does the Lead Agency fund a system or network of local or regional CCR&R organization(s)?

No. The Lead Agency does not fund a system or network of local or regional CCR&R organization(s) and has no plans to establish one.

No, but the Lead Agency has plans to develop a system or network of local or regional CCR&R organization(s).

Yes. The Lead Agency funds a system or network of local or regional CCR&R organization(s) with all the responsibilities outlined above. If yes, describe the activities outlined above carried out by the CCR&R organization(s), as directed by the Lead Agency: **The Lead Agency funds a system of eight resource and referral regions served by a network of nine CCR&R agencies. The Lead Agency contracts directly with these organizations to provide local services across four core areas: referrals to families, technical assistance to families, training, and technical assistance for and recruitment of providers, and community collaborations and visibility. The CCR&R network coordinates to provide consistent quality of services statewide, report on deliverables, and maintain a database of statewide data on child care supply and demand. The Lead Agency contracts with a statewide entity, Supporting Families Together Association (SFTA), to administer the network. As the network administrator, SFTA operates as the fiscal agent and performs quality assurance monitoring for services. Annual contract funding to each CCR&R agency is based on the child/provider population and geographic area served. A map of all the CCR&R locations can be viewed at <https://supportingfamilies.together.org/wp-content/uploads/CCRR-Map-Roster-8-30-23.pdf> .**

8.4 Public-Private Partnerships

Lead Agencies must demonstrate how they encourage partnerships among other public agencies, Tribal organizations, private entities, faith-based organizations, businesses, or organizations that promote business involvement, and/or community-based organizations to leverage existing service delivery (i.e., cooperative agreement among providers to pool resources to pay for shared fixed costs and operation) to leverage existing child care and early education service delivery systems and to increase the supply and quality of child care services for children younger than age 13.

8.4.1 Lead Agency public-private partnerships

Identify and describe any public-private partnerships encouraged by the Lead Agency to leverage public and private resources to further the goals of CCDF: **Project Growth is one of key initiatives the lead agency has introduced to encourage public-private partnerships. Funding is invested in building better connections between businesses, communities, child care programs, and families through Project Growth and its two grant programs:**

1. Partner Up! - (<https://dcf.wisconsin.gov/childcare/projectgrowth/partner-up/faq>) Partner Up! provides funding to support partnerships between businesses who purchase slots at existing regulated child care programs. Partner Up! Reimburses providers at the HYPERLINK true cost of care, as defined by the Lead Agency through an analysis of the actual costs associated with the provision of quality child care services. The enhanced funding from Partner Up! supports increases to staff compensation, pays expenses for providers, reserves child care slots for local business employees, and improves the quality of a child care program.

2. Dream Up! - (<https://dcf.wisconsin.gov/childcare/projectgrowth/dream-up>) The Dream Up! Child Care Supply-Building Grant Program awarded communities strategic planning support and

\$75,000 in grant funding to support a collaborative community approach, teams of community stakeholders evaluate, plan, sustain, and expand existing child care, and support new child care programs. Community-level strategic planning teams consist of stakeholders from early learning and care, local government, business, school systems, chambers of commerce, and other organizations. These initiatives are supported by business-child care advocates who work as a liaison between child care resource and referral and local community

8.5 Disaster Preparedness and Response Plan

Lead Agencies must establish a Statewide Child Care Disaster Plan and demonstrate how they will address the needs of children—including the need for safe child care before, during, and after a state of emergency declared by the Governor or a major disaster or emergency (as defined by Section 102 of the Robert T. Stafford Disaster Relief and Emergency Assistance Act, 42 U.S.C. 5122)—through a Statewide Disaster Plan.

8.5.1 Statewide Disaster Plan updates

- a. When was the Lead Agency’s Child Care Disaster Plan most recently updated and for what reason? **The Lead Agency's child care disaster plane was updated in 2024 to further support child care providers during emergency situations. The plan was also updated to ensure compliance with the CCDF requirements outlined in the 2025 - 2027 State Plan.**
- b. Please certify compliance by checking the required elements the Lead Agency includes in the current State Disaster Preparedness and Response Plan.
 - i. The plan was developed in collaboration with the following required entities:
 - State human services agency.
 - State emergency management agency.
 - State licensing agency.
 - State health department or public health department.
 - Local and State child care resource and referral agencies.
 - State Advisory Council on Early Childhood Education and Care or similar coordinating body.
 - ii. The plan includes guidelines for the continuation of child care subsidies.
 - iii. The plan includes guidelines for the continuation of child care services.
 - iv. The plan includes procedures for the coordination of post-disaster recovery of child care services.
 - v. The plan contains requirements for all CCDF providers (both licensed and license-exempt) to have in place:
 - Procedures for evacuation.
 - Procedures for relocation.
 - Procedures for shelter-in-place.
 - Procedures for communication and reunification with families.

Procedures for continuity of operations.

Procedures for accommodations of infants and toddlers.

Procedures for accommodations of children with disabilities.

Procedures for accommodations of children with chronic medical conditions.

- vi. The plan contains procedures for staff and volunteer emergency preparedness training.
- vii. The plan contains procedures for staff and volunteer practice drills.
- viii. If any of the above are not checked, describe:
- ix. If available, provide the direct URL/website link to the website where the Statewide Child Care Disaster Plan is posted:

9 Family Outreach and Consumer Education

CCDF consumer education requirements facilitate parental choice in child care arrangements, support parents as child care consumers who need information to make informed choices regarding the services that best suit their family's needs, and the delivery of resources that can support child development and well-being. Lead Agency consumer education activities must provide information for parents receiving CCDF assistance, the general public, and, when appropriate, child care providers. Lead Agencies should use targeted strategies for each group to ensure tailored consumer education information and take steps to ensure they are effectively reaching all individuals, including those with limited English proficiency and those with disabilities.

In this section, Lead Agencies address their consumer education practices, including details about their child care consumer education website, and the process for collecting and maintaining a record of parental complaints.

9.1 Parental Complaint Process

Lead Agencies must maintain a record of substantiated parental complaints against child care providers and make information regarding such complaints available to the public on request. Lead Agencies must also provide a detailed description of the hotline or similar reporting process for parents to submit complaints about child care providers; the process for substantiating complaints; the manner in which the Lead Agency maintains a record of substantiated parental complaints; and ways that the Lead Agency makes information on such parental complaints available to the public on request. Lead Agencies are not required to limit the complaint process to parents.

9.1.1 Parental complaint process

- a. Describe the Lead Agency's hotline or similar reporting process through which parents can submit complaints about child care providers, including a link if it is a Web-based process: **The Lead Agency's "File a Complaint" webpage links parents to both a General Complaint Form to submit online and a File a Child Care Complaint webpage that describes the complaint submission process. Child care provider complaints can be submitted over the telephone, by email, or in writing to the Regional Licensing Office or certification agency**

that serves the center.

- b. Describe how the parental complaint process ensures broad access to services for families that speak languages other than English: **The Lead Agency strives to provide materials and publications in multiple languages to meet the needs of families that it serves. Most publications are provided in English and Spanish. The DCF website also includes information on how to access translation services and access for disabled persons located here: <https://dcf.wisconsin.gov/civilrights/access>.**
- c. Describe how the parental complaint process ensures broad access to services for persons with disabilities: **The Lead Agency's website includes information on how to access translation services and accommodations for persons located here: <https://dcf.wisconsin.gov/civilrights/access>**
- d. For complaints about providers, including CCDF providers and non-CCDF providers, does the Lead Agency have a process and timeline for screening, substantiating, and responding to complaints, including information about whether the process includes monitoring?

Yes. If yes, describe: **The Lead Agency investigates all complaints it receives regarding licensed programs; license-exempt school-based programs; and license-exempt family child care programs in Milwaukee County. Complaints come from parents, other family members, neighbors, child care center staff, social service and law enforcement personnel, other community members, and anonymous sources. The staff person who receives a complaint gathers sufficient information from the complainant to assess how soon the investigation must be initiated. When immediate attention is needed because of potential imminent danger to the health, safety, and welfare of children in care, the regional licensing office must respond no later than the next day after the complaint is received. When the allegation does not pose a risk of imminent danger to children in care, an onsite investigation must begin within ten working days from intake of the complaint. Investigations include a visit to the program to observe conditions and check center records, and interviews with the licensed or license-exempt operator and current or former staff members, if needed. Following completion of the complaint investigation, the licensing specialist determines that the complaint is substantiated or unsubstantiated. Rule violations are issued if appropriate. All investigative findings must be documented and closed out within 20 working days from completion of the investigation. The licensee is notified of the results of the complaint investigation either at the onsite exit interview or by phone. If requested, the results of the complaint may be shared with the complainant. If a complaint is substantiated, a verification visit is conducted to ensure that all violations have been corrected. In license-exempt family child care outside of Milwaukee County, local counties, tribes, or subcontracted agencies investigate complaints they receive regarding license-exempt (certified) child care providers. For complaints against tribal child care providers the applicable tribal agency should be notified as quickly as possible to ensure the involvement of tribal Human Services staff in the investigative process if necessary. The procedures/process is similar to that of licensing. The staff person who receives a complaint gathers sufficient information from the complainant to assess how soon the investigation must be initiated. When immediate attention is needed because of potential imminent danger to the health, safety, and welfare of children in care, the certification agency must respond no later than the next day after the complaint is received. When the allegation does not pose a risk of imminent danger to children in care, an onsite investigation must begin**

within ten working days from intake of the complaint. Following completion of the complaint investigation, the certification worker determines that the complaint is substantiated or unsubstantiated. Rule violations are issued if appropriate. All investigative findings must be documented in the Lead Agency's Wisconsin Child Care Regulatory System (WISCCRS).

[] No.

- e. For substantiated parental complaints, who maintains the record for CCDF and non-CCDF providers? **The Lead Agency and local certification agencies enter complaint intake/allegations, the investigation details, and investigation findings in WISCCRS. The Lead Agency and local certification agencies ensure that violations resulting from a complaint investigation are entered into WISCCRS and that violations are posted on the Child Care Finder public search website allowing parents to consider substantiated complaints when selecting and evaluating child care programs. Additionally, complaint records are available via open records requests to the Lead Agency or local certification agency.**
- f. Describe how information about substantiated parental complaints is made available to the public; this information can include the consumer education website discussed in subsection 9.2: **Following completion of the complaint investigation, the licenser or certification worker determines that the complaint is substantiated or unsubstantiated. Rule violations are issued if appropriate. All investigative findings must be documented in the Lead Agency's Wisconsin Child Care Regulatory System (WISCCRS). Violations are posted on the Child Care Finder public search website allowing parents to consider substantiated complaints when selecting and evaluating child care programs. Additionally, complaint records are available via open records requests to the Lead Agency or local certification agency.**

9.2 Consumer Education Website

Lead Agencies must provide information to parents, the general public, and child care providers through a State or Territory website, which is consumer-friendly and easily accessible for families who speak languages other than English and persons with disabilities. The website must:

- Include information to assist families in understanding the Lead Agency's policies and procedures, including licensing child care providers;
- Include monitoring and inspection reports for each provider and, if available, the quality of each provider;
- Provide the aggregate number of deaths, serious injuries, and the number of cases of substantiated child abuse that have occurred in child care settings;
- Include contact information for local CCR&R organizations to help families access additional information on finding child care; and
- Include information on how parents can contact the Lead Agency and other organizations to better understand the information on the website.

9.2.1 Consumer-friendly website

Does the Lead Agency ensure that its consumer education website is consumer-friendly and easily accessible?

- i. Provide the URL for the Lead Agency’s consumer education website homepage:
<https://childcarefinder.wisconsin.gov/>
- ii. Does the Lead Agency certify that the consumer education website ensures broad access to services for families who speak languages other than English?
 Yes.
 No. If no, describe:
- iii. Does the Lead Agency certify that the consumer education website ensures broad access to services for persons with disabilities?
 Yes.
 No. If no, describe:

9.2.2 Additional consumer education website links

Provide the direct URL/website link for the following:

- i. Provide the direct URL/website link to how the Lead Agency licenses child care providers: **<https://dcf.wisconsin.gov/ccregulation>**
- ii. Provide the direct URL/website link to the processes for conducting monitoring and inspections of child care providers:
<https://dcf.wisconsin.gov/files/publications/pdf/5279.pdf>
- iii. Provide the direct URL/website link to the policies and procedures related to criminal background checks for staff members of child care providers:
<https://dcf.wisconsin.gov/ccbgcheck>
- iv. Provide the direct URL/website link to the offenses that prevent individuals from being employed by a child care provider: **<https://dcf.wisconsin.gov/ccbgcheck>**

9.2.3 Searchable list of providers

- a. The consumer education website must include a list of all licensed providers searchable by ZIP code.
 - i. Does the Lead Agency certify that the consumer education website includes a list of all licensed providers searchable by ZIP code?
 Yes.
 No. If no, describe:
 - ii. Provide the direct URL/website link to the list of child care providers searchable by ZIP code: **<https://childcarefinder.wisconsin.gov/>**
 - iii. In addition to the licensed child care providers that must be included in the searchable list, are there additional providers included in the Lead Agency’s searchable list of child care providers? Check all that apply:
 License-exempt center-based CCDF providers.

License-exempt family child care CCDF providers.

License-exempt non-CCDF providers.

Relative CCDF child care providers.

Other (e.g., summer camps, public pre-Kindergarten). Describe:

- b. Identify what additional (optional) information, if any, is available in the searchable results by ZIP code. Check the box when information is provided.

| Provider Information Available in Searchable Results | | | | | |
|--|-------------------------------------|--|--|-----------------------------------|--------------------------|
| | All licensed providers | License-exempt CCDF center-based providers | License-exempt CCDF family child care home providers | License-exempt non-CCDF providers | Relative CCDF providers |
| Contact information | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Enrollment capacity | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Hours, days, and months of operation | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Provider education and training | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Languages spoken by the caregiver | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Quality information | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Monitoring reports | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Willingness to accept CCDF certificates | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Ages of children served | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Specialization or training for certain populations | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Care provided during nontraditional hours | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

- c. Identify any other information searchable on the consumer education website for the child care provider type listed below and then, if checked, describe the searchable information included on the website.

- i. All licensed providers. Describe: **Indicator for YS participation and rating or non-participation, special filters for 4K programming, Head Start, night care, weekend care, map/distance from search criteria, and language, including sign language.**

- ii. License-exempt CCDF center-based providers. Describe: **Quality rating details, special filters for 4K programming, Head Start, night care, weekend care, map/distance from search criteria, and language, including sign language.**
- iii. License-exempt CCDF family child care providers. Describe: **Quality rating details, special filters for 4K programming, Head Start, night care, weekend care, map/distance from search criteria, and language, including sign language.**
- iv. License-exempt, non-CCDF providers. Describe:
- v. Relative CCDF providers. Describe:
- vi. Other. Describe:

9.2.4 Provider-specific quality information

Lead Agencies must identify specific quality information on each child care provider for whom they have this information. Provider-specific quality information must only be posted on the consumer education website if it is available for the individual child care provider.

- a. What specific quality information does the Lead Agency provide on the website?
 - i. Quality improvement system.
 - ii. National accreditation.
 - iii. Enhanced licensing system.
 - iv. Meeting Head Start/Early Head Start Program Performance Standards.
 - v. Meeting pre-Kindergarten quality requirements.
 - vi. School-age standards.
 - vii. Quality framework or quality improvement system.
 - viii. Other. Describe:
- b. For what types of child care providers is quality information available?
 - i. Licensed CCDF providers. Describe the quality information: **YoungStar is the quality rating and improvement system (QRIS) for Wisconsin. YoungStar participation is required for all providers accepting Wisconsin Shares subsidy payments. In Wisconsin, the child care subsidy program is Wisconsin Shares. For all other providers, participation in YoungStar is voluntary. Providers electing not to participate in YoungStar have only regulation detail on the website. Parents can view rating details by clicking on an embedded link that provides specific information about the various quality components of rated programs.**
 - ii. Licensed non-CCDF providers. Describe the quality information: **YoungStar is the quality rating and improvement system (QRIS) for Wisconsin. YoungStar participation is required for all providers accepting Wisconsin Shares subsidy payments. In Wisconsin, the child care subsidy program is Wisconsin Shares. For all other providers, participation in YoungStar is voluntary. Providers electing not to participate in YoungStar have only regulation detail on the website. Parents can view rating details by clicking on an embedded link that provides specific information about the various quality components of rated programs.**

- iii. License-exempt center-based CCDF providers. Describe the quality information: **YoungStar is the quality rating and improvement system (QRIS) for Wisconsin. YoungStar participation is required for all providers accepting Wisconsin Shares subsidy payments. In Wisconsin, the child care subsidy program is Wisconsin Shares. For all other providers, participation in YoungStar is voluntary. Providers electing not to participate in YoungStar have only regulation detail on the website. Parents can view rating details by clicking on an embedded link that provides specific information about the various quality components of rated programs.**
- iv. License-exempt FCC CCDF providers. Describe the quality information: **YoungStar is the quality rating and improvement system (QRIS) for Wisconsin. YoungStar participation is required for all providers accepting Wisconsin Shares subsidy payments. In Wisconsin, the child care subsidy program is Wisconsin Shares. For all other providers, participation in YoungStar is voluntary. Providers electing not to participate in YoungStar have only regulation detail on the website. Parents can view rating details by clicking on an embedded link that provides specific information about the various quality components of rated programs.**
- v. License-exempt non-CCDF providers. Describe the quality information:
- vi. Relative child care providers. Describe the quality information:
- vii. Other. Describe:

9.2.5 Aggregate data on serious injuries, deaths, and substantiated abuse

Lead Agencies must post aggregate data on serious injuries, deaths, and substantiated cases of child abuse that have occurred in child care settings each year on the consumer education website. This aggregate data must include information about any child in the care of a provider eligible to receive CCDF, not just children receiving subsidies.

This aggregate information on serious injuries and deaths must be separated by category of care (e.g., centers, family child care homes, and in-home care) and licensing status (i.e., licensed or license-exempt) for all eligible CCDF child care providers in the State/Territory. The information on instances of substantiated child abuse does not have to be organized by category of care or licensing status. Information must also include the total number of children in care by provider type and licensing status, so that families can better understand the data presented on serious injuries, deaths, and substantiated cases of abuse.

- a. Certify by checking below that the required elements are included in the Aggregate Data Report on serious incident data that have occurred in child care settings each year.
 - i. The total number of serious injuries of children in care by provider category and licensing status.
 - ii. The total number of deaths of children in care by provider category and licensing status.
 - iii. The total number of substantiated instances of child abuse in child care settings.
 - iv. The total number of children in care by provider category and licensing status.

- v. If any of the above elements are not included, describe:
- b. Certify by providing:
 - i. The designated entity to which child care providers must submit reports of any serious injuries or deaths of children occurring in child care and describe how the Lead Agency obtains the aggregate data from the entity: **Wisconsin Administrative Codes DCF 202 Child Care Certification, DCF 250 Licensing Rules for Family Child Care Centers, DCF 251 Licensing Rules for Group Child Care Centers, and DCF 252 Licensing Rules for Day Camps require providers to report a death, incident, or accident of a child in care to the local certification agency or the Lead Agency, either through verbal or written notification, within 24 hours of seeking a medical evaluation for the child or becoming aware that a medical evaluation was sought by others. Fax, email, letter, and in person are acceptable ways of notifying the certification agency or Lead Agency within 24 hours. However, in all instances, a licensed child care program/provider must submit a written report to the appropriate Lead Agency regional office within five business days after the incident, accident, or death. When submitting the written notification, the provider may use either the Lead Agency's form, Incident Report - Child Care Centers, or their own form.**
 - ii. The definition of “substantiated child abuse” used by the Lead Agency for this requirement: **Substantiated child abuse is defined by Wis. Statutes, § 48.981(3m)(a) Children's Code as "abuse or neglect or threatened abuse or neglect that under the guidelines developed by the Lead Agency under par. (b) constitutes severe abuse or neglect or a threat of severe abuse or neglect and a significant threat to the safety of a child and his or her family."**
[http://docs.legis.wisconsin.gov/document/statutes/48.981\(3m\)\(a\)](http://docs.legis.wisconsin.gov/document/statutes/48.981(3m)(a)).
 - iii. The definition of “serious injury” used by the Lead Agency for this requirement: **A "serious injury" is defined as ☐death or substantial risk of death, a broken or fractured bone, a concussion, or any other injury that requires medical treatment from a physician, dentist, registered nurse, licensed practical nurse, paramedic, physician assistant, or emergency medical technician.☐.**
- c. Provide the direct URL/website link to the page where the aggregate number of serious injuries, deaths, and substantiated child abuse, and the total number of children in care by provider category and licensing status are posted:
<https://dcf.wisconsin.gov/ccregulation/reports>

9.2.6 Contact information on referrals to local child care resource and referral organizations

The Lead Agency consumer education website must include contact information on referrals to local CCR&R organizations.

- a. Does the consumer education website include contact information on referrals to local CCR&R organizations?
 - Yes.
 - No.
 - Not applicable. The Lead Agency does not have local CCR&R organizations.

- b. Provide the direct URL/website link to this information:
<https://childcarefinder.wisconsin.gov/>

<https://dcf.wisconsin.gov/childcare/parents/resource-guide/next-steps>

<https://dcf.wisconsin.gov/youngstar/parents>

<https://childcarefinder.wisconsin.gov/>

9.2.7 Lead Agency contact information for parents

The Lead Agency consumer and provider education website must include information on how parents can contact the Lead Agency or its designee and other programs that can help the parent understand information included on the website.

- a. Does the website provide directions on how parents can contact the Lead Agency or its designee and other programs to help them understand information included on the website?

Yes.

No.

- b. Provide the direct URL/website link to this information:
<https://childcarefinder.wisconsin.gov/>

<https://dcf.wisconsin.gov/ccregulation/parents>

<https://dcf.wisconsin.gov/youngstar/parents>

<https://dcf.wisconsin.gov/cclicensing/contacts>

<https://dcf.wisconsin.gov/files/ccregulation/cccertification/certifiers.pdf>

9.2.8 Posting sliding fee scale, co-payment amount, and policies for waiving co-payments

The consumer education website must include the sliding fee scale for parent co-payments, including the co-payment amount a family may expect to pay and policies for waiving co-payments.

- a. Does the Lead Agency certify that their consumer education website includes the sliding fee scale for parent co-payments, including the co-payment amount a family may expect to pay and policies for waiving co-payments?

Yes.

No.

- b. Provide the direct URL/website link to the sliding fee scale.
<https://dcf.wisconsin.gov/files/wishares/pdf/wishares-copay-schedule.pdf>

9.3 Increasing Engagement and Access to Information

Lead Agencies must collect and disseminate information about the full range of child care services to promote parental choice to parents of children eligible for CCDF, the general public, and child care providers.

9.3.1 Information about CCDF availability and eligibility

Describe how the Lead Agency shares information with eligible parents, the general public, and child care providers about the availability of child care services provided through CCDF and other programs for which the family may be eligible. The description should include, at a minimum, what is provided (e.g., written materials, the website, and direct communications) and what approaches are used to tailor information to parents, the general public, and child care providers. **Tribal and county agencies that administer the Wisconsin Shares program have brochures and fact sheets readily available to parents and the general public to support increased understanding of Wisconsin Shares Eligibility Guidelines and the importance of choosing high quality child care, including the brochure How to read the stars: Understanding YoungStar child care quality ratings. Parents, child care providers and the general public are able to receive written information on the Wisconsin Shares program through CCR&R agencies and FRCs as well as at the Wisconsin Shares website. Financial information about the program can be obtained at <https://dcf.wisconsin.gov/wishares/parents>. Information about available child care can be accessed at CCR&R agencies and FRCs as well as the YoungStar website. The Lead Agency utilizes multiple listservs and a bi-weekly child care listserv to inform providers about the childcare subsidy program and other topics. Information is available in Spanish and Hmong to ensure materials are available for families whose first language is not English. Information about other resources available for parents including 4- year-old kindergarten, Head Start, and Early Head Start can be found at <https://dcf.wisconsin.gov/youngstar/parents/faqs>. The Lead Agency also utilizes multiple social media platforms to disseminate Wisconsin Shares information to parents, the general public, and providers. Examples of these social media platforms include Facebook and Twitter. Lastly, the Lead Agency is exploring permanent online and virtual options to ensure all families have access to this critical information during situations when access to Human Services agencies is prohibited due to emergency situations.**

9.3.2 Information about child care and other services available for parents

Does the Lead Agency certify that it provides information described in 9.3.1 for the following required programs?

- Temporary Assistance for Needy Families (TANF) program.
- Head Start and Early Head Start programs.
- Low Income Home Energy Assistance Program (LIHEAP)
- Supplemental Nutrition Assistance Program (SNAP).
- Women, Infants, and Children Program (WIC) program.
- Child and Adult Care Food Program (CACFP).
- Medicaid and Children’s Health Insurance Program (CHIP).
- Programs carried out under IDEA Part B, Section 619 and Part C.

Yes.

No. If no, describe:

9.3.3 Consumer statement for parents receiving CCDF services

Lead Agencies must provide parents receiving CCDF services with a consumer statement in hard copy or electronically that contains general information about the CCDF program and specific information about the child care provider they select.

Please certify if the Lead Agency provides parents receiving CCDF services a consumer statement that contains the following 8 requirements:

1. Health and safety requirements met by the provider
2. Licensing or regulatory requirements met by the provider
3. Date the provider was last inspected
4. Any history of violations of these requirements
5. Any voluntary quality standards met by the provider
6. How CCDF subsidies are designed to promote equal access
7. How to submit a complaint through the hotline
8. How to contact a local resource and referral agency or other community-based organization to receive assistance in finding and enrolling in quality child care

Does the Lead Agency provide to families, either in hard copy or electronically, a consumer statement that contains the required information about the provider they have selected, including the eight required elements above?

Yes.

No. If no, describe:

9.3.4 Informing families about best practices on child development

Describe how the Lead Agency makes information available to parents, providers, and the general public on research and best practices concerning children's development, including physical health and development, and information about successful parent and family engagement. At a minimum, the description should include what information is provided; how the information is provided; any distinct activities for sharing this information with parents, providers, the general public; and any partners in providing this information. **The YoungStar website provides information for families on research and best practices around the importance of early experiences, the value of high-quality early childcare, the importance of good nutrition, activities for promoting early literacy, the benefits of family engagement, and the importance of knowing developmental milestones. These resources can be found in video and written formats at <https://dcf.wisconsin.gov/youngstar/parents/resources>. These resources are provided in partnership with DHS, DPI, and other local and national entities. The Lead Agency helped create and currently funds provider training around Active Early, Healthy Bites, Breastfeeding Friendly Programs, Gardening, and Family Engagement. It has also incorporated these topics as elements in its QRIS. The Lead Agency funds CCR&Rs to provide information, technical assistance, and resources around physical health and family engagement best practices to providers and families. Additionally, the Lead Agency funded a mass media campaign to emphasize the value of play,**

community engagement in children’s growth and development, and high-quality early care and education. The campaign focused initially on broad public awareness through the use of billboards and TV/Internet video clips and will increase its targeted messaging to specific audiences such as parents in the future. The resulting webpage will continue to be developed and shared at <https://dcf.wisconsin.gov/stronge>

9.3.5 Unlimited parental access to their children

Does the Lead Agency have procedures to ensure that parents have unlimited access to their children whenever their children are in the care of a provider who receives CCDF funds:

Yes.

No. If no, describe:

9.3.6 Informing families about best practices in social and emotional health

Describe how the Lead Agency shares information with families, providers, and the general public regarding the social-emotional and behavioral and mental health of young children, including positive behavioral intervention and support models based on research and best practices for those from birth to school age: **The YoungStar parent webpages at <https://dcf.wisconsin.gov/youngstar/parents> provide parents with resources and educational information on brain development, the effects of toxic stress on infants, and social-emotional development. In addition to these pages, YoungStar also has resources for children with special needs and disabilities: <https://dcf.wisconsin.gov/youngstar/eci>. This link provides families with resources and contact information for screening and assessment, mental health services, and other disability resources which include special education services through IDEA Part C and B, and regional contacts for these programs as well as for services and assistance through Children and Youth with Special Health Care Needs. The YoungStar QRIS and CCR&R agencies have a number of activities, trainings, educational and professional development opportunities, and criteria related to increased provider preparedness, child well-being, and child safety. In addition, YoungStar includes a quality indicator for being trained in Wisconsin Pyramid Model for Social and Emotional Competence, Positive Behavioral Interventions and Supports, Guiding Children's Behavior in School-Age Care or other equivalent training on meeting the social-emotional needs of children. These trainings include culturally specific approaches through the lens of tribes and provides strategies for effective behavior management including positive behavior interventions and support models. They also promote positive social and emotional development and give providers strategies that are research-based to reduce challenging behaviors and to communicate with parents about these issues. The training is further supported by coaching and mentoring through either YoungStar technical assistance or through specific assistance provided by a Pyramid Model External Coach. Information is also provided to the general public through local human services agencies, CCR&R agencies, FRCs, the Collaborating Partners website and Lead Agency and YoungStar public websites.**

Additionally, the Lead Agency has contracted with the Wisconsin Alliance for Infant Mental Health to develop and administer a statewide Infant and Early Childhood Mental Health Consultation (IECMHC) program in early care and education settings, Healthy Minds Healthy Children. Infant and Early Childhood Mental Health Consultation is a prevention-based approach that pairs a mental health consultant with adults who work with infants and young children in different settings where they learn and grow, to equip caregivers to facilitate children’s healthy social and

emotional development.

Information on these services along with direct requests for consultation and/or referrals can be found at <https://www.healthymindswi.org/>.

9.3.7 Policies on the prevention of the suspension and expulsion of children

- a. The Lead Agency must have policies to prevent the suspension and expulsion of children from birth to age 5 in child care and other early childhood programs receiving CCDF funds. Describe those policies and how those policies are shared with families, providers, and the general public: **In June of 2023, the Lead Agency completed the first phase of the Early Childhood Suspension and Expulsion Reduction Project to:**

Discover successful approaches other states and research institutes have used or are currently using to define and collect suspension and expulsion details through a literature review.

Better understand the Lead Agencies current expulsion data collection efforts through a descriptive analysis.

Currently, the Lead Agency is in phase two of the Early Childhood Suspension and Expulsion Reduction Project with goals of creating definitions related to suspension and expulsion, gather comprehensive baseline data on suspension and expulsion practices, create a state-level policy for regulated early care and education programs and provide recommendations for implementation of policies.

The Lead Agency requires programs who accept Wisconsin Shares payments to participate in YoungStar, Wisconsin's Quality Rating and Improvement System. YoungStar helps reduce suspension and expulsion practices by providing training and technical assistance on topics including developmentally appropriate practices, mental health of children, stress management, learning environment and curriculum, family partnerships, and challenging behavior.

Additionally, the Lead Agency has contracted with the Wisconsin Alliance for Infant Mental Health to develop and administer a statewide Infant and Early Childhood Mental Health Consultation (IECMHC) program in early care and education settings, Healthy Minds Healthy Children. Infant and Early Childhood Mental Health Consultation is a prevention-based approach that pairs a mental health consultant with adults who work with infants and young children in different settings where they learn and grow, to equip caregivers to facilitate children's healthy social and emotional development. IECMHC has been shown to be an effective strategy for preventing suspension and expulsion. Healthy Minds Healthy Children was launched in July 2023, and is available in the Southeastern and Southern Regions in Wisconsin, with ten IECMH Consultants serving the community and child care programs. Infant and Early Childhood Mental Health Consultants have deep expertise in early childhood, social and emotional development, and mental health for children ages birth through five.

- b. Describe what policies, if any, the Lead Agency has to prevent the suspension and expulsion of school-age children from child or youth care settings receiving CCDF funds:

The Lead Agency requires programs who accept Wisconsin Shares payments to participate in YoungStar, Wisconsin’s Quality Rating and Improvement System. YoungStar helps reduce suspension and expulsion practices by providing training and technical assistance on topics including developmentally appropriate practices, mental health of children, stress management, learning environment and curriculum, family partnerships, and challenging behavior.

The Lead Agency is currently working to create a state-level policy for regulated early care and education programs and provide recommendations for implementation of policies.

9.4 Providing Information on Developmental Screenings

Lead Agencies must provide information on developmental screenings to parents as part of the intake process for families participating in CCDF and to child care providers through training and education. This information must include:

- Existing resources and services that the State can make available in conducting developmental screenings and providing referrals to services when appropriate for children who receive child care assistance, including the coordinated use of the Early and Periodic Screening, Diagnosis, and Treatment program under the Medicaid program carried out under Title XIX of the Social Security Act and developmental screening services available under IDEA Part B, Section 619 and Part C; and,
- A description of how a family or child care provider can use these resources and services to obtain developmental screenings for children who receive subsidies and who might be at risk of cognitive or other developmental delays, which can include social, emotional, physical, or linguistic delays.

Information on developmental screenings, as in other consumer education information, must be accessible for individuals with limited English proficiency and individuals with disabilities.

9.4.1 Developmental screenings

Does the Lead Agency collect and disseminate information on the following:

- a. Existing resources and services available for obtaining developmental screening for parents receiving CCDF, the general public, and child care providers.
 Yes.
 No. If no, describe:
- b. Early and Periodic Screening, Diagnosis, and Treatment program—carried out under Title XIX of the Social Security Act (42 U.S.C. 1396 et seq.)—and developmental screening services available under Part B, Section 619 and Part C of the Individuals with Disabilities Education Act (20 U.S.C. 1419, 1431 et seq.).
 Yes.
 No. If no, describe:
- c. Developmental screenings to parents receiving a subsidy as part of the intake process.
 Yes. If yes, include the information provided, ways it is provided, and any partners in

this work: The Lead Agency automatically generates and sends out a letter to all families receiving Wisconsin Shares- as part of the intake process- notifying them about the importance of having their child screened between the ages of birth and age five. This letter provides parents with resources and information about important developmental milestones that children at a certain age should be able to do. The letter and the resources available help families know what to look for as their child develops and grows. The letter also gives parents information about developmental surveys that can be found online, such as those found at <https://www.cdc.gov/milestones>. A developmental screening summary guide and other information and resources around child development are available at <https://dcf.wisconsin.gov/youngstar/eci/child-development>. The Lead Agency works in tandem with the Department of Public Instruction (DPI) and the Department of Health Services (DHS) to promote Child Find opportunities, as well as referral services. The Lead Agency also works with Collaborating Partners (<https://www.collaboratingpartners.com/>) a partnership between DHS, DPI and DCF to provide information and resources around child development topics, such as screening and assessment.

No. If no, describe:

- d. How families receiving CCDF services or child care providers receiving CCDF can use the available resources and services to obtain developmental screenings for children at risk for cognitive or other developmental delays.

Yes.

No. If no, describe:

10 Program Integrity and Accountability

Program integrity and accountability activities are integral to the effective administration of the CCDF program. As stewards of federal funds, Lead Agencies must ensure strong and effective internal controls to prevent fraud and maintain continuity of services to meet the needs of children and families. In order to operate and maintain a strong CCDF program, regular evaluation of the program's internal controls as well as comprehensive training for all entities involved in the administration of the program are imperative. In this section, Lead Agencies will describe their internal controls and how those internal controls effectively ensure integrity and accountability. These accountability measures should address reducing fraud, waste, and abuse, including program violations and administrative errors and should apply to all CCDF funds.

10.1 Effective Internal Controls

Lead Agencies must ensure the integrity of the use of CCDF funds through effective fiscal management and must ensure that financial practices are in place. Lead Agencies must have effective fiscal management practices in place for all CCDF expenditures.

10.1.1 Organizational structure to support integrity and internal controls

Describe how the Lead Agency's organizational structure ensures the oversight and implementation of effective internal controls that promote and support program integrity and accountability. Describe: **Using the authority outlined in Wisconsin Statutes ss. 49.141 through 49.161 and specifically s. 49.155, and Wisconsin Administrative Code DCF Chs. 101, 102, and 201,**

the Lead Agency established a program integrity unit to investigate improper payments and collect Wisconsin Shares funds that were improperly authorized. The Lead Agency has established accountability measures to address and reduce fraud, waste, and abuse, including program violations and administrative errors. The Lead Agency provides program integrity services directly for Milwaukee County child care subsidy payments and provides comprehensive guidance, technical assistance, and training to local agencies responsible for establishing overpayments for clients in the balance of the state.

The Lead Agency hosts regular meetings with representatives from local agencies and external stakeholders to provide information on updated policies and procedures related to program integrity and internal controls efforts. The meetings are to receive feedback on the impact of new policies and procedures at the local level. The Lead Agency holds regular meetings with the Child Care Program Committee and Child Care Advisory Committee in which local agencies and external stakeholders have an opportunity to provide input on the impact of child care program integrity policies and procedures. Quarterly meetings are held internally within the Lead Agency to provide staff with current information that is to be passed on to local agencies related to program integrity policies, procedures, and system enhancements. Using the data provided by the local agency fraud plan to identify areas where additional training and technical assistance may be necessary. The Lead Agency has also established regular communication via a weekly e-mail listserv message to keep local agencies informed on all child care subsidy and CCDF related topics and updates.

The Lead Agency established a program integrity unit to investigate improper payments and collect Wisconsin Shares funds that were improperly authorized. The Lead Agency provides program integrity services for Milwaukee County and provides guidance and technical assistance to local agencies responsible for establishing overpayments for clients in the balance of the state. The lead agency has a separate bureau for training development and quality assurance, and a section dedicated to overpayment collections.

The Lead Agency requires local agencies to utilize a process called Front End Verification as a method of fraud prevention. Front End Verification is a process of additional scrutiny for cases that exhibit characteristics of potential program violations or errors. The Front End Verification is a process looks at questionable financial or household characteristics, for example, reported income does not coincide with wage match databases, suspicious/modified paystubs, frequent fluctuations in household members, absent parent is landlord etc. When a case is referred for Front End Verification, the local agency is expected to perform a more in-depth verification process. The local agency verifies the accuracy of information provided by the parent at application, review, or time of a change. Results are used in verifying eligibility for program services or for fraud investigation referrals when applicable in an effort to create strong controls for reducing fraud, waste, and abuse of CCDF funds.

The Lead Agency develops red flag reports that collect and analyze data from clients and providers receiving CCDF funds. Each red flag is programmed with a threshold to measure results that may indicate further investigation is needed for a particular client or provider. Examples of client red flag reports are: Unusual Parent Schedule (parent schedule does not align with child care need); Current Weekly Authorized Hours Greater Than 50; Current Schedules for Approved Parent Activity; EBT Cards Replaced within 12 Months; Funds About to Expire; Inactive EBT Cards for More Than 30 Days with a Balance; Expungement; and Multiple Providers Including Child Care Need Schedule. Examples of provider red flag reports are: Unusual Payment Timing; Payment

Grouping; Provider Over Capacity; Child Mobility; and Unusual Revenue Growth. The red flag referrals are reviewed to determine if further audit and investigation is warranted. The audit and investigation will determine if violations have occurred and/or if an overpayment should be established.

The Lead Agency conducts quarterly targeted case reviews by selecting random samples of case files from each local agency to identify administrative errors and program areas that the local agency may need assistance with. The Lead Agency provides in-person and online training and/or technical assistance to local agencies as needed. The Lead Agency also conducts the FIP review every three years. These reviews focus on eligibility determination, authorization, and correct issuance of subsidy funds.

Include the following elements in your description:

1. Assignment of authority and responsibilities related to program integrity.
2. Delegation of duties.
3. Coordination of activities.
4. Communication between fiscal and program staff.
5. Segregation of duties.
6. Establishment of checks and balances to identify potential fraud risks.
7. Other activities that support program integrity.

10.1.2 Fiscal management practices

Describe how the Lead Agency ensures effective fiscal management practices for all CCDF expenditures, including:

- a. Fiscal oversight of CCDF funds, including grants and contracts. Describe: **The Lead Agency requires contracted local agencies to submit a Fraud Plan annually that outlines the agency's procedures for fraud detection and prevention. In addition, local agencies report statistics on their program integrity related activities through their Fraud Plan. The Lead Agency contracts with United Migrant Opportunity Services (UMOS) to provide care for children of migrant farmworkers. UMOS contract expenditures are monitored by the Lead Agency on a monthly basis. The Lead Agency follows Generally Accepted Accounting Principles (GAAP) and the Bureau of Finance (BOF) is responsible for the accounting and financial reporting of all funds administered by the Department of Children and Families. BOF provide financial services including accounts payable, accounts receivable, general accounting, federal reporting, and financial systems processing. BOF also provides contract and procurement services, financial consultation, and operating budget assistance to the program divisions in order to ensure sound financial policy and procedures in the spending of CCDF funds.**
- b. Tracking systems that ensure reasonable and allowable costs and allow for tracing of funds to a level of expenditure adequate to establish that such funds have not been used in violation of the provision of this part. Describe: **The Lead Agency and local agency contractors are both subject to annual single audit guidelines to ensure proper fiscal controls. The Lead Agency implements a series of performance measures annually with local agencies to measure contract compliance and specific contracted tasks. The Lead**

Agency performs annual quality assurance reviews in which targeted policies are reviewed and a sampling of cases processed by the local agency is audited to confirm compliance with policy. A review of Federal Improper Payments is completed by the Lead Agency every three years to ensure that funds are properly applied to eligible families.

- c. Processes and procedures to prepare and submit required state and federal fiscal reporting. Describe: **The Lead Agency’s Bureau of Finance (BOF) CCDF grant accountant is responsible for working with the program areas and Lead Agency Budget Office to submit all financial reports as required by CCDF regulations. This includes quarterly expenditure reports, ACF-696, Pooling Factor form and other reports requested by ACF-OCC Grants Management.**
- d. Other. Describe: **The Lead Agency has procedures in place to remove or retract funds that have been loaded to a parent’s EBT card if it is discovered that the parent’s payment amount had been incorrectly calculated, the parent no longer needed child care, or the parent was found ineligible for the level of subsidy received. This retraction process is done to avoid potential overpayments made by parents when completing payments to providers using subsidy funds for which the client was not eligible.**

10.1.3 Effectiveness of fiscal management practices

Describe how the Lead Agency knows there are effective fiscal management practices in place for all CCDF expenditures, including:

- a. How the Lead Agency defines effective fiscal management practices. Describe: **The Lead Agency has an internal control plan that outlines specific elements to ensure the effective management. It was prepared in accordance with the requirements of the Cooperative Agreement on Accounting, Auditing, and Internal Control Activities between DOA and DCF. It reflects the instructions provided by the State Controller’s Office (SCO) regarding the development of an agency’s Internal Control Plan. Management is responsible for establishing and maintaining effective internal controls to provide reasonable assurances that state assets are safeguarded, and resources are properly used. The overriding purpose of the plan is to ensure that departmental activities are carried out according to management’s intent to carry out its regulatory and guidance functions. Therefore, the manual includes descriptions of departmental processes, policies, and the means of communicating roles and responsibilities related to the internal control structure. The SCO views the development of an Internal Control Plan as an ongoing process and as a management tool to provide reasonable assurance that the following objectives are achieved: effective and efficiency of operations, reliability of financial information, and compliance with applicable law and regulations. The plan is written for management to communicate to staff its expectations and standards. The SCO also requires annual updates to ensure agencies monitor, evaluate, and improve their internal controls. The five components of an internal control structure (control environment, risk assessment, control activities, information and communication, and monitoring) as described in the SCO’s instructions for an Internal Control Plan are summarized below. Element 1 ☐ Control Environment: The control environment serves as the basis of the other components of internal control. It is established and maintained through continual**

communication.

Element 2 ☐ Risk Assessment: This component is management’s process for identifying and analyzing relevant risks for systems currently in place.

Element 3 ☐ Control Activities: These are the policies and procedures to address the obstacles and risks that would prevent management from achieving its objectives.

Element 4 ☐ Information and Communication: Information and communication is the means for providing managers and staff the information they need to successfully carry out their responsibilities. Information should be accurate, timely, and current and should be accessible through a variety of communication mechanisms.

Element 5 ☐ Monitoring: Monitoring assesses the quality of internal control activities over time. It should be an ongoing process by management to ensure properly functioning control activities and timely corrective actions to address potential problems.

Additionally, the plan discusses general ledger, cost allocation, and clearing account activities. The plan also outlines accounts payable and accounts receivables. Lastly, the Internal Control Plan specifically defines the requirements of overseeing federal grants and details requirements of the CCDF program up to and including the issuance of child care subsidies and recovery of overpayments within the Wisconsin Child Care Shares subsidy program.

- b. How the Lead Agency measures and tracks results of their fiscal management practices. Describe: **The Lead Agency's Internal Control Plan describes in detail to federal grant fiscal process to include grant setup/billing, draws, reporting, ongoing system reconciliation, final draw reconciliation, and grant closeout. For example, the Lead Agency DCF receives two types of federal grants ☐ mandatory and discretionary. Mandatory grants are required by law to be included in the federal budget and cannot be cut. Discretionary grants are set through the Congressional annual appropriations process; Congress uses discretion on selecting continued funding from year to year and can be cut.**

GRANT SETUP AND BILLING

When DCF applies for a grant or when a grant award is received by the agency (in the case of an ongoing grant program), a grant proposal is created in STAR by a grant accountant. The proposal contains basic grant and budget information. The grant proposal is reviewed for accuracy by DCF’s system’s accountant and then routed to DOA for approval. Once the grant proposal goes through workflow approvals, the grant accountant completes three additional modules in STAR. A grant award profile which contains information about the grant, like start/end dates and CFDA number in the Grants module. A Project and associated Activities in the Project Costing (PC) module. Project costing collects and stores all the accounting transactions tied to a project and activity. And a customer contract in the Customer Contracts module. The customer contract picks up expense data from the project costing module and uses it to create draft billing information in the billing module.

DRAWS

DCF uses a centralized draw process which is performed by the State Controller’s Office (SCO). SCO uses the draft billing information from the customer contract module to create a bill in the billing module. Once the bill is finalized, it is used as a basis for SCO to draw the funds from the federal Payment Management System (PMS). Grant revenue is posted to the grant project when SCO completes the bill process, and the federal funds are

deposited into DCF's bank account when SCO completes the deposit of the drawn funds.

REPORTING

The grant accountant completes the SF-425 Federal Financial Report (FFR) for most grant awards. Some grants, like TANF, IV-E, and Child Support, require more extensive reporting and use custom forms provided by the awarding agency. This reporting is usually submitted in the federal On-Line Data Collection (OLDC) system. Federal reports show the actual funds that have been spent (expenditures) and any expenses that have been incurred but not yet drawn (unliquidated obligations) at the recipient/subrecipient level, both for the reporting period and cumulatively, for each award. The report is submitted to the appropriate federal system depending on federal awarding agency's preference (Payment Management System, Grants Solutions, etc.) quarterly, semi-annually, or annually per the award notice. A final FFR is submitted at the completion of the award agreement. All grant reporting is archived electronically in DCF's grants file along with all the backup documentation that supports the report.

ONGOING SYSTEM RECONCILIATION

On an at least annual basis, the grant accountant will compare modules in STAR to each other and to the federal payment system to make sure there are no errors that may contribute to inaccurate reporting or federal draws.

Examples of reconciliations performed include:

- Reconcile the GL: Expenses and Revenues to the PC: Expenses and Revenues by Project
- Reconcile PC: Revenue (BIL, BLD, OLB) by Project to Life to Date Draw Report: Invoices (BLD/OLB) & Temp Bills (BIL/OLB) by Contract Line/LOC Doc ID and Subaccount ID
- Reconcile the Federal Draw System (PMS) by Contract Line/LOC Doc ID and Subaccount ID to Open AR Report: Invoices (BLD) & OLB by Contract Line/LOC Doc ID and Subaccount ID + Fed AR Cash Management Deposits Report by Contract Line/LOC Doc ID and Subaccount

FINAL DRAW RECONCILIATION

A reconciliation between the final FFR and the grant balance in PMS is done at closeout to ensure DCF has not over or under drawn an award. If an over draw exists, the grant accountant will correct the error and return the excess funds to the awarding agency. If an under draw exists, the grant accountant will correct it, or, in the case where the expenses have exceeded the grant award amount, will move the excess expenditures to an alternate fund source.

GRANT CLOSEOUT

When a grant period is complete, final draws have been made, and the final reconciliation is clean, the grant accountant will close the grant project and the grant contract in STAR. This eliminates the possibility of future transactions hitting those modules and drawing (or returning) funds or creating variances between the accounting records in STAR and the expenses reported on the final FFR for that grant.

- c. How the results inform implementation. Describe: **The Lead Agency reviews and utilizes feedback and findings from the monitoring or fiscal management practices across the**

CCDF programs. If any shortcomings or issues are discovered adjustments will be made moving forward to correct the course of the program operations. This is also relevant when successfully practices are identified to ensure those practices continue throughout the CCDF program areas.

- d. Other. Describe:

10.1.4 Identifying risk

Describe the processes the Lead Agency uses to identify risk in the CCDF program including:

- a. Each process used by the Lead Agency to identify risk (including entities responsible for implementing each process). Describe: **The Lead Agency, local agencies, and other stakeholders conduct reviews to identify potential risk. An analysis is conducted of the potential impact new policies and procedures may have on families, providers, and local agency workers. After review and analysis is completed, the Lead Agency publishes and distributes to local agencies Operations Memos containing information on new program integrity policies and procedures. The Lead Agency requires local agencies to utilize a process called Front End Verification as a method of fraud prevention. Front End Verification is a process of additional scrutiny for cases that exhibit characteristics of potential program violations or errors. When a case is referred for Front End Verification, the local agency is expected to perform a more in-depth verification process. The local agency verifies the accuracy of information provided by the parent at application, review, or time of a change. Results are used in verifying eligibility for program services or for fraud investigation referrals when applicable. The Lead Agency hosts regular meetings with representatives from local agencies and external stakeholders to provide information on updated policies and procedures related to program integrity and to receive feedback on the impact of new policies and procedures at the local level. The Lead Agency holds regular meetings with the Child Care Program Committee and Child Care Advisory Committee in which local agencies and external stakeholders have an opportunity to provide input on the impact of child care program integrity policies and procedures. Quarterly meetings are held internally within the Lead Agency in order to provide staff with current information that is to be passed on to local agencies related to program integrity policies, procedures, and system enhancements. The Lead Agency conducts quarterly Targeted Case Reviews by selecting random samples of case files from each local agency to identify administrative errors and program areas.**
- b. The frequency of each risk assessment. Describe: **The Lead Agency hosts regular meetings with representatives from local agencies and external stakeholders to provide information on updated policies and procedures related to program integrity and to receive feedback on the impact of new policies and procedures at the local level. The Lead Agency holds regular meetings with the Child Care Program Committee and Child Care Advisory Committee in which local agencies and external stakeholders have an opportunity to provide input on the impact of child care program integrity policies and procedures. Quarterly meetings are held internally within the Lead Agency to provide staff with current information that is to be passed on to local agencies related to program integrity policies, procedures, and system enhancements.**
- c. How the Lead Agency uses risk assessment results to inform program improvement. Describe: **The Lead Agency, local agencies, and other stakeholders conduct reviews to**

identify potential risk. An analysis is conducted of the potential impact new policies and procedures may have on families, providers, and local agency workers. After review and analysis is completed, the Lead Agency publishes and distributes to local agencies Operations Memos containing information on new program integrity policies and procedures.

- d. How the Lead Agency knows that the risk assessment processes utilized are effective. Describe: **The lead agency uses qualitative and quantitative data to evaluate the program's operational effectiveness. This data comes from sources such as the annual local agency fraud plan and review, targeted case reviews, and contract monitoring. The lead agency management regularly meets to discuss emerging risks and develop mitigation strategies. The lead agency seeks continuous improvement on program operations and reducing the impacts of emerging risks and errors.**
- e. Other. Describe: **The Lead Agency provides in-person and online training and/or technical assistance to local agencies as needed. Several computer-based trainings are also available on demand for local agencies to access to further support on policy and procedure. Using the comprehensive data provided by the local agency fraud plan, the Lead Agency identifies areas where additional training and technical assistance may be necessary. The Lead Agency has also established regular communication via a weekly e-mail listserv message to keep local agencies informed on all child care subsidy related topics and updates.**

10.1.5 Processes to train about CCDF requirements and program integrity

Describe the processes the Lead Agency uses to train staff of the Lead Agency and other agencies engaged in the administration of CCDF, and child care providers about program requirements and integrity.

- a. Describe how the Lead Agency ensures that all staff who administer the CCDF program (including through MOUs, grants, and contracts) are informed and trained regarding program requirements and integrity.
 - i. Describe the training provided to staff members around CCDF program requirements and program integrity: **All staff who administer the CCDF program must complete the Lead Agency's "New Worker Training" course and complete a brief quiz to show comprehension and competency in the program within six months of starting work. The new worker training includes content about program integrity. In addition, there is a computer-based Wisconsin Shares program integrity specific training that is available to all staff who administer the CCDF program.**

The New Worker Training highlights the importance of compliance and overall integrity of the Wisconsin Shares Program through monitoring, investigating, and recovering misapplied funds. If identified through Lead Agency audits or any other monitoring action the local agency can be required to complete a corrective action plan to prevent future errors of the same type identified in an audit. The local agency will work with the Lead Agency to complete the corrective action plan.
 - ii. Describe how staff training is evaluated for effectiveness: **Targeted Case Reviews**

(TCRs) select random samples of case files from each local agency and are audited to ensure proper application of Wisconsin Shares Child Care Subsidy Program policy. Local agencies are rated on a three tier system based on the results of TCRs and local agency Child Care Fraud Plans. Local agencies are provided various levels of technical assistance based on their tier level. Local agencies that have been tier 1 (highest performing tier) are able to request additional training and responsibilities offered by the Lead Agency. Local Agency Fraud Plans are required to be submitted each year to the Lead agency. The Lead Agency reviews the local agency's operations, procedures, and ensures that program integrity is being upheld. Agency operations audits may be performed by the Lead Agency and corrective actions plans created for the local agencies to assist with identifying errors, and other program integrity concerns, in the Wisconsin Shares program.

- iii. Describe how the Lead Agency uses program integrity data (e.g., error rate results, risk assessment data) to inform ongoing staff training needs: **The Local Agency Fraud Plans provides the Lead Agency with information on the local agency's program integrity operations by providing various data points: ex. the total number of error types, intentional program violations, investigations completed etc. The Lead Agency utilizes the Fraud Plans to categorize local agencies into our tier system. The local agency's tier level informs the Lead Agency's monitoring, technical assistance, and additional training materials provided to the local agency.**

In addition, the Benefit Recovery Investigation Tracking System (BRITS) Data Warehouse tracks all administrative (i.e. local agency) errors which allows the Lead Agency to analyze the data and identify weak points for specific local agencies and emerging trends for all agencies. The BRITS Warehouse data allows the Lead Agency to alter and create training material to best assist identified weak points for local agencies.

- b. Describe how the Lead Agency ensures all providers for children receiving CCDF funds are informed and trained regarding CCDF program requirements and program integrity:

- i. Describe the training for providers around CCDF program requirements and program integrity: **The Lead Agency issues Operations Memos to announce all new and updated policies and procedures to the Wisconsin Shares Program. These are distributed via listserv to local agencies and then to child care providers. The Lead Agency publishes periodic updates to the Wisconsin Shares Program Policy Manual that outlines program integrity policies and procedures which is available online to child care providers. The Lead Agency also provides community outreach sessions including, but not limited to, "Tuesday Talks" and "provider focus groups" to provide hands on technical assistance and space to answer child care provider questions and concerns about the Wisconsin Shares Program along with updates to the Wisconsin Shares program.**

DCF shares a QR code with any and all providers who have received technical assistance, investigations, or random site visits which includes an in-depth video training that providers are encouraged to view. In addition, the video is linked on the DCF website and accessible to anyone with internet access. Providers are also required to sign documents confirming they understand the program integrity

policies, statutes, and administrative rules prior to becoming regulated for the WI Shares program-- providers are able to request additional information and technical assistance if there is any confusion prior to signing the document. The department also conducts provider outreach sessions once a month which provides a forum for child care providers to connect with Program Integrity staff, ask questions, and share thoughts on training tools.

- ii. Describe how provider training is evaluated for effectiveness: **The Lead Agency conducts investigations and desk reviews to identify child care provider compliance with the Wisconsin Shares subsidy program. In these investigations and reviews trends and common misapplication of policy and procedures are identified for specific providers and/or all providers within a local agency. Specialized technical assistance or additional training may be provided to child care providers who have shown repeated errors resulting in multiple referrals to the Lead Agency's investigation team. In addition, child care provider feedback is provided to the Local Agency through various outreach events and through the technical assistance email inbox.**
- iii. Describe how the Lead Agency uses program integrity data (e.g., error rate results, risk assessment data) to inform ongoing provider training needs: **The Lead Agency tracks all referrals for program integrity concerns in a Case Management System. In addition, returns for voluntary funds are tracked and organized by reason for return, the provider, and the local agency the provider is located. Each of these data warehouses provide the Lead Agency with data that informs child care provider training. Based on analysis from each data warehouses the Lead Agency provides individual technical assistance through written and verbal mediums to ensure repeated provider errors are minimized. Large trends identified based on reasons for returns or frequent violations to certain rules or procedures allow the Lead Agency to reform current training materials and highlight common error trends regarding program integrity. The Lead Agency evaluates the various trainings for effectiveness and make updated periodically, these training updates generally coincide with policy and/or program updates.**

10.1.6 Evaluate internal control activities

Describe how the Lead Agency uses the following to regularly evaluate the effectiveness of Lead Agency internal control activities for all CCDF expenditures.

- a. Error rate review triennial report results (if applicable). Describe who this information is shared with and how the Lead Agency uses the information to evaluate the effectiveness of its internal controls: **The Lead Agency shares the information with internal stakeholders and decision makers. The error rates are evaluated to identify training needs and areas where quality assurance operations can be enhanced.**
- b. Audit results. Describe who this information is shared with and how the Lead Agency uses the information to evaluate the effectiveness of its internal controls: **The Lead Agency is reviewed regularly by the Wisconsin State Legislative Audit Bureau (LAB) to evaluate the effectiveness of operations. They provide technical assistance and guidance to improve**

operations and bolster the program integrity of programs that utilize CCDF funds. This information is shared with internal decision makers and stakeholders and with the general public as finding are public information in the State of Wisconsin.

- c. Other. Describe who this information is shared with and how the Lead Agency uses the information to evaluate the effectiveness of its internal controls: **N/A**

10.1.7 Identified weaknesses in internal controls

Has the Lead Agency or other entity identified any weaknesses in its internal controls?

- a. No. If no, describe when and how it was most recently determined that there were no weaknesses in the Lead Agency's internal controls. **The Lead Agency prepares an annual Internal Control Plan in accordance with the requirements of the Cooperative Agreement on Accounting, Auditing, and Internal Control Activities with Wisconsin Department of Administration. The report reflects instructions provided by the State Controller's Office.**
- b. Yes. If yes, what were the indicators? How did you use the information to strengthen your internal controls?

10.2 Fraud Investigation, Payment Recovery, and Sanctions

Lead Agencies must have the necessary controls to identify fraud and other program violations to ensure program integrity. Program violations can include both intentional and unintentional client and/or provider violations, as defined by the Lead Agency. These violations and errors, identified through the error-rate review process and other review processes, may result in payment or nonpayment (administrative) errors and may or may not be the result of fraud, based on the Lead Agency definition.

10.2.1 Strategies used to identify and prevent program violations

Check the activities the Lead Agency employs to ensure program integrity, and for each checked activity, identify what type of program violations the activity addresses, describe the activity and the results of these activities based on the most recent analysis.

- a. Share/match data from other programs (e.g., TANF program, Child and Adult Care Food Program, Food and Nutrition Service (FNS), Medicaid) or other databases (e.g., State Directory of New Hires, Social Security Administration, Public Assistance Reporting Information System (PARIS)).
- i. Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **The Lead Agency shares match data from other programs through the Benefit Recovery Investigation Tracking Systems (BRITS). When a referral is created by any program, if the parent also receives child care subsidy, then a referral is created for child care investigation. The outcome in the referral and investigation may result in an intentional program violation. The Lead Agency follows continuous improvement practices and regularly evaluates fraud, waste, and abuse prevention and detection methods to inform best practices.**
- ii. Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **The Lead Agency shares match**

data from other programs through the Benefit Recovery Investigation Tracking Systems (BRITS). When a referral is created by any program, if the parent also receives child care subsidy, then a referral is created for child care investigation. The outcome in the referral and investigation may result in an unintentional program violation. The Lead Agency follows continuous improvement practices and regularly evaluates fraud, waste, and abuse prevention and detection methods to inform best practices.

- iii. **[x]** Agency errors. Describe the activities, the results of these activities, and how they inform better practice: **The Lead Agency shares match data from other programs through the Benefit Recovery Investigation Tracking Systems (BRITS). When a referral is created by any program, if the parent also receives child care subsidy, then a referral is created for child care investigation. The outcome in the referral and investigation may result in an agency error. The Lead Agency follows continuous improvement practices and regularly evaluates fraud, waste, and abuse prevention and detection methods to inform best practices.**

- b. **[x]** Run system reports that flag errors (include types).
 - i. **[x]** Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **The Lead Agency develops red flag reports that collect and analyze data from clients and providers receiving CCDF funds. Each red flag is programmed with a threshold to measure results that may indicate further investigation is needed for a particular client or provider. Examples of client red flag reports are: Unusual Parent Schedule (parent schedule does not align with child care need); Current Weekly Authorized Hours Greater Than 50; Current Schedules for Approved Parent Activity; EBT Cards Replaced within 12 Months; Funds About to Expire; Inactive EBT Cards for More Than 30 Days with a Balance; Expungement; and Multiple Providers Including Child Care Need Schedule. Examples of provider red flag reports are: Unusual Payment Timing; Payment Grouping; Provider Over Capacity; Child Mobility; and Unusual Revenue Growth. The outcome of the red flag referral may result in an intentional program violation. The lead agency follows continuous improvement practices and regularly evaluates fraud, waste, and abuse prevention and detection methods to inform best practices.**

 - ii. **[x]** Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **The Lead Agency develops red flag reports that collect and analyze data from clients and providers receiving CCDF funds. Each red flag is programmed with a threshold to measure results that may indicate further investigation is needed for a particular client or provider. Examples of client red flag reports are: Unusual Parent Schedule (parent schedule does not align with child care need); Current Weekly Authorized Hours Greater Than 50; Current Schedules for Approved Parent Activity; EBT Cards Replaced within 12 Months; Funds About to Expire; Inactive EBT Cards for More Than 30 Days with a Balance; Expungement; and Multiple Providers Including Child Care Need Schedule. Examples of provider red flag reports are: Unusual Payment Timing; Payment Grouping; Provider Over Capacity; Child Mobility; and Unusual Revenue Growth. The outcome of the red flag referral may result in an unintentional program violation. The lead agency follows continuous**

improvement practices and regularly evaluates fraud, waste, and abuse prevention and detection methods to inform best practices.

- iii. **[x]** Agency errors. Describe the activities, the results of these activities, and how they inform better practice: **The Lead Agency develops red flag reports that collect and analyze data from clients and providers receiving CCDF funds. Each red flag is programmed with a threshold to measure results that may indicate further investigation is needed for a particular client or provider. Examples of client red flag reports are: Unusual Parent Schedule (parent schedule does not align with child care need); Current Weekly Authorized Hours Greater Than 50; Current Schedules for Approved Parent Activity; EBT Cards Replaced within 12 Months; Funds About to Expire; Inactive EBT Cards for More Than 30 Days with a Balance; Expungement; and Multiple Providers Including Child Care Need Schedule. Examples of provider red flag reports are: Unusual Payment Timing; Payment Grouping; Provider Over Capacity; Child Mobility; and Unusual Revenue Growth. The Lead Agency completes FIP audits every three years to identify agency errors and conducts Targeted Case Reviews to ensure that subsidy funds are being used appropriately. The outcome of the red flag referral may result in an agency error. The lead agency follows continuous improvement practices and regularly evaluates fraud, waste, and abuse prevention and detection methods to inform best practices.**

- c. **[x]** Review enrollment documents and attendance or billing records.

- i. **[x]** Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **The Lead Agency requires providers to have a written payment agreement with each family that receives Wisconsin Shares subsidy for a child to attend their facility. Payment agreements are reviewed during the course of a provider investigation. If a provider is found to be out of compliance with the requirement to have a written payment agreement with each family receiving subsidy, the provider may receive technical assistance or sanction for multiple violations. Provider attendance records are also reviewed during provider investigations. Inaccuracies or discrepancies in provider records found during the course of an investigation may result in provider overpayments. Providers are responsible for repaying funds received when the provider was in violation of limits on regulated capacity related to the number of children in care. The Lead Agency follows continuous improvement practices and regularly evaluates program policy and outcomes to inform best practices for stakeholder training and technical assistance. In 2023, the Lead Agency and local agencies established a total of \$369,325.85 in client intentional program violation overpayments. In 2023, the Lead Agency and local agencies established a total of \$1,131,284.68 in provider overpayments for intentional, unintentional provider violations and agency errors.**
- ii. **[x]** Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **The Lead Agency requires providers to have a written payment agreement with each family that receives Wisconsin Shares subsidy for a child to attend their facility. Payment agreements are reviewed during the course of a provider investigation. If a provider is found to be out of compliance with the requirement to have a written payment**

agreement with each family receiving subsidy, the provider may receive technical assistance or sanction for multiple violations. Provider attendance records are also reviewed during provider investigations. Inaccuracies or discrepancies in provider records found during the course of an investigation may result in provider overpayments. The Lead Agency follows continuous improvement practices and regularly evaluates program policy and outcomes to inform best practices for stakeholder training and technical assistance. Providers are responsible for repaying funds received when the provider was in violation of limits on regulated capacity related to the number of children in care. In 2023, the Lead Agency and local agencies established a total of \$599,088.22 in unintentional client overpayments. In 2023, the Lead Agency and local agencies established a total of \$1,131,284.68 in provider overpayments for intentional, unintentional provider violations and agency errors.

- iii. Agency errors. Describe the activities, the results of these activities, and how they inform better practice: **The Lead Agency requires providers to have a written payment agreement with each family that receives Wisconsin Shares subsidy for a child to attend their facility. Payment agreements are reviewed during the course of a provider investigation. If a provider is found to be out of compliance with the requirement to have a written payment agreement with each family receiving subsidy, the provider may receive technical assistance or sanction for multiple violations. Provider attendance records are also reviewed during provider investigations. Inaccuracies or discrepancies in provider records found during the course of an investigation may result in provider overpayments. Providers are responsible for repaying funds received when the provider was in violation of limits on regulated capacity related to the number of children in care. The Lead Agency follows continuous improvement practices and regularly evaluates program policy and outcomes to inform best practices for stakeholder training and technical assistance. In 2023, the Lead Agency and local agencies established a total of \$30,930.23 in client overpayment claims for agency error. In 2023, the Lead Agency and local agencies established a total of \$1,131,284.68 in provider overpayments for intentional, unintentional provider violations and agency errors.**

- d. Conduct supervisory staff reviews or quality assurance reviews.

- i. Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **The Lead Agency requires providers to have a written payment agreement with each family that receives Wisconsin Shares subsidy for a child to attend their facility. Payment agreements are reviewed during the course of a provider investigation. If a provider is found to be out of compliance with the requirement to have a written payment agreement with each family receiving subsidy, the provider may receive technical assistance or sanction for multiple violations. Provider attendance records are also reviewed during provider investigations. Inaccuracies or discrepancies in provider records found during the course of an investigation may result in provider overpayments. Providers are responsible for repaying funds received when the provider was in violation of limits on regulated capacity related to the number of children in care. The Lead Agency follows continuous improvement practices and regularly evaluates program policy and outcomes to inform best**

practices for stakeholder training and technical assistance. In 2023, the Lead Agency and local agencies established a total of \$369,325.85 in intentional client program violations. In 2023, the Lead Agency and local agencies established a total of \$1,131,284.68 in provider overpayments for intentional, unintentional provider violations and agency errors.

- ii. Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **The Lead Agency requires providers to have a written payment agreement with each family that receives Wisconsin Shares subsidy for a child to attend their facility. Payment agreements are reviewed during the course of a provider investigation. If a provider is found to be out of compliance with the requirement to have a written payment agreement with each family receiving subsidy, the provider may receive technical assistance or sanction for multiple violations. Provider attendance records are also reviewed during provider investigations. Inaccuracies or discrepancies in provider records found during the course of an investigation may result in provider overpayments. Providers are responsible for repaying funds received when the provider was in violation of limits on regulated capacity related to the number of children in care. The Lead Agency follows continuous improvement practices and regularly evaluates program policy and outcomes to inform best practices for stakeholder training and technical assistance. In 2023, the Lead Agency and local agencies established a total of \$599,088.22 in unintentional client program violations. In 2023, the Lead Agency and local agencies established a total of \$1,131,284.68 in provider overpayments for intentional, unintentional provider violations and agency errors.**
- iii. Agency errors. Describe the activities, the results of these activities, and how they inform better practice: **The Lead Agency requires providers to have a written payment agreement with each family that receives Wisconsin Shares subsidy for a child to attend their facility. Payment agreements are reviewed during the course of a provider investigation. If a provider is found to be out of compliance with the requirement to have a written payment agreement with each family receiving subsidy, the provider may receive technical assistance or sanction for multiple violations. Provider attendance records are also reviewed during provider investigations. Inaccuracies or discrepancies in provider records found during the course of an investigation may result in provider overpayments. Providers are responsible for repaying funds received when the provider was in violation of limits on regulated capacity related to the number of children in care. The Lead Agency follows continuous improvement practices and regularly evaluates program policy and outcomes to inform best practices for stakeholder training and technical assistance. In 2023, the Lead Agency and local agencies established a total of \$30,930.23 in client agency error program violations. In 2023, the Lead Agency and local agencies established a total of \$1,131,284.68 in provider overpayments for intentional, unintentional provider violations and agency errors.**
- e. Audit provider records.
 - i. Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **The Lead Agency reviews provider attendance records during the process of provider investigations. Inaccuracies or**

discrepancies in provider records found during the course of an investigation may result in provider overpayment. Providers are also responsible to repay funds received when the provider was in violation of limits on regulated capacity related to the number of children in care. The Lead Agency follows continuous improvement practices and regularly evaluates program policy and outcomes to inform best practices for stakeholder training and technical assistance. In 2023, the Lead Agency completed 75 provider investigations, which included random visits, red flag referrals, fraud mailbox referrals, and referrals regarding providers who received funds during a closed status. In 2023, the Lead Agency and local agencies established a total of \$369,325.85 in client overpayment claims for intentional program violations. In 2023, the Lead Agency and local agencies established a total of \$1,131,284.68 in provider overpayments for intentional, unintentional provider violations and agency errors.

ii. Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **The Lead Agency reviews provider attendance records during the process of provider investigations. Inaccuracies or discrepancies in provider records found during the course of an investigation may result in provider overpayment. Providers are also responsible to repay funds received when the provider was in violation of limits on regulated capacity related to the number of children in care. The Lead Agency follows continuous improvement practices and regularly evaluates program policy and outcomes to inform best practices for stakeholder training and technical assistance. In 2023, the Lead Agency completed 75 provider investigations, which included random visits, red flag referrals, fraud mailbox referrals, and referrals regarding providers who received funds during a closed status. In 2023, the Lead Agency and local agencies established a total of \$599,088.22 in client overpayment claims for unintentional program violations. In 2023, the Lead Agency and local agencies established a total of \$1,131,284.68 in provider overpayments for intentional, unintentional provider violations and agency errors.**

iii. Agency errors. Describe the activities, the results of these activities, and how they inform better practice: **The Lead Agency reviews provider attendance records during the process of provider investigations. Inaccuracies or discrepancies in provider records found during the course of an investigation may result in provider overpayment. Providers are also responsible to repay funds received when the provider was in violation of limits on regulated capacity related to the number of children in care. The Lead Agency follows continuous improvement practices and regularly evaluates program policy and outcomes to inform best practices for stakeholder training and technical assistance. In 2023, the Lead Agency completed 75 provider investigations, which included random visits, red flag referrals, fraud mailbox referrals, and referrals regarding providers who received funds during a closed status. In 2023, the Lead Agency and local agencies established a total of \$30,930.23 in client agency error overpayments. In 2023, the Lead Agency and local agencies established a total of \$1,131,284.68 in provider overpayments for intentional, unintentional provider violations and agency errors.**

f. Train staff on policy and/or audits.

i. Intentional program violations. Describe the activities, the results of these

activities, and how they inform better practice: **Lead Agency staff who are responsible for completing audits utilize operations manuals as well as training from management on how to apply policy to complete audits and investigations. Staff also receive policy updates through Operations Memos and unit meetings. The Lead Agency follows continuous improvement practices and regularly evaluates program policy and outcomes to inform best practices for stakeholder training and technical assistance.**

- ii. **[x] Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice: Lead Agency staff who are responsible for completing audits utilize operations manuals as well as training from management on how to apply policy to complete audits and investigations. Staff also receive policy updates through Operations Memos and unit meetings. The Lead Agency follows continuous improvement practices and regularly evaluates program policy and outcomes to inform best practices for stakeholder training and technical assistance.**
- iii. **[x] Agency errors. Describe the activities, the results of these activities, and how they inform better practice: Lead Agency staff who are responsible for completing audits utilize operations manuals as well as training from management on how to apply policy to complete audits and investigations. Staff also receive policy updates through Operations Memos and unit meetings. The Lead Agency follows continuous improvement practices and regularly evaluates program policy and outcomes to inform best practices for stakeholder training and technical assistance.**

g. **[x] Other. Describe the activity(ies): Sanctions and Overpayments**

- i. **[x] Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice: The Lead Agency only collects client overpayments for agency errors if the client was ineligible for the amount of subsidy received. The Lead Agency does not collect client overpayments for agency errors that are solely related to the child's authorization, if the client was eligible for the amount of subsidy received. All client intentional program violations and associated sanctions go through an approval process. The Lead Agency utilizes an Enforcement Model for provider violations. The first instance of a provider violation that is not considered a serious violation will result in the Lead Agency providing a signed Technical Assistance Letter regarding the issue(s) in order to ensure the provider understands all program requirements. Instances of a serious provider violation may result in the provider being issued a forfeiture for each violation. Serious provider violations include; providers who are found to be in possession of a photocopy, photo or other image of a parents EBT card; providers who are found to be in possession of a parent's subsidy account number or PIN; and providers who fail to notify the local agency when a child who receives subsidy to attend their facility has not attended within the previous 30 calendar days. If a provider commits an intentional program violation, they are suspended from the program. All investigations that involve a provider intentional program violation go through a lead agency approval process prior to sanctions being established.**

- ii. **[x]** Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **The Lead Agency only collects client overpayments for agency errors if the client was ineligible for the amount of subsidy received. The Lead Agency does not collect client overpayments for agency errors that are solely related to the child’s authorization, if the client was eligible for the amount of subsidy received. The Lead Agency utilizes an Enforcement Model for provider violations. The first instance of a provider violation that is not considered a serious violation will result in the Lead Agency providing a signed Technical Assistance Letter regarding the issue(s) in order to ensure the provider understands all program requirements. Instances of a serious provider violation may result in the provider being issued a forfeiture for each violation. Serious provider violations include; providers who are found to be in possession of a photocopy, photo or other image of a parents EBT card; providers who are found to be in possession of a parent’s subsidy account number or PIN; and providers who fail to notify the local agency when a child who receives subsidy to attend their facility has not attended within the previous 30 calendar days.**
- iii. **[x]** Agency errors. Describe the activities, the results of these activities, and how they inform better practice: **The Lead Agency only collects client overpayments for agency errors if the client was ineligible for the amount of subsidy received. The Lead Agency does not collect client overpayments for agency errors that are solely related to the child’s authorization, if the client was eligible for the amount of subsidy received. The Lead Agency utilizes an Enforcement Model for provider violations. The first instance of a provider violation that is not considered a serious violation will result in the Lead Agency providing a signed Technical Assistance Letter regarding the issue(s) in order to ensure the provider understands all program requirements. Instances of a serious provider violation may result in the provider being issued a forfeiture for each violation. Serious provider violations include; providers who are found to be in possession of a photocopy, photo or other image of a parents EBT card; providers who are found to be in possession of a parent’s subsidy account number or PIN; and providers who fail to notify the local agency when a child who receives subsidy to attend their facility has not attended within the previous 30 calendar days.**

10.2.2 Identification and recovery of misspent funds

Lead Agencies must identify and recover misspent funds that are a result of fraud, and they have the option to recover any misspent funds that are a result of unintentional program violations or agency errors.

- a. Identify which agency is responsible for pursuing fraud and overpayments (e.g., State Office of the Inspector General, State Attorney): **The Lead Agency is responsible for monitoring, investigating, and pursuing fraud and overpayments for provider errors and fraud. The Lead Agency and local agencies are both actively responsible for monitoring, investigating, and assessing overpayments for client error and fraud.**
- b. Check and describe all activities, including the results of such activity, that the Lead Agency uses to investigate and recover improper payments due to fraud. Consider in your response potential fraud committed by providers, clients, staff, vendors, and contractors.

Include in the description how each activity assists in the investigation and recovery of improper payment due to fraud or intentional program violations. Activities can include, but are not limited to, the following:

- i. Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount. Describe the activities and the results of these activities based on the most recent analysis: **Any funds in excess of \$1 that are loaded to a parent's EBT card, for which the parent was ineligible and which the parent paid to the provider, are recovered. Additionally, funds paid to the provider during a period of ineligibility are recovered through a client or provider overpayment/collections process.**
- ii. Coordinate with and refer to the other State/Territory agencies (e.g., State/Territory collection agency, law enforcement agency). Describe the activities and the results of these activities based on the most recent analysis: **The Lead Agency has coordinated investigative efforts with a variety of entities at the local, state, and federal level. This includes, but is not limited to, Child Support offices, local sheriff's departments, local police departments, Department of Health Services, Office of the Inspector General, Department of Workforce Development Unemployment Fraud Units, Department of Public Instruction Food Program Fraud Unit, Department of Revenue, and Federal level investigations involving Wisconsin providers or clients. Collaboration ranges from referral sharing, discussion, coordinating of investigation activities, collaborative interviewing, and providing open record requests to support external investigation.**
- iii. Recover through repayment plans. Describe the activities and the results of these activities based on the most recent analysis: **The Lead Agency has coordinated investigative efforts with a variety of entities at the local, state, and federal level. This includes, but is not limited to, Child Support offices, local sheriff's departments, local police departments, Department of Health Services, Office of the Inspector General, Department of Workforce Development Unemployment Fraud Units, Department of Public Instruction Food Program Fraud Unit, Department of Revenue, and Federal level investigations involving Wisconsin providers or clients. Collaboration ranges from referral sharing, discussion, coordinating of investigation activities, collaborative interviewing, and providing open record requests to support external investigation.**
- iv. Reduce payments in subsequent months. Describe the activities and the results of these activities based on the most recent analysis:
- v. Recover through State/Territory tax intercepts. Describe the activities and the results of these activities based on the most recent analysis: **At Delinquency, the balance of any overpayment(s) is referred to the Wisconsin Department of Revenue (DOR) for interception of any tax refund and credit, authorized under Wis. Statutes, s.49.85. Collection revenue in 2023 for client repayment plans, tax intercept, lien and levy totaled \$1,415,229.43. Collection revenue in 2023 for provider voluntary repayment plans \$130,067.16. In 2023, \$133,392.70 was recovered via DOR.**
- vi. Recover through other means. Describe the activities and the results of these activities based on the most recent analysis: **At Delinquency, the balance is**

subject to both lien and levy collection actions. These actions are authorized under Wis. Statutes, s.49.195. A wage levy compels the debtor's employer to withhold up to 25% of the debtor's earnings and submit it to the State for payment. A warrant (lien) can be issued against the debtor as well. This creates a lien on all real and personal property and hinders the ability to purchase/sell property until the lien is satisfied. Collection revenue in 2023 for client repayment plans, tax intercept, lien and levy totaled \$1,415,229.43. Collection revenue in 2023 for provider voluntary repayment plans \$130,067.16. In 2023, \$133,392.70 was recovered via DOR.

vii. Establish a unit to investigate and collect improper payments and describe the composition of the unit. Describe the activities and the results of these activities based on the most recent analysis: **The Lead Agency established a program integrity unit to investigate improper payments and collect Wisconsin Shares that were improperly authorized. The Lead Agency provides program integrity services for Milwaukee County and provides guidance and technical assistance to local agencies responsible for establishing overpayments for clients in the balance of the state. In 2023, the Lead Agency received 2,305 referrals from red flag reports and the Child Care Fraud mailbox. After initial screening, referrals that are determined to be unsubstantiated and not warranting further investigation are closed. If the referral identifies an error that is correctable with technical assistance, technical assistance is provided verbally, or a technical assistance letter is mailed to the provider. A formal investigation is recommended if screening uncovers additional violations by the provider, a history of noncompliance, and/or indications of fraud or overpayment. In 2023, the Lead Agency screened all 2,305 provider referrals and completed 75 formal investigations. Of the provider formal investigations, 27 resulted in no overpayment, 20 resulted in overpayment only, 5 resulted in overpayment and stipulation that the provider would follow program rules, and 23 resulted in provider permanent suspension from the Wisconsin Shares program. In 2023, \$1,131,284.68 in provider overpayments, and \$630,018.45 in client overpayments were established due to unintentional client violation.**

viii. Other. Describe the activities and the results of these activities: **The Lead Agency conducts quarterly TCRs by selecting random samples of case files from each local agency to identify administrative errors and program areas that the local agency may need assistance with. The Lead Agency provides in-person and online training and/or technical assistance to local agencies as needed. The Lead Agency also conducts the FIP review every three years. These reviews focus on eligibility determination, authorization development, and correct issuance of subsidy funds**

c. Does the Lead Agency investigate and recover improper payments due to unintentional program violations?

No.

Yes.

If yes, check and describe below any activities that the Lead Agency will use to investigate and recover improper payments due to unintentional program violations. Include in the

description how each activity assists in the investigation and recovery of improper payments due to unintentional program violations. Include a description of the results of such activity.

- i. **[x]** Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount. Describe the activities and the results of these activities based on the most recent analysis: **Any funds in excess of \$1 that are loaded to a parent's EBT card, for which the parent was ineligible and which the parent spent, are recovered. Additionally, funds paid to the provider during a period of ineligibility are recovered through a provider overpayment/collections process.**
- ii. **[x]** Coordinate with and refer to the other State/Territory agencies (e.g., State/Territory collection agency, law enforcement agency). Describe the activities and the results of these activities based on the most recent analysis: **The Lead Agency coordinates investigative efforts with a variety of entities at the local, state, and federal level. This includes, but is not limited to child support offices, local sheriff departments, local police departments, DHS Office of Inspector General (OIG), Department of Workforce Development (DWD) Unemployment Fraud Units, DPI Food Program Fraud Unit, Department of Revenue (DOR), and federal level investigations involving Wisconsin providers or clients. Collaboration ranges from referral sharing, discussion, coordination of investigation activities, collaborative interviewing, and providing open record requests to support external investigations.**
- iii. **[x]** Recover through repayment plans. Describe the activities and the results of these activities based on the most recent analysis: **The Lead Agency allows repayment agreements via monthly payments as follows: if the overpayment is under \$500, the debtor must pay monthly installments of at least \$50 per month; if the overpayment is over \$500, the debtor must pay in equal monthly installments over 36 months. However, the minimum monthly payment is \$20 per month. Collection revenue in 2023 for client repayment plans, tax intercept, lien and levy totaled \$1,415,229.43. Collection revenue in 2023 for provider voluntary repayment plans \$130,067.16. In 2023, \$133,392.70 was recovered via DOR.**
- iv. **[]** Reduce payments in subsequent months. Describe the activities and the results of these activities based on the most recent analysis:
- v. **[x]** Recover through State/Territory tax intercepts. Describe the activities and the results of these activities based on the most recent analysis: **At Delinquency, the balance of any overpayment(s) is referred to DOR for interception of any tax refund and credit, authorized under Wis. Statutes, s. 49.85. Collection revenue in 2023 for client repayment plans, tax intercept, lien and levy totaled \$1,415,229.43. Collection revenue in 2023 for provider voluntary repayment plans \$130,067.16. In 2023, \$133,392.70 was recovered via DOR.**
- vi. **[x]** Recover through other means. Describe the activities and the results of these activities based on the most recent analysis: **At Delinquency, the balance is subject to both lien and levy collection actions. These actions are authorized under Wis. Statutes, s.49.195. A wage levy compels the debtor's employer to withhold up to 25% of the debtor's earnings and submit it to the State for**

payment. A warrant (lien) can be issued against the debtor as well. This creates a lien on all real and personal property and hinders the ability to purchase/sell property until the lien is satisfied. Collection revenue in 2023 for client repayment plans, tax intercept, lien and levy totaled \$1,415,229.43. Collection revenue in 2023 for provider voluntary repayment plans \$130,067.16. In 2023, \$133,392.70 was recovered via DOR

vii. Establish a unit to investigate and collect improper payments and describe the composition of the unit. Describe the activities and the results of these activities based on the most recent analysis: **The Lead Agency established a program integrity unit to investigate improper payments and collect Wisconsin Shares and YoungStar funds that were improperly authorized. The Lead Agency provides program integrity services for Milwaukee County and provides guidance and technical assistance to local agencies responsible for establishing overpayments for clients in the balance of the state. The unit includes a staff of 7 auditors who screen all child care program integrity referrals received by the Lead Agency. In 2023, the Lead Agency received 2,305 referrals from red flag reports and the Child Care Fraud mailbox. After initial screening, referrals that are determined to be unsubstantiated and not warranting further investigation are closed. If the referral identifies an error that is correctable with technical assistance, technical assistance is provided verbally, or a technical assistance letter is mailed to the provider. A formal investigation is recommended if screening uncovers additional violations by the provider, a history of noncompliance, and/or indications of fraud or overpayment. In 2023, the Lead Agency screened all 2,305 provider referrals and completed 75 formal investigations. Of the provider formal investigations, 27 resulted in no overpayment, 20 resulted in overpayment only, 5 resulted in overpayment and stipulation that the provider would follow program rules, and 23 resulted in provider permanent suspension from the Wisconsin Shares program. In 2023, \$1,131,284.68 in provider overpayments, and \$630,018.45 in client overpayments were established due to unintentional client violation.**

viii. Other. Describe the activities and the results of these activities: **Agency conducts quarterly targeted case reviews by selecting random samples of case files from each local agency to identify administrative errors and program areas that the local agency may need assistance with. The Lead Agency provides in-person and online training and/or technical assistance to local agencies as needed. The Lead Agency also conducts the FIP review every three years. These reviews focus on eligibility determination, authorization, and correct issuance of subsidy funds. The lead agency emphasizes training and technical assistance for child care providers and families enrolled in the program when an error is discovered. Staff who complete program integrity activities are provided resources and guidance to assist them in providing technical assistance to external stakeholders**

- d. Does the Lead Agency investigate and recover improper payments due to agency errors?
 No.
 Yes.

If yes, check and describe all activities that the Lead Agency will use to investigate and recover improper payments due to agency errors. Include in the description how each activity assists in the investigation and recovery of improper payments due to administrative errors. Include a description of the results of such activity.

- i. Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount. Describe the activities and the results of these activities based on the most recent analysis: **Any funds in excess of \$1 that are loaded to a parent's EBT card, for which the parent was ineligible and which the parent spent, are recovered. Additionally, funds paid to the provider during a period of ineligibility are recovered through a provider overpayment/collections process.**
- ii. Coordinate with and refer to the other State/Territory agencies (e.g., State/Territory collection agency, law enforcement agency). Describe the activities and the results of these activities based on the most recent analysis: **The Lead Agency coordinates investigative efforts with a variety of entities at the local, state, and federal level. This includes, but is not limited to child support offices, local sheriff departments, local police departments, DHS OIG, DWD Unemployment Fraud Units, DPI Food Program Fraud Unit, DOR, and federal level investigations involving Wisconsin providers or clients. Collaboration ranges from referral sharing, discussion, coordination of investigation activities, collaborative interviewing, and providing open record requests to support external investigations.**
- iii. Recover through repayment plans. Describe the activities and the results of these activities based on the most recent analysis: **The Lead Agency allows repayment agreements via monthly payments as follows: if the overpayment is under \$500, the debtor must pay monthly installments of at least \$50 per month; if the overpayment is over \$500, the debtor must pay in equal monthly installments over 36 months. However, the minimum monthly payment is \$20 per month Collection revenue in 2023 for client repayment plans, tax intercept, lien and levy totaled \$1,415,229.43. Collection revenue in 2023 for provider voluntary repayment plans \$130,067.16. In 2023, \$133,392.70 was recovered via DOR**
- iv. Reduce payments in subsequent months. Describe the activities and the results of these activities based on the most recent analysis:
- v. Recover through State/Territory tax intercepts. Describe the activities and the results of these activities based on the most recent analysis: **At Delinquency, the balance of any overpayment(s) is referred to DOR for interception of any tax refund and credit, authorized under Wis. Statutes, s.49.85. Collection revenue in 2023 for client repayment plans, tax intercept, lien and levy totaled \$1,415,229.43. Collection revenue in 2023 for provider voluntary repayment plans \$130,067.16. In 2023, \$133,392.70 was recovered via DOR.**
- vi. Recover through other means. Describe the activities and the results of these activities based on the most recent analysis:
- vii. Establish a unit to investigate and collect improper payments and describe the composition of the unit. Describe the activities and the results of these activities

based on the most recent analysis: **The Lead Agency established a program integrity unit to investigate improper payments and collect Wisconsin Shares funds that were improperly authorized. The Lead Agency provides program integrity services for Milwaukee County and provides guidance and technical assistance to local agencies responsible for establishing overpayments for clients in the balance of the state. In 2023, the Lead Agency received 2,305 referrals from red flag reports and the Child Care Fraud mailbox. After initial screening, referrals that are determined to be unsubstantiated and not warranting further investigation are closed. If the referral identifies an error that is correctable with technical assistance, technical assistance is provided verbally, or a technical assistance letter is mailed to the provider. A formal investigation is recommended if screening uncovers additional violations by the provider, a history of noncompliance, and/or indications of fraud or overpayment. In 2023, the Lead Agency screened all 2,305 provider referrals and completed 75 formal investigations. Of the provider formal investigations, 27 resulted in no overpayment, 20 resulted in overpayment only, 5 resulted in overpayment and stipulation that the provider would follow program rules, and 23 resulted in provider permanent suspension from the Wisconsin Shares program. In 2023, \$1,131,284.68 in provider overpayments, and \$630,018.45 in client overpayments were established due to unintentional client violation.**

- viii. Other. Describe the activities and the results of these activities:
- e. What type of sanction will the Lead Agency place on clients and providers to help reduce improper payments due to intentional program violations or fraud? Check and describe all that apply:
- i. Disqualify the client. Describe this process, including a description of the appeal process for clients who are disqualified. Describe the activities and the results of these activities based on the most recent analysis: **Clients who have committed an intentional program violation follow a three-strike rule. After the first violation, a client is suspended from receiving program funds for six months. After the second violation, the client is suspended for 12 months. A third violation results in the client being permanently suspended from the program. Clients are notified in writing of all decisions and violations and have 30 days to appeal the program violation. If there is an associated overpayment with the program violation, the client has 45 days to appeal the amount of overpayment. Requests for appeals are sent to the Wisconsin Department of Administration (DOA), Division of Hearings and Appeals (DHA). DHA will then assign an Administrative Law Judge (ALJ) to hold a hearing for the appeal.**
- ii. Disqualify the provider. Describe this process, including a description of the appeal process for providers who are disqualified. Describe the activities and the results of these activities based on the most recent analysis: **Providers who are found by an investigation to have committed an intentional program violation are terminated from the program and are permanently suspended from receiving Wisconsin Shares authorizations. Providers are notified in writing of all decisions and violations and have 30 days to appeal the program violation. If there is an associated overpayment with the program violation, the provider has 30 days to appeal the amount of overpayment. Requests for appeals are sent to the DHA,**

which will then assign an ALJ to hold a hearing for the appeal.

- iii. Prosecute criminally. Describe the activities and the results of these activities based on the most recent analysis: **The Lead Agency has the option to refer providers or clients to the local District Attorney for criminal prosecution based on the severity of the program violation and the established fraudulent dollar amount.**
- iv. Other. Describe the activities and the results of these activities based on the most recent analysis:

Appendix 1: Lead Agency Implementation Plan

The Appendix will be available for Lead Agencies to use in CARS after the Plan approval letter is issued.

For each non-compliance, Lead Agencies must describe the following:

- **Action Steps:** List the action steps needed to correct the finding (e.g., update policy manual, legislative approval, IT system changes, etc.). For each action step list the:
 - **Responsible Entity:** Indicate the entity (e.g., agency, team, etc.) responsible for completing the action step.
 - **Expected Completion Date:** List the expected completion date for the action step.
- **Overall Target Date for Compliance:** List date Lead Agency anticipates completing implementation, achieving full compliance with all aspects of the findings. (Note: Compliance will not be determined until the FFY 2025-2027 CCDF Plan is amended and approved).

Appendix 1: Form

[Plan question with non-compliance and associated provision will pre-populate based on preliminary notice of non-compliance]

| A. Action Steps for Implementation | B. Responsible Entity(ies) | C. Expected Completion Date |
|---------------------------------------|----------------------------|-----------------------------|
| Step 1: | | |
| Step 2 (as necessary): | | |
| [Additional steps added as necessary] | | |
| Overall Target Date for Compliance: | | |