

Licensing Checklist – Family Child Care Centers DCF 250

Use of form: Use of this form by family child care licensees is voluntary. Licensees can use this form to periodically review compliance with licensing rules. This checklist contains only selected portions of DCF 250 Family Child Care Centers. The licensee must be in compliance with all applicable rules whether or not they are included on this checklist. Refer to the rule book for the complete rule. Licensing Specialists may use this form to review a family child care center's compliance with ch. DCF 250 if there is a problem with the mobile checklist. Personal information you provide may be used for secondary purposes [Privacy Law, s.15.04(1)(m), Wisconsin Statutes].

Instructions: Licensees: Complete the "Licensee" column. If the center is in compliance with the specific rule, check "Met." Note: Some situations may have not yet occurred [e.g., 250.04(3)(a) regarding submitting a report to the department within 24 hours after an injury of a child in the care of the center]. However, check "Met" if you understand what your responsibilities are if the situation were to arise. If a specific rule does not apply to the center, check "N/A" for not applicable.

Instructions: Licensing Specialists: Complete the "Licensing Specialist" column during an onsite visit if you can't access the mobile checklist. If the center is in compliance with the specific rule, check "Met." If the center is not in compliance with the specific rule, check "Not Met" and use the Comments section to capture the specific details you will need to create the noncompliance statement. If a specific rule does not apply to the center, check "N/A" for not applicable. Items that have an asterisk (*) to the left of the rule cite are items that are on the initial licensing checklist. Every administrative rule is important to the quality of the program, but the department has identified some administrative rules that are more directly related to assuring that children are safe in child care settings. Violation of these rule requirements is likely to pose the most serious threat to the health, safety, and welfare of children in care. These "serious" rule requirements are those items which have an asterisk (*) in the Not Met column.

Name – Center		Physical Address – Center (Street, City, Zip Code)		Facility ID Number
Name – Licensee		Name – Primary Provider (if not the licensee)		Email Address – Licensee
Telephone Number – Center	Cell Phone Number – Licensee	Licensed Capacity	Ages Accepted	Hours of Operation
License Continuation Date	<input type="checkbox"/> Yes <input type="checkbox"/> No Exceptions / Stipulations			Monitoring Plan

Additional Programming:

Night Care Infant / Toddler Care Licensee not primary provider (50%) Collaborative Agreement (4K / HS)

Code Section (Subsection)	Pg	Date Reviewed	Code Section (Subsection)	Pg	Date Reviewed
250.04 Operational requirements	1		250.07 Program	16	
(1) Terms of license; (2) Administration	1		(1) Program planning and scheduling; (2) Child guidance	16	
(3) Reports	2		(3) Equipment and furnishings	17	
(4) Parents	3		(4) Rest periods, (6) Health	18	
(6) Children’s records	4		(7) Pets and animals	20	
(7) Confidentiality, (8) Reporting child abuse or neglect	5		250.08 Transportation	21	
250.05 Staff	5		(1) Applicability; (2) Permission and emergency information	21	
(2) Staff records	5		(3) Required information for each trip	21	
(3) Qualifications of staff	6		(4) Driver	22	
(4) Staff development	7		(5) Vehicle; (6) Seat belts and child safety restraints	23	
250.055 Supervision and grouping of children	8		(7) Vehicle capacity and supervision	23	
(1) Supervision	8		(8) Vehicle safety alarm	24	
(2) Grouping of children	9		250.09 Additional requirements for infant and toddler care	24	
250.06 Physical plant and equipment	10		(1) Applicability, qualifications and general requirements	24	
(1) Building; (2) Protective measures	10		(2) Daily program	24	
(3) Emergency plans and drills; (4) Fire protection	11		(3) Feeding; (4) Diapering and toileting	25	
(6) Water; (7) Exits, doors & windows	12		250.095 Licensee not providing care at least 50% of center hours	26	
(9) Food preparation and service	13		250.10 Additional requirements for night care	27	
(11) Outdoor space	14		250.11 Licensing Administration	28	
(12) Swimming areas	15		250.12 Complaints, Inspections and Enforcement Actions	29	

Date(s) – Licensing

Visit(s): _____

DCF 250.04 OPERATIONAL REQUIREMENTS	Met	Not Met	N/A	COMMENTS
250.04(1) Terms of license				
(1)(a) LICENSED CAPACITY The number of children in the care of a family child care center at any time may not exceed the number for which the center is licensed.		*		
(1)(b) AGE RANGE OF CHILDREN The age of children served by a center may not be younger or older than the age range specified in the license issued.				
(1)(c) HOURS, DAYS, MONTHS OF OPERATION The hours, days and months of a center's operation may not exceed those specified in the license.				
250.04(2) Administration. A licensee shall do all of the following:				
* (2)(a) COMPLIANCE WITH LAWS Comply with all laws governing the facility and its operation.		*		
(2)(b) COMPLIANCE WITH RULES Comply with all requirements in this chapter.				
(2)(bm) COMPLIANCE WITH CONDITIONS Comply with all conditions placed on the license.				
(2)(c) CURRENT, ACCURATE INFORMATION Ensure that all information provided to the department is current and accurate.				
* (2)(cm) WISCONSIN RESIDENT DESIGNEE If residing in another state, designate in writing, as part of the application under s. DCF 250.11 (3) and (4), a Wisconsin resident who is responsible on behalf of the licensee for ensuring compliance with all requirements of this chapter.				
(2)(d) APPLICATION MATERIALS, FEES Prior to receiving or continuing a license, complete all application forms and pay all fees and forfeitures due to the department.				
* (2)(e) SUBMIT, IMPLEMENT & PROVIDE POLICIES TO PARENTS Develop, submit to the department, implement, and provide to the parents written policies and procedures consistent with the requirements of this chapter related to all of the following:				
* (2)(e)1. POLICY SUBMITTED & IMPLEMENTED – ENROLLMENT & DISCHARGE Enrollment and discharge of enrolled children.				
* (2)(e)2. POLICY SUBMITTED & IMPLEMENTED – FEES Fee payment and refunds.				
* (2)(e)3. POLICY SUBMITTED & IMPLEMENTED – ABSENCES Child and provider absences, including a procedure to contact a parent if a child is absent from the center without prior notification from the child's parent.				
* (2)(e)4. POLICY SUBMITTED & IMPLEMENTED – HEALTH Children's and staff's health care, including those policies and procedures pertaining to SIDS risk reduction, if the center is licensed to care for children under one year of age.				
* (2)(e)5. POLICY SUBMITTED & IMPLEMENTED – NUTRITION Nutrition.				
* (2)(e)6. POLICY SUBMITTED & IMPLEMENTED – DAILY ACTIVITIES Daily activities of the children.				
* (2)(e)7. POLICY SUBMITTED & IMPLEMENTED – CHILD GUIDANCE Child guidance, including appropriate ways to manage crying, fussing or distraught children.				

DCF 250.04 OPERATIONAL REQUIREMENTS (continued)	Met	Not Met	N/A	COMMENTS
* (2)(e)8. POLICY SUBMITTED & IMPLEMENTED – TRANSPORTATION Transportation of children for any purpose including field trips. The policy shall include a procedure to ensure that no child has been left unattended in a vehicle.				
* (2)(e)9. POLICY SUBMITTED & IMPLEMENTED – RELIGIOUS INSTRUCTION, PRACTICES Religious instruction or practices, if any.				
* (2)(e)10. POLICY SUBMITTED & IMPLEMENTED – PETS Information related to the numbers, types and location of pets or other animals located on the premises of the center and the type of access the children will have to the pets.				
* (2)(f) ADMINISTRATION – STAFF ORIENTATION PLAN Develop, submit to the department, and implement a written orientation plan for any employees, substitutes, and emergency back-up providers. The orientation plan shall cover all the items described in s. DCF 250.05(4)(a) and (b). (Note: Changes to policies must be submitted to the department immediately.)				
* (2)(g) INSURANCE INFORMATION TO PARENTS Maintain liability insurance on the child care business if cats or dogs are allowed in areas accessible to children during the hours of operation. The insurance policy shall indicate the number of children covered and the dates of coverage.				
* (2)(gm) INSURANCE INFORMATION TO PARENTS Provide written information to parents on whether a licensee has insurance coverage on the premises and on the child care business. Note: The information provided could be included as a rider on a homeowner policy or a separate insurance policy on the child care business. A certificate of insurance or other documentation from an insurance company that indicates the number of children covered, dates of coverage, and types of pets covered is acceptable.				
(2)(h) LICENSE POSTED & VISIBLE Post the child care license in a location where parents can see it during the hours of operation.				
(2)(i) INFORMATION POSTED Post next to the child care license all of the following:				
(2)(i)1.a. MONITORING RESULTS POSTED The current licensing statement of compliance or a noncompliance statement and correction plan, including any rule violations the department has not verified as corrected and in compliance.				
(2)(i)1.b. DEPARTMENT NOTICES POSTED Any notice from the department regarding rule violations, such as a warning letter or enforcement action.				
(2)(i)1.c. STIPULATIONS, CONDITIONS, EXCEPTIONS POSTED Any stipulations, conditions, temporary closures, exceptions, or exemptions that affect the license.				
(2)(i)2. ITEMS POSTED - VISIBLE TO PARENTS All items posted shall be visible to parents.				
(2)(j) ADMINISTRATION – HEALTH, SAFETY, WELFARE OF CHILDREN Ensure that any action, by commission or omission, or any condition or occurrence relating to the operation or maintenance of the center does not adversely affect the health, safety or welfare of any child in care of the licensee.				
(2)(k) ADMINISTRATION – MEET WITH LICENSING REPRESENTATIVE Meet, upon request of the department, with a licensing representative on matters pertaining to the license.				

DCF 250.04 OPERATIONAL REQUIREMENTS (continued)	Met	Not Met	N/A	COMMENTS
(2)(L) BACKGROUND CHECK REQUEST FORM – ADDITION TO HOUSEHOLD Submit completed background check request form to the department for each potential household member prior to the date on which the individual becomes a household member, unless the person is less than 10 years of age.				
(2)(m) BACKGROUND CHECK REQUEST FORM – CURRENT RESIDENT TURNS 10 When a current household member turns 10 years of age, submit a completed background check request form to the department by the department’s next business day.				
250.04(3) Reports				
* (3) WRITTEN REPORT TO THE DEPARTMENT The licensee shall report to the department all of the following. If the report is made by telephone, the licensee shall submit a written report to the appropriate regional licensing office within 5 business days of the incident. Fax, email and letter are acceptable ways of filing a written report:				
(3)(a) REPORT – INCIDENT OR ACCIDENT Any incident or accident that occurs while the child is in the care of the center that results in professional medical evaluation, within 24 hours of the licensee becoming aware of the medical evaluation. (<i>Incident Report – Regulated Child Care</i> may be used to report accidents.)		*		
(3)(am) REPORT – DEATH Any death of a child in care, within 24 hours after the death. (Note: <i>Incident Report – Regulated Child Care</i> may be used to report a death.)		*		
(3)(ar) REPORT – ANIMAL INJURY Any injury caused by an animal to a child in care, within 24 hours of the incident.		*		
(3)(b) REPORT – DAMAGE TO PREMISES Any damage to the premises that may affect compliance with this chapter, or any incident at the premises that results in the loss of utility services, within 24 hours after the occurrence.				
(3)(c) REPORT – CONSTRUCTION, REMODELING Any construction or remodeling on the premises that has the potential to affect an area accessible to children or a condition of the license. Notification shall be provided in writing before the construction or remodeling begins.				
(3)(d) REPORT – PLAN OF CORRECTION If requested by the department, a plan of correction for cited violations of this chapter or ch. 48, Stats., in a format specified by the department. The department shall receive the plan of correction by the date the department specifies and be approved by the department licensing representative.				
(3)(e) REPORT – CONVICTIONS, PENDING CHARGES, OTHER OFFENSES Any known convictions, pending charges, or other offenses of the licensee, a provider, household member, or other person subject to a child care background check, by the department’s next business day.		*		
(3)(f) REPORT – LOST OR MISSING CHILD Any incident related to a child who leaves the premises of the center without the knowledge of a provider or any incident that results in a provider not knowing the whereabouts of a child in attendance at the center within 24 hours of the incident.				

DCF 250.04 OPERATIONAL REQUIREMENTS (continued)	Met	Not Met	N/A	COMMENTS
(3)(g) Any incident involving law enforcement within 24 hours after the occurrence that:				
(3)(g)1. REPORT – LAW ENFORCEMENT CONTACT – HARM Involves a licensee, a household resident or an employee of the center in an incident that causes, or threatens to cause, physical or serious emotional harm to an individual, including a child in the care of the center.				
(3)(g)2. REPORT – LAW ENFORCEMENT CONTACT – TRAFFIC Involves any traffic-related incident where a person responsible for the violation transports children in the care of the center.				
(3)(h) REPORT – CHANGE IN ROOM USAGE Any change in room usage, such as using rooms not previously approved for use at least 20 working days prior to the change. Changes in room usage shall be approved by the department prior to the change.				
(3)(i) REPORT – ABUSE OR NEGLECT Any suspected abuse or neglect of a child by a provider, volunteer or household member that was reported under sub. (8)(a), including any incident that results in a child being forcefully shaken or thrown against a hard or soft surface during the child’s hours of attendance, within 24 hours after the incident.				
(3)(im) REPORT – PROHIBITED ACTIONS Any prohibited actions specified in s. DCF 250.07(2)(c) by a provider, volunteer, or household member to a child in care, within 24 hours after the incident.				
(3)(j) REPORT – CHANGE IN TRANSPORTATION SERVICES A change in transportation services at least 5 calendar days prior to the change. A change in transportation services shall be approved by the department.				
(3)(k) REPORT – STATISTICAL DATA Statistical data required by the department on forms provided by the department.				
(3)(L) REPORT – TEMPORARY CLOSINGS Temporary closings lasting more than 2 weeks, at least 5 calendar days before the closing.				
(3)(Lm) REPORT - UNEXPECTED CLOSURES Unexpected closures lasting more than 2 weeks, within 24 hours after the center has been closed for a 2-week period.				
(3)(m) REPORT – COMMUNICABLE DISEASE Any confirmed case of a communicable disease reportable under ch. DHS 145 in a child enrolled in the child care center or a person in contact with children at the center, within 24 hours after the center is notified of the diagnosis. The licensee shall also notify the parents of all enrolled children and the local health department within 24 hours after the center is notified of the diagnosis.				
250.04(4) Parents				
(4)(a) PARENT VISITS The center shall permit parents to visit and observe the center’s operations at any time during the center’s hours of operation unless parental access is prohibited or restricted by court order.				
* (4)(b) SUMMARY OF RULES The licensee shall give parents of each enrolled child a summary of this chapter.				

DCF 250.04 OPERATIONAL REQUIREMENTS (continued)	Met	Not Met	N/A	COMMENTS
* (4)(c) The licensee shall notify a parent of a child in care of all of the following circumstances:				
* (4)(c)1. PARENT NOTIFICATION – COMMUNICABLE DISEASE The child is or has been exposed to a diagnosed or suspected communicable disease reportable under ch. DHS 145 as specified under sub. (3)(m).				
* (4)(c)2. PARENT NOTIFICATION Notification shall be made immediately in all of the following situations:				
* (4)(c)2.a. PARENT NOTIFICATION – ILLNESS Child becomes ill.				
* (4)(c)2.b. PARENT NOTIFICATION – MEDICAL EVALUATION NEEDED The child needs professional evaluation of an injury.				
* (4)(c)2.c. PARENT NOTIFICATION - INJURY, CONSUMPTION OF ALLERGEN, INCORRECT MEDICATION The child experiences a head injury, has a seizure, consumes incorrect breastmilk, consumes food or drink that may contain the child’s allergen, consumes or comes in contact with poisonous materials, or is given incorrect medication. For purposes of this subdivision, a “head injury” means a bump, blow, or jolt to the head.				
* (4)(c)2.d. PARENT NOTIFICATION - WHEREABOUTS UNKNOWN The child’s whereabouts are unknown to the assigned provider.				
* (4)(c)2.e. PARENT NOTIFICATION - PROHIBITED CHILD GUIDANCE The child was subject to child guidance that is prohibited under s. DCF 250.07 (2) (c) and (d).				
* (4)(c)3. PARENT NOTIFICATION – MINOR INJURY The child has sustained a minor injury that does not appear to require professional medical treatment. Notification may be made when the child is picked up at the center or delivered to the parent or other authorized person.				
* (4)(c)4. PARENT NOTIFICATION – FIELD TRIP The child will be going on a field trip that is not considered part of the regularly scheduled program. Notification of the date, time, and destination shall be prior to the field trip.				
250.04(6) Children's records				
(6)(a) CHILD RECORD – MAINTENANCE, AVAILABILITY 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 all of the following:				
(6)(a)1. CHILD RECORD – ENROLLMENT Enrollment information that includes all of the following:				
a. The name and birthdate of the child; b. The full names of the child's parents; c. The child's home address and telephone number; d. An address and telephone number where a parent can be reached while the child is in care; e. The name, address, telephone number and relationship to the child of a person to be notified in an emergency when a parent cannot be reached immediately; f. The name, address and telephone number of a physician or medical facility caring for the child; g. The names, addresses and telephone numbers of persons other than a parent authorized to call for the child or to accept the child who is dropped off; h. The child's first day of attendance at the center.				

DCF 250.04 OPERATIONAL REQUIREMENTS (continued)	Met	Not Met	N/A	COMMENTS
(6)(a)1m. CHILD RECORD – HEALTH HISTORY FORMS Health history information that includes all of the following:				
a. The name and birthdate of the child; b. The full names of the child’s parents; c. A telephone number where the parent can be reached while the child is in care; d. The name, address, and telephone number of the physician or medical facility caring for the child; e. 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; f. If the child has a medical condition, triggers that may cause a problem, signs or symptoms for the child care worker to watch for, steps a provider should follow, when to call a parent regarding symptoms, when the condition requires emergency medical care, and identifications of all providers who have received specialized training or instructions to help treat symptoms.				
(6)(a)2. CHILD RECORD – FIELD TRIP PERMISSION If field trips and other off-premises activities are a part of the program, written authorization from the parent indicating that the child has permission to participate. (<i>Field Trip or Other Activity Notification / Permission</i> may be used for securing parental authorization.)				
(6)(a)3. CHILD RECORD – ALTERNATE ARRIVAL / RELEASE AGREEMENT A written agreement, signed by the parent, outlining the plan for a child to come to the center from school, home or other activities and to go from the center to school, home or other activities unless the child is accompanied by a parent or other authorized person or the child is transported by the center. (<i>Alternate Arrival / Release Agreement</i> may be used to secure the parent's signed agreement.)				
(6)(a)4. CHILD RECORD –PHYSICAL EXAM Documentation of each child's most recent physical examination subject to the following:				
(6)(a)4.a. CHILD RECORD – PHYSICAL EXAM - UNDER 2 Each child under 2 years of age, including a provider’s own children in care, shall have an initial health examination not more than 6 months prior to nor later than 3 months after being admitted to the center, and a follow-up examination at least once every 6 months.				
(6)(a)4.b. CHILD RECORD – PHYSICAL EXAM – AT LEAST 2, UNDER 5 Each child who is at least 2 years of age but who is not 5 years of age or older, including a provider’s own children in care, shall have an initial health examination not more than one year prior to nor later than 3 months after being admitted to a center, and a follow-up health examination at least once every 2 years thereafter.				
(6)(a)4.c. CHILD RECORD – PHYSICAL EXAM – 5 AND OLDER Child 5 years of age and above are not required to have a health exam.				
(6)(a)4.d. CHILD RECORD – HEALTH EXAM REPORT A health examination report shall be made on an electronic printout from a licensed physician, physician assistant, or other EPSDT provider or on a form provided by the department that is signed and dated by a licensed physician, physician assistant, or other EPSDT provider.				
(6)(a)4m. Documentation that the child’s immunization history is in compliance with s. 252.04, Stats., and ch. DHS 144.				
(6)(a)5. CHILD RECORD – CONSENT FOR EMERGENCY MEDICAL TREATMENT Written permission from the parents under 250.07(6)(k) for medical attention to be sought if child is injured.				

DCF 250.04 OPERATIONAL REQUIREMENTS (continued)	Met	Not Met	N/A	COMMENTS
* (6)(b) CURRENT, ACCURATE DAILY ATTENDANCE RECORD Licensee shall maintain a current, accurate written record of daily attendance that includes actual time of arrival and departure for each child and the child's birthdate. The record shall be kept for the length of time the child is enrolled in the program.		*		
250.04(7) Confidentiality				
(7)(a) CONFIDENTIALITY – COMPLIANCE WITH STATUTES & RULES The licensee is responsible for compliance by the center with s.48.78, Stats., and this subsection.				
(7)(b) The licensee shall ensure that all of the following occur:				
(7)(b)1. DISCLOSURE OF PERSONAL INFORMATION Persons with access to children's records do not discuss or disclose personal information regarding children and facts learned about children and their relatives. This subdivision does not apply to any of the following: a. The child's parent. b. Any person, business, school, social services provider, medical provider, or other agency or organization if written parental consent has been given. c. Agencies authorized under s.48.78, Stats.				
(7)(b)2. ACCESS TO RECORDS & REPORTS – PARENTS A parent, upon request, has access to all records and reports maintained on his or her child.				
(7)(b)3. ACCESS TO RECORDS – LICENSING REPRESENTATIVE All records required by the department under this chapter for licensing purposes are available to the licensing representative.				
250.04(8) Reporting Child Abuse or Neglect				
* (8) MANDATED REPORTING – CHILD ABUSE & NEGLECT A licensee or provider who knows or has reasonable cause to suspect that a child has been abused or neglected as defined in ss. 48.02 (1) and 48.981 (1), Stats., shall immediately contact the county department of social services or human services or local law enforcement agency in compliance with s. 48.981, Stats.				
DCF 250.05 STAFF				
250.05(2) Staff records				
* (2) STAFF FILE – MAINTENANCE & AVAILABILITY A licensee shall maintain a file for each provider, employee, volunteer, or substitute and shall make the file available for review by a licensing representative at the center. The file shall contain all of the following:				
* (2)(a) STAFF FILE – STAFF RECORD FORM The employee's name, address, date of birth, education, position, previous work experience in child care, including the reason for leaving previous positions, and the name, address, and telephone numbers of persons to be notified in an emergency.				
* (2)(b) STAFF FILE – BACKGROUND CHECK RESULTS Documentation from the department, either paper or electronic, that indicates that a child care background check was completed in compliance with the timelines and requirements specified in s. 48.686, Stats., and ch. DCF 13, and the person is eligible to work in a child care program.		*		
* (2)(c) STAFF FILE – DAYS, HOURS WORKED Documentation of the actual hours a provider, substitute, employee, or volunteer worked if the hours were used to meet the applicable staff-to-child ratio under Table DCF 250.055.				

DCF 250.05 STAFF (continued)	Met	Not Met	N/A	COMMENTS
* (2)(d)1. STAFF FILE – PHYSICAL EXAMINATION – FORM Except as provided under subd. 2., a physical examination report completed within 12 months before or 30 days after the person became licensed or began working with children in care. The physical examination report may be a printout of an electronic records from a medical professional or on a form provided by the department. The report shall be dated and signed by a licensed physician, physician's assistant, or other EPSDT provider and shall indicate all of the following: (The Staff Health Report – Child Care Centers form may be used.)				
* (2)(d)1.a. STAFF FILE – PHYSICAL EXAMINATION – ILLNESS The person is free from illness detrimental to children, including tuberculosis.				
* (2)(d)1.b. STAFF FILE – PHYSICAL EXAMINATION – PHYSICAL ABILITY The person is physically able to work with young children.				
(2)(d)2. STAFF FILE – PHYSICAL EXAMINATION – RELIGIOUS EXEMPTION The health examination requirement under subd. 1. does not apply to a provider who requests an exemption from subd. 1. based on the provider's adherence to religious belief in exclusive use of prayer or spiritual means for healing in accordance with a bona fide religious sect or denomination.				
* (2)(e)1. STAFF FILE - REGISTRY CERTIFICATE Except as provided in subd. 2., a certificate from the Wisconsin Registry that indicates the person is qualified for the position the later of becoming licensed or beginning to work with children in care.				
* (2)(e)2.b. STAFF FILE - REGISTRY CERTIFICATE - SUBSTITUTE A substitute is not required to have a certificate from the Wisconsin Registry until the substitute has worked for 240 cumulative hours.				
(2)(f) STAFF FILE – CONTINUING EDUCATION Documentation of compliance with the continuing education requirements under sub. (4)(c).				
250.05(3) Qualifications of staff				
* (3)(a)1. PROVIDER – COMPETENCE Be physically, mentally, and emotionally able to provide responsible care to all children, including children with disabilities.				
* (3)(a)2. PROVIDER – MINIMUM AGE – Be at least 18 years of age.				
* (3)(b) PROVIDER – ENTRY LEVEL TRAINING Before receiving a license or beginning to work with children in care, a licensee or provider shall satisfactorily complete one of the following: 1. All of the following: a. Three credits in early childhood education or a department-approved, non-credit course in early childhood education. b. A noncredit, department approved course in operating a child care business or 2 credits in business or program administration. A person is exempt from this requirement if the person has been licensed or provided care for children in a regulated child care continuously since December 31, 2008, including a combination of licensure under s. 48.65, Stats., certification under s. 48.651, Stats., or employment in a licensed child care center or for a certified child care operator.; 2. The Registry Family Child Care Credential; 3. A child development associate credential in family child care issued by the Council for Professional Recognition.				
(3)(c) PROVIDER TRAINING – SUBSTITUTES & VOLUNTEERS A substitute or volunteer that is used to meet the required staff-to-child ratio shall meet the training requirements specified in par. (b) after the substitute or volunteer has worked in the center for 240 hours.				

DCF 250.05 STAFF (continued)	Met	Not Met	N/A	COMMENTS
(3)(cm) PROVIDER TRAINING –VOLUNTEER AGE A volunteer that is used to meet the required staff-to-child ratios under s. DCF 250.055 shall be at least 18 years of age.				
(3)(d) PROVIDER TRAINING – ADDITIONAL TRAINING REQUIRED PROVIDER If more than one provider is needed to meet the required staff-to-child ratio, each additional provider shall meet the training requirements in par. (b) within 6 months of beginning to work with children in care.				
* (3)(e)1. PROVIDER TRAINING - OBTAIN CPR CERTIFICATE Within 3 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.				
* (3)(e)2. PROVIDER TRAINING - CURRENT CPR CERTIFICATE Each licensee and provider shall maintain a current cardiopulmonary resuscitation certification as specified under subd. 1.				
* (3)(f) PROVIDER TRAINING - INFANT & TODDLER CARE A licensee or a provider shall have satisfactorily completed at least 10 hours of department-approved training in the care of infants and toddlers within 6 months after becoming licensed or working with children in care under age 2 years.				
* (3)(fm) BIENNIAL TRAINING - CHILD ABUSE & NEGLECT Prior to working with children in care and at least every 2 years thereafter, each provider and substitute shall complete training in all of the following:				
* (3)(fm)1. CHILD ABUSE & NEGLECT TRAINING - LAWS Child abuse and neglect laws.				
* (3)(fm)2. CHILD ABUSE & NEGLECT TRAINING - IDENTIFICATION How to identify children who have been abused or neglected.				
* (3)(fm)3. CHILD ABUSE & NEGLECT TRAINING - REPORTING PROCEDURES The procedure for ensuring that all known or suspected cases of child abuse or neglect are immediately reported to the proper authorities.				
* (3)(g) PROVIDER TRAINING - ABUSIVE HEAD TRAUMA Prior to obtaining a license or working with children in care under age 5 years, 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				
* (3)(gm)1. PROGRAM AIDE - AGE Be at least 16 years old.				
* (3)(gm)2. PROGRAM AIDE - SUPERVISION Work under the direction and supervision of a child care provider.				
* (3)(gm)3. PROGRAM AIDE - TRAINING Satisfactorily complete at least one of the following no later than 6 months after assuming the position: a. An assistant child care teacher training program approved by the Wisconsin department of public instruction. b. A noncredit department-approved course on early childhood education.				
* (3)(gm)4. PROGRAM AIDE - NOT COUNTED IN RATIO A program aide may not be counted in the required staff-to-child ratios under Table DCF 250.055.				

DCF 250.05 STAFF (continued)	Met	Not Met	N/A	COMMENTS
(3)(h) DEPARTMENT APPROVAL FOR TRAINER & COURSE No person or agency may offer non-credit child care training as specified in this subsection unless person or agency and the course have been approved by the department. The department may at any time withdraw its approval of a non-credit course. Instructors of non-credit department-approved courses shall be approved by the department prior to teaching a course.				
250.05(4) Staff development				
* (4)(a) STAFF ORIENTATION – DOCUMENTATION Each employee, volunteer, or substitute shall receive an orientation before beginning work with children in care. The orientation shall be documented on a form initialed and dated by the staff person and trainer. The orientation shall cover all of the following: (Use <i>Staff Orientation Checklist – Family Child Care Centers</i> .)		*		
* (4)(a)1. STAFF ORIENTATION – NAMES & AGES OF CHILDREN Names and ages of all the children in care.				
* (4)(a)2. STAFF ORIENTATION – ARRIVAL & DEPARTURE INFORMATION FOR CHILDREN Current arrival and departure information for each child enrolled and the names of people authorized to pick up the child.				
* (4)(a)3. STAFF ORIENTATION – EMERGENCY CONTACT INFORMATION A review of children’s records, including emergency contact information.				
* (4)(a)4. STAFF ORIENTATION – SPECIAL HEALTH CARE NEEDS Specific information relating to children's special health care needs, including medications, disabilities, or special health conditions.				
* (4)(a)5. STAFF ORIENTATION – SIDS RISK REDUCTION PROCEDURES If the center is licensed to care for children under one year of age, procedures to reduce the risk of sudden infant death syndrome.				
* (4)(a)6. STAFF ORIENTATION – DAILY SCHEDULE An overview of the daily schedule, including meals, snacks, nap, and any information related to the eating and sleep schedules of infants and toddlers enrolled in the center.				
* (4)(a)7. STAFF ORIENTATION – EMERGENCY PROCEDURES A review of the center's procedures for dealing with emergencies, including natural disasters, human-caused events, food emergencies, and allergic reactions.				
* (4)(a)9. STAFF ORIENTATION – NIGHT CARE EVACUATION PLAN If the center is licensed to care for children between the hours of 10:00 p.m. and 5:00 a.m., the plan for evacuating sleeping children.				
* (4)(a)10. STAFF ORIENTATION – INFECTIOUS DISEASE CONTROL The prevention and control of infectious diseases, including immunizations.				
* (4)(a)11. STAFF ORIENTATION – ADMINISTRATION OF MEDICATIONS The administration of medications.				
* (4)(a)12. STAFF ORIENTATION - HAZARDOUS MATERIALS The handling and storage of hazardous materials and disposal of biocontaminants. In this subdivision, "biocontaminants" includes blood, body fluids, or excretions that may spread infectious disease.				
* (4)(a)13. STAFF ORIENTATION – REVIEW OF CENTER POLICIES The center policies and procedures required under s. DCF 250.04(2)(e).				

DCF 250.05 STAFF (continued)	Met	Not Met	N/A	COMMENTS
* (4)(a)14. STAFF ORIENTATION – REVIEW OF THE CHAPTER The provisions of this chapter.				
* (4)(a)15. STAFF ORIENTATION – REVIEW OF BACKGROUND CHECK LAW The reporting requirements for the child care background check under s. DCF 13.07(3).				
* (4)(b) EMERGENCY BACK-UP PROVIDER – ORIENTATION Each time an emergency back-up provider cares for children, the emergency back-up provider shall receive an orientation immediately before being left alone with the children. The orientation shall cover all of the following:				
* (4)(b)1. EMERGENCY BACK-UP ORIENTATION – NAMES & AGES OF CHILDREN The names and ages of all the children in care.				
* (4)(b)2. EMERGENCY BACK-UP ORIENTATION – ARRIVAL & DEPARTURE OF CHILDREN Arrival and departure information for each child in care, including names of people authorized to pick up child.				
* (4)(b)3. EMERGENCY BACK-UP ORIENTATION – CHILD FILES LOCATION & CONTENT The location of children’s files, including emergency contact information and consent for emergency medical treatment.				
* (4)(b)4. EMERGENCY BACK-UP ORIENTATION - SPECIAL HEALTH CARE NEEDS Information on any children with special health care needs.				
* (4)(b)5. EMERGENCY BACK-UP ORIENTATION – SIDS RISK REDUCTION PROCEDURES Procedures to reduce the risk of sudden infant death syndrome, if the center is licensed to care for children under one year of age.				
(4)(c)1. CONTINUING EDUCATION – REQUIREMENT & TRAINING TOPICS Each licensee and provider shall satisfactorily complete at least 15 hours of qualifying continuing education annually. Continuing education qualifies under this paragraph if it covers any of the following: a. Prevention and control of infectious diseases. b. Medication administration. c. Prevention of and response to emergencies due to food and allergic reactions. d. Identification and protection from hazards. e. Building and physical premises safety. f. Emergency preparedness and response planning. g. Handling and storage of hazardous materials. h. Handling and disposal of biocontaminants. i. Child growth and development. j. Caring for children with disabilities. k. Guiding children’s behavior. L. Nutrition. m. Physical activity. n. Transportation safety. o. Identification and reporting of suspected child abuse or neglect. p. Cardiopulmonary resuscitation. q. First aid. r. Business operations. s. Any other topic that promotes child development or protects children’s health or safety.				
(4)(c)2. CONTINUING EDUCATION - TRAINING FORMATS Continuing education under subd. 1. may be obtained through attendance at training events, workshops, conferences, consultation with community resource people, web-based training, observation of child care programs, independent reading, or viewing educational materials.				
(4)(c)4. CONTINUING EDUCATION - DOCUMENTATION OF 12 MONTH PERIOD A provider shall have documentation of the 12-month period included in the provider’s training year for meeting continuing education requirements and begin a new training year in the same month each year.				

DCF 250.055 SUPERVISION AND GROUPING OF CHILDREN	Met	Not Met	N/A	COMMENTS
250.055(1) Supervision				
(1)(a) SUPERVISION OF CHILDREN Each child shall be supervised by a provider to guide the child's behavior and activities, prevent harm, and ensure safety.		*		
(1)(b) AWAKE PROVIDER A provider shall be awake when children are in care.				
* (1)(c) PROVIDER – 16 HOUR CARE LIMIT No individual provider may care for children for more than 16 hours in any 24-hour period.				
(1)(d) CHILD – 14 HOUR CARE LIMIT No child may be in care for more than 14 hours in any 24-hour period.				
(1)(e) SUPERVISION PROVIDED BY TRAINED INDIVIDUALS At least one provider who has completed the training required under s. DCF 250.05(3)(b) shall supervise children at all times, except when a substitute is providing care. A substitute shall meet the requirements under s. DCF 250.05(3)(c) and (4)(a).				
(1)(f) MINIMUM AGE FOR PERSON LEFT IN SOLE CHARGE OF CHILDREN No person under 18 years of age may be left in sole charge of the children.				
* (1)(g) PLAN FOR SUPERVISION DURING EMERGENCY OR ABSENCE The center shall have a written plan reviewed by the department for ensuring supervision of the children in an emergency or during a provider's absence.				
* (1)(h) PROVIDER OTHER ACTIVITIES OR OCCUPATIONS A provider may not be engaged in any other activity or occupation during the hours of operation of the center, except for daily maintenance of the home.				
* (1)(i) FOSTER CARE – PRIOR WRITTEN APPROVAL The licensee may not combine the care of children enrolled in the child care center with foster care of other non-related children or adults without the prior written approval of both licensing agencies.				
(1)(j) ALCOHOL OR CONTROLLED SUBSTANCE CONSUMPTION OR UNDER THE INFLUENCE During the hours of the center's operation, no provider or any other person in contact with children may consume or be under the influence of beverages containing alcohol or any non-prescribed controlled substance specified in ch. 961, Stats.		*		
(1)(k) RELEASE OF CHILD – AUTHORIZATIONS A child may not be released to any person who has not been previously authorized by the parent to receive the child.				
* (1)(L) PROCEDURE – NUMBER, NAMES, WHEREABOUTS KNOWN AT ALL TIMES The licensee shall implement and adhere to a procedure to ensure that the number, names, and whereabouts of children in care are known to the provider at all times.		*		
(1)(m) SUPERVISION OF CHILDREN WHILE OUTDOORS A provider shall be outside with children and provide sight and sound supervision of the children, unless the children are playing inside the enclosed outdoor area on the premises, as specified under s.250.06(11)(b).				
(1)(n) SUPERVISION – WADING POOL IN OUTDOOR PLAY SPACE A provider shall be outside with children providing sight and sound supervision of the children when a wading pool with water in it is present in the outdoor play space specified in s. DCF 250.06(11)(b).				

DCF 250.055 SUPERVISION AND GROUPING OF CHILDREN (continued)				Met	Not Met	N/A	COMMENTS
250.055(2) Grouping of children							
(2)(a) MAXIMUM NUMBER OF CHILDREN IN CARE OF THE CENTER At no time may more than 8 children be in the care of the center. This total includes all of the following: 1. All children under 7 years of age, including a provider's own children; and 2. All children 7 years of age or older who are not a provider's own children.					*		
(2)(b) MAXIMUM NUMBER OF CHILDREN IN CARE OF THE PROVIDER The maximum number of children that one provider may care for is specified in Table DCF 250.055.					*		
Maximum Number of Children in Family Child Care per Provider							
Children Under 2 Years of Age	Children 2 Years of Age and Older	Maximum Number of Additional School-Age Children In Care For Fewer Than 3 Hours a Day	Maximum Number of Children				
0	8	0	8				
1	7	0	8				
2	5	1	8				
3	2	3	8				
4	0	2	6				
(2)(c) REQUIREMENTS FOR ADDITIONAL PROVIDER 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. Note: For example, if there are 3 children under age 2 present at one time and 5 children between the ages of 2 years and 6 years present, a second provider is required. At no time may the maximum number of children in care exceed 8.					*		
(2)(d) STAFF-TO-CHILD RATIO – CARE PROVIDED ABOVE OR BELOW GROUND LEVEL When care is provided on a level that is more than 6 feet above or below ground level, no more than 2 children under 2 years of age per provider may be in care.							
DCF 250.06 PHYSICAL PLANT AND EQUIPMENT							
250.06(1) Building							
* (1)(a) COMMERCIAL BUILDING CODE Family child care centers located in a building that is not a one or 2 family dwelling shall conform to the applicable Wisconsin commercial building codes. A copy of a building inspection report evidencing compliance with the applicable building codes shall be submitted to the department prior to the department's issuance of a license.							
* (1)(b)1. USABLE INDOOR SPACE A center shall have at least 35 square feet of usable floor space per child. Usable floor space for children does not include passageways, bathrooms, lockers, storage areas, the furnace room, the part of the kitchen occupied by stationary equipment, and space occupied by furniture that is not intended for children's use.							
* (1)(b)2. MINIMUM INDOOR TEMPERATURE The inside temperature of the center may not be less than 67 degrees Fahrenheit.							

DCF 250.06 PHYSICAL PLANT AND EQUIPMENT (continued)	Met	Not Met	N/A	COMMENTS
* (1)(b)3. INDOOR AIR CIRCULATION If the inside temperature at the center exceeds 80 degrees Fahrenheit, the licensee shall provide for air circulation with safe fans, air conditioning, or other means.				
* (1)(b)4. TOILETS & SINKS There shall be at least one toilet with plumbing and one sink with hot and cold running water available for use by the children in care. The hot water temperature may not exceed 120 degrees Fahrenheit.				
250.06(2) Protective measures				
* (2)(a) ELECTRICAL OR HOT SURFACE PROTECTION Furnaces, water heaters, steam radiators, fireplaces, wood burning stoves, electric fans, electric outlets, electric heating units and hot surfaces such as pipes shall be protected by screens or guards so that children cannot touch them.				
* (2)(b) ACCESS TO POTENTIALLY DANGEROUS ITEMS Firearms, ammunition, and bows and arrows with sharp tips located on the premises or in a vehicle used to transport children shall be kept in locked storage and may not be accessible to children.		*		
* (2)(c) ACCESS TO MATERIALS POTENTIALLY HARMFUL TO CHILDREN Potentially dangerous items and materials harmful to children, including power tools, flammable or combustible materials, insecticides, matches, drugs, and any articles labeled hazardous to children, shall be in properly marked containers and stored in areas inaccessible to children.		*		
* (2)(d) TELEPHONES & EMERGENCY PHONE NUMBERS The center shall have at least one working telephone with a list of emergency telephone numbers, including telephone numbers for the local fire department, police department, law enforcement agency, poison control center and emergency medical service, posted near each telephone.				
* (2)(e) POTENTIAL SOURCE OF HARM ON PREMISES The center's indoor and outdoor child care space shall be free of hazards including any recalled products.		*		
* (2)(f) MOTOR VEHICLE AVAILABILITY A motor vehicle shall be immediately available at the center at all times in case of an emergency if an ambulance or first response unit cannot arrive within 10 minutes of a phone call.				
* (2)(g) DIFFERENCES IN ELEVATION – PROTECTIVE RAILINGS Differences in elevation of more than 18 inches, either indoors or outdoors, including open sides of stairways, elevated platforms, walks, balconies, and mezzanines used by children shall be protected by railings at least 36 inches high and designed to prevent the passage of an object with a diameter larger than 4 inches through any openings in the railing bars.				
* (2)(h) SMOKING PROHIBITED ON PREMISES Smoking is prohibited anywhere on the premises of a center or in a vehicle used to transport children when children are in care.				
<input type="checkbox"/> Yes <input type="checkbox"/> No Is there a hot tub on the premises?				
* (2)(i) HOT TUB – COVERED OR FENCED A hot tub located in a room or area accessible to children shall have a visible, locked, rigid cover or be enclosed by a locked fence at least 4 feet tall. The lock shall be installed so that the lock is inaccessible to children.		*		
* (2)(j) HOT TUB – VISIBLY LOCKED DOOR If a hot tub is located in a room or area that is not intended for use by children, access to the room or area shall be controlled through the use of a visibly locked door. The lock shall be installed so that the lock is inaccessible to children.		*		

DCF 250.06 PHYSICAL PLANT AND EQUIPMENT (continued)	Met	Not Met	N/A	COMMENTS
* (2)(k) DETERIORATING OR TOXIC PAINT The premises shall have no flaking or deteriorating paint on exterior or interior surfaces in areas accessible to children. Lead-based paint or other toxic finishing material may not be used on any surface on the premises.		*		
* (2)(L)1. CARBON MONOXIDE – ONE OR TWO FAMILY RESIDENCE A family child care center in a one-family or two-family residence shall have a functional carbon monoxide detector installed in the basement and on each floor level, except the attic, garage, or storage area of each unit, in accordance with the requirements of s. 101.647, Stats.				
* (2)(L)2. CARBON MONOXIDE – THREE OR MORE RESIDENTIAL UNITS A family child care center in a building with at least 3 residential units shall have one or more functional carbon monoxide detectors installed in accordance with the requirements of s. 101.149, Stats.				
* (2)(m) PREMISES - CONDITION & REPAIR The premises shall be well-drained, free from litter and vermin, in good repair, and maintained in a sanitary condition.				
* (2)(n)1.a. RADON - TESTING Each licensee shall test or have a test conducted for radon gas levels in the lowest level of the center that is used by children in care for at least 7 hours per week. The test shall be conducted for a minimum of 48 hours with the center's windows closed.				
* (2)(n)1.b. RADON - TESTING, CURRENT PROVIDERS In a center licensed prior to the effective date of this subd. 1. (3/1/23), a test for radon gas levels shall be conducted no later than 6 months after the effective date of this subd. 1. (9/1/23)				
* (2)(n)1.c. RADON - TESTING, NEW PROVIDERS In a center licensed on or after the effective date of this subd. 1. (3/1/23), a test for radon gas levels shall be conducted within 6 months prior to providing care for children.				
* (2)(n)2. RADON - RESULTS The licensee shall submit a copy of the radon test results under subds. 1. and 5. to the department within 5 days after receipt.				
* (2)(n)3. RADON - LEVELS The lowest level of a center that is used by children in care for at least 7 hours per week may not have radon gas levels that exceed 4 picocuries per liter of air, except as provided in subd. 4. b.				
* (2)(n)4. RADON - NOTIFICATION If the levels of radon gases exceed 4 picocuries per liter of air in the lowest level of the center, the licensee shall do all of the following:				
* (2)(n)4.a. RADON - NOTIFY PARENTS Notify the parents of children in care.				
* (2)(n)4.b. RADON - MITIGATION SYSTEM Have a radon mitigation system installed, test for radon gas levels following the procedures specified in subd. 1. a., and submit radon test results that meet the standard in subd. 3. to the department within 12 months after the date of the test under subd. 1.				
* (2)(n)5. RADON - CONTINUOUS TESTING The licensee shall test radon gas levels in the center every 2 years after the test under subd. 1. or, if a radon mitigation system was installed, every 2 years after the test under subd. 4. b. The test shall be conducted following the procedures specified in subd. 1. a.				

DCF 250.06 PHYSICAL PLANT AND EQUIPMENT (continued)	Met	Not Met	N/A	COMMENTS
250.06(3) Emergency plans and drills				
* (3)(a) WRITTEN EMERGENCY PLANS Each center shall have a written plan for taking appropriate action in the event of an emergency, including a fire, a tornado, a flood; extreme heat or cold; a loss of building services, including no heat, water, electricity, or telephone; human-caused events, such as threats to the building or its occupants; allergic reactions; lost or missing children; vehicle accidents; or other circumstances requiring immediate attention. The plan shall include specific procedures that address all of the following:				
* (3)(a)1. EMERGENCY PLAN PROCEDURE - EVACUATION, RELOCATION Evacuation, relocation, shelter-in-place, and lock-down.				
* (3)(a)2. EMERGENCY PLAN PROCEDURE - CHILDREN UNDER 2, DISABILITIES Ensuring that the needs of children under age 2 and children with disabilities are met.				
* (3)(a)3. EMERGENCY PLAN PROCEDURE - COMMUNICATION WITH PARENTS Communication with parents.				
* (3)(a)4. EMERGENCY PLAN PROCEDURE - CONNECTING WITH PARENTS Connecting children with their parents if the center is required to evacuate the building.				
* (3)(b) EMERGENCY PLANS - PRACTICE The center shall practice the fire evacuation plan monthly, and the tornado plan monthly from April through October, with the children and shall document when the plans were practiced. Note: The department's form <i>Safety and Emergency Response Documentation – Family Child Care Centers</i> may be used.)				
250.06(4) Fire protection				
* (4)(a)1. SMOKE DETECTORS A center shall have a smoke detector installed according to the manufacturer's instructions and maintained in operating condition at the head of every open stairway, on each level of the center, and in all areas used for nap or rest periods. Note: The smoke detector at the head of an open stairway may also serve as the smoke detector for that level of the center.				
* (4)(a)2. SMOKE DETECTORS - INTERCONNECTED A center shall have an interconnected smoke detection system in operating condition if one or more children under age 2 will be cared for on a level that is more than 6 feet above or below ground level.				
* (4)(a)3. SMOKE DETECTORS - TESTING All smoke detectors shall be tested monthly, and a record shall be kept of the time, date, and results of the test. A smoke detector shall be immediately repaired or replaced if any unit or part of a unit is found to be inoperative.				
* (4)(a)4. SMOKE DETECTORS -BATTERIES The battery in a single-station battery-operated smoke detector shall be replaced at least once each year.				
* (4)(b) FIRE EXTINGUISHER An operable fire extinguisher with a minimum rating of 2A-10BC shall be provided for the kitchen and cooking area and inspected annually, and a provider shall know how to use it. Inspection tags are not required, but documentation of inspection must be on file at the center.				
* (4)(c) UNVENTED SPACE HEATERS Unvented gas, oil or kerosene space heaters are prohibited.				
* (4)(d) WOODBURNING STOVE A woodburning stove may be used only if it meets standards specified under s. SPS 323.045.				

DCF 250.06 PHYSICAL PLANT AND EQUIPMENT (continued)	Met	Not Met	N/A	COMMENTS
* (4)(e) SMOKE DETECTION SYSTEM – CARE PROVIDED ABOVE OR BELOW GROUND LEVEL The center shall be equipped with an interconnected smoke detection system in operating condition if one or more children under age 2 will be cared for on a level that is more than 6 feet above or below the ground level.				
250.06(6) Water				
<input type="checkbox"/> Yes <input type="checkbox"/> No The center gets its water from a private well.				
* (6)(a) DRINKING WATER AVAILABILITY A safe supply of drinking water shall be available to children and staff at all times from a drinking fountain of the angle jet type or by use of a disposable or reusable cup or water bottle. Common use of drinkware is prohibited.				
* (6)(b)1. a. PRIVATE WELL - ANNUAL BACTERIA TEST The center shall have water samples from the well tested for total coliform and Escherichia coli (E. coli) bacteria annually using a laboratory certified by the department of agriculture, trade and consumer protection as specified in ch. ATCP 77. The laboratory report shall be available to the department upon request.				
(6)(b)1. b. PRIVATE WELL - BACTERIOLOGICALLY UNSAFE TEST RESULTS If the water test results indicate the presence of total coliform or E. coli bacteria, the water system shall be appropriately disinfected or treated and retested until it is determined to be free of bacteria. An alternative source of water shall be used for drinking and preparing food or infant formula until the well is free from bacteria.				
* (6)(b)2. a. PRIVATE WELL - ANNUAL NITRATE TEST The center shall have water samples from the well tested for nitrate annually using a laboratory certified under ch. NR 149. The laboratory report shall be available to the department upon request.				
(6)(b)2. b. PRIVATE WELL - UNSAFE NITRATE TEST RESULTS If water test results indicate nitrate levels are above 10 mg/L, an alternative source of water shall be used for drinking and preparing food or infant formula until nitrate levels are below 10 mg/L.				
* (6)(b)3. a. PRIVATE WELL - LEAD TEST The center shall have the well tested for lead every 5 years using a laboratory certified by the department of natural resources under ch. NR 149. The laboratory report shall be available to the department upon request.				
(6)(b)3. b. PRIVATE WELL - UNSAFE LEAD RESULTS If water test results indicate lead levels are above 15 micrograms per liter (µg/L), an alternative source of water shall be used for drinking and preparing food or infant formula until action is taken to reduce lead levels below 15 µg/L as confirmed by an additional water test.				
250.06(7) Exits, doors and windows				
* (7)(a)1. EXITS – UNOBSTRUCTED All exits shall be clear of obstructions.				
* (7)(a)2. EXITS – TWO ON EACH LEVEL Each floor or level occupied by children shall have at least 2 exits.				
* (7)(a)3. EXITS – LOCATION Exits shall be located as far apart as practical.				
* (7)(a)4. EXITS – WIDTH The width of every exit door shall be at least 2 feet 6 inches.				

DCF 250.06 PHYSICAL PLANT AND EQUIPMENT (continued)	Met	Not Met	N/A	COMMENTS
* (7)(a)5. EXITS – PRIMARY EXIT REQUIREMENTS The primary exit shall be a door or stairway providing unobstructed travel to the outside of the building at street or ground level.				
* (7)(a)6. The secondary exit shall be one of the following:				
* (7)(a)6.a. SECONDARY EXIT – DOOR OR STAIRWAY A door or stairway that provides unobstructed travel to the outside of the building at street or ground level.				
* (7)(a)6.b. SECONDARY EXIT – PLATFORM OR ROOF A door or stairway leading to a platform or roof with railings complying with sub. (2)(g), which has an area of at least 25 square feet, is at least 4 feet long, and is not more than 15 feet above ground level.				
* (7)(a)6.c. SECONDARY EXIT – WINDOW Except in an upstairs duplex, a window that is not more than 46 inches above the floor, capable of being opened from the inside without the use of a tool or removal of a sash, and which has a nominal window opening size of at least 20 inches in width and 24 inches in height.				
* (7)(a)6.d. REQUIREMENT FOR CENTER IN UPSTAIRS DUPLEX A center located in the upstairs unit of a duplex shall have 2 exits leading directly to the ground floor or to a platform as described in subd. 6. a. and b.				
* (7)(a)7. If care is provided in a basement, all of the following apply:				
* (7)(a)7.a. CARE PROVIDED IN BASEMENT – PRIMARY EXIT The primary exit shall be a door or stairway that provides unobstructed travel to the outside of the building at street or ground level.				
* (7)(a)7.b. CARE PROVIDED IN BASEMENT – SECONDARY EXIT The secondary exit shall be either a door or stairway leading to the ground level or a window not more than 46 inches above the floor that is capable of being opened from the inside without the use of tool or removal of a sash, and which has a nominal window opening size of at least 20 inches in width and 24 inches in height. The window shall open directly to the ground or to a window well with an area of at least 6 square feet that is not more than 46 inches below the ground.				
* (7)(b)1. CLOSET DOOR LATCHES Every closet door latch shall be capable of being opened by children from inside the closet.				
* (7)(b)2. TOILET ROOM DOOR LOCKS Every toilet room door lock shall be designed to permit the locked door be opened from the outside in an emergency, and the opening device shall be readily accessible to a provider.				
* (7)(b)3. WINDOW SCREENS Windows that are capable of being opened and located in areas of the center that are accessible to children shall have screens.				
250.06(9) Food preparation and service				
* (9)(a) KITCHEN EQUIPMENT, UTENSILS, EATING SURFACES Equipment and utensils for preparing, serving and storing food shall be clean and equipped for the safe handling of food. Eating surfaces shall be washed before use.				

DCF 250.06 PHYSICAL PLANT AND EQUIPMENT (continued)	Met	Not Met	N/A	COMMENTS
(9)(b) DISHWASHING & SINGLE-USE ITEMS Reusable eating and drinking utensils shall be thoroughly cleaned with detergent and hot water and rinsed after use. Single-use articles such as food containers designed to be used only once and discarded including plastic silverware, paper or styrofoam cups and plates may not be reused.				
(9)(c) SAFE FOOD Food shall be clean, wholesome, free from spoilage and from adulteration and misbranding, and safe for human consumption. Meat, poultry, fish, molluscan shellfish, eggs, and dairy products shall be from an inspected source.				
* (9)(d) FOOD STORAGE, TEMPERATURES Food shall be covered and stored at temperatures that protect against spoilage. Refrigerators shall be maintained at 40 degrees Fahrenheit or lower and freezers shall be maintained at 0 degrees Fahrenheit or lower.				
(9)(e) LEFTOVER FOOD Extra food that was prepared but not served shall be dated, refrigerated promptly, and used within 36 hours, or frozen immediately for use within 6 months.				
(9)(f) NUMBER OF MEALS & SNACKS Food shall be provided based on the amount of time children are in care, as specified in Table 250.06.				
TABLE 250.06 Meals and Snacks to be Served to Children				
Time Present	Number of Meals and Snacks			
At least 2 1/2 but less than 4 hours	1 snack			
At least 4 but less than 8 hours	1 snack and 1 meal			
At least 8 but less than 10 hours	2 snacks and 1 meal			
10 or more hours	2 meals and 2 or 3 snacks			
(9)(g) MEALS & SNACKS - INTERVALS Food shall be served at flexible intervals, but no child may go without nourishment for longer than 3 hours.				
(9)(h) MEALS & SNACKS - MINIMUM MEAL REQUIREMENTS At a minimum, children shall be provided food for each meal and snack that meets the U.S. department of agriculture child and adult care food program minimum meal requirements. Note: The USDA meal program requirements can be found at the USDA's website, http://www.fns.usda.gov/cacfp/meals-and-snacks .				
(9)(i) MEALS & SNACKS - ADDITIONAL PORTIONS Additional portions of vegetables, fruits, bread, and milk shall be available.				
(9)(j) MEALS & SNACKS - RECORDS Accurate records of meals and snacks served to children shall be available for review by parents and the licensing representative. Written records of meals and snacks served to children must be kept for 3 months.				
(9)(k) MEALS & SNACKS - PROVIDED BY PARENTS When food for a child is provided by a child's parent, the licensee shall give the parent information about the requirements for food groups and quantities specified by the U.S. department of agriculture child and adult care food program minimum meal requirements.				

DCF 250.06 PHYSICAL PLANT AND EQUIPMENT (continued)	Met	Not Met	N/A	COMMENTS
(9)(L) MEALS & SNACKS - SCHOOL-AGE CHILDREN A child enrolled in school who is in attendance at the center when a meal or snack is served shall be offered the meal or snack.				
(9)(m) MEALS & SNACKS - SPECIAL DIET FOR MEDICAL CONDITION A special diet based on a medical condition, excluding food allergies, but including nutrient concentrates and supplements, may be served only upon written authorization of a child's physician and upon the request of the parent.				
(9)(n) MEALS & SNACKS - SPECIAL DIET FOR FOOD ALLERGY A special diet based on a food allergy may be served upon the written request of the parent.				
250.06(11) Outdoor space				
* (11)(a) OUTDOOR PLAY SPACE – REQUIREMENT A center shall have outdoor play space if any child is receiving care for more than 3 hours a day.				
<input type="checkbox"/> Yes <input type="checkbox"/> No The outdoor play space is on the premises of the center. (11)(b) Except when an exemption is requested and approved by the department under par. (c), a center shall comply with all of the following requirements for outdoor play space:				
*(11)(b)1. OUTDOOR PLAY SPACE – ON PREMISES Space shall be on the premises of the center.				
*(11)(b)2. OUTDOOR PLAY SPACE – SPACE REQUIREMENTS There shall be at least 75 square feet of outdoor play space for each child using the space at a given time. A center with a licensed capacity of 8 children is required to have a minimum of 600 square feet.				
*(11)(b)3. OUTDOOR PLAY SPACE – CCA TREATED LUMBER Structures such as playground equipment, railings, decks, and porches accessible to children and built with CCA-treated lumber shall be sealed with oil-based sealant or stain at least every 2 years.				
*(11)(b)3m. OUTDOOR PLAY SPACE – CREOSOTE AND PCP TREATED WOOD Wood treated with creosote or pentachlorophenol (PCP), including railroad ties, may not be used in areas accessible to children.				
*(11)(b)4. OUTDOOR PLAY SPACE – ENCLOSURE A permanent enclosure not less than 4 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 4 inches.				
*(11)(b)5. OUTDOOR PLAY SPACE – PROHIBITED SURFACES Concrete and asphalt are prohibited under climbing equipment, swings and slides.				
*(11)(c)2. OFF-PREMISES PLAY SPACE – EXEMPTION If a center has no outdoor play space available on the premises of the center, the licensee may request an exemption from the requirements under subd. 3. for the center's outdoor play space.				
<input type="checkbox"/> Yes <input type="checkbox"/> No The outdoor play space is off the premises of the center.				
*(11)(c)3. OFF-PREMISES PLAY SPACE – REQUEST & PLAN A request for an exemption under subd. 2. shall be in writing and shall be accompanied by a plan for outdoor play space that does all of the following: (Request for Exemption may be used.)				

DCF 250.06 PHYSICAL PLANT AND EQUIPMENT (continued)	Met	Not Met	N/A	COMMENTS
(11)(c)3.a. OFF-PREMISES PLAY SPACE PLAN – LOCATION, DISTANCE, TRANSPORTATION Identifies and describes the location to be used, the travel distance from the center to that location and the means of transporting the children to that location.				
(11)(c)3.b. OFF-PREMISES PLAY SPACE PLAN – SUPERVISION Provides for adequate supervision of the children as specified in Table 250.05.				
(11)(c)3.c. OFF-PREMISES PLAY SPACE PLAN – DAILY EXERCISE Provides for daily vigorous exercise in the out-of-doors for the children.				
(11)(c)3.d. OFF-PREMISES PLAY SPACE PLAN – TOILETING & DIAPERING Describes the arrangements to meet the toileting and diapering needs of the children.				
(11)(c)3.e. OFF-PREMISES PLAY SPACE PLAN – AFFIRMATION OF COMPLIANCE Affirms the center's compliance with the requirements included in subds. 4. to 7.				
(11)(c)4. OFF-PREMISES PLAY SPACE – POTENTIAL SOURCE OF HARM 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.				
(11)(c)5. OFF-PREMISES PLAY SPACE – SPACE REQUIREMENTS There shall be at least 75 square feet of play space for each child using the space at a given time.				
(11)(c)6. OFF-PREMISES PLAY SPACE – PROHIBITED SURFACES No climbing equipment, swing or slide in the play space may have concrete or asphalt under it.				
(11)(c)7. OFF-PREMISES PLAY SPACE – CHILDREN UNDER 3 When the off-premises outdoor play space is reached by walking, the center shall transport children under 3 years of age in wheeled vehicles, such as strollers or wagons, with a seating capacity equal to the number of children under 3 years of age to be transported.				
(11)(c)9. OFF-PREMISES PLAY SPACE – CHANGES If any circumstance described in an approved plan for use of off-premises outdoor play space changes or if any condition for plan approval is not met, the department may withdraw its approval of the plan and cancel the exemption. A center with an approved plan shall immediately report to the department's licensing representative any significant change in any circumstance described in the plan.				
250.06(12) Swimming areas				
<input type="checkbox"/> Yes <input type="checkbox"/> No There is a swimming pool or beach on the premises.				
*(12)(a) ON-PREMISES SWIMMING POOL – USE & ENCLOSURE Swimming pools on the premises of the center 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. In addition, all the following restrictions apply:		*		
*(12)(a)1. ON-PREMISES SWIMMING POOL – GATE ACCESS If access to the pool is through a gate, the gate shall be closed and locked during the center's hours of operation.		*		
*(12)(a)2. ON-PREMISES SWIMMING POOL – DOOR ACCESS 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.		*		

DCF 250.06 PHYSICAL PLANT AND EQUIPMENT (continued)	Met	Not Met	N/A	COMMENTS
*(12)(a)3. ON-PREMISES SWIMMING POOL – LOCKS Locks shall be located so that the locks cannot be opened by the children.		*		
*(12)(a)4. ON-PREMISES SWIMMING POOL – WALL & LADDER 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.		*		
*(12)(a)5. ON-PREMISES SWIMMING POOL – SURROUNDING AREA 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.		*		
<input type="checkbox"/> Yes <input type="checkbox"/> No Use of an on-premises wading pool is part of the center’s programming.				
*(12)(b) WADING POOL USE A wading pool on the premises may be used if the water is changed daily and the pool is disinfected daily. Supervision requirements and staff-to-child ratios under s. DCF 250.05(3) and (4) shall be met.				
<input type="checkbox"/> Yes <input type="checkbox"/> No Use of off-premises wading pools, pools, water attractions or beaches, is part of the center’s programming.				
(12)(c) A pool, wading pool, water attraction, or beach that is not located on center premises may be used by children, if all of the following conditions are met:				
(12)(c)1. OFF-PREMISES SWIMMING – POOL CONSTRUCTION, OPERATION The construction and operation of the pool meet the requirements of chs. Comm 90 and DHS 172 for public swimming pools and the beach complies with any applicable local ordinance.				
(12)(c)2. OFF-PREMISES SWIMMING – LIFEGUARDS Certified lifesaving personnel are on duty.				
(12)(c)3. While children are in the water of a pool or beach, the following staff-to-child ratios for persons who can swim are met:				
(12)(c)3.a. OFF-PREMISES SWIMMING – RATIOS UNDER AGE 2 For children under 2 years of age: 1:1.				
(12)(c)3.b. OFF-PREMISES SWIMMING – RATIOS AGES 2 & 3 For children 2 and 3 years of age: 1:3.				
(12)(c)3.c. OFF-PREMISES SWIMMING – RATIOS AGES 4 & 5 For children 4 and 5 years of age: 1:6.				
(12)(c)3.d. OFF-PREMISES SWIMMING – RATIOS AGE 6 & ABOVE For children 6 years of age and older: 1:8.				
(12)(c)4. OFF-PREMISES SWIMMING – MIXED AGE GROUP RATIOS When a mixed age group of children are swimming, the staff-to-child ratio shall be adjusted based on the number of children in the water and each child’s age. Note: A worksheet to help calculate the staff-to-child ratio for mixed aged groupings during swimming is available from your licensing representative.				
(12)(c)5. OFF-PREMISES SWIMMING – SWIMMING ABILITY RESTRICTION A child shall be restricted to the area of the pool or beach that is within the child’s swimming ability.				
(12)(c)6. OFF-PREMISES SWIMMING – SUPERVISION If some of the children are in the water and others are not, there shall be at least 2 providers supervising the children. One provider shall supervise the children who are in the water, and the other provider shall supervise the children who are not in the water.				

DCF 250.07 PROGRAM	Met	Not Met	N/A	COMMENTS
250.07(1) Program planning and scheduling				
* (1)(a) A provider shall plan activities so that each child may be or do all of the following:				
* (1)(a)1. PLAN OF ACTIVITIES – PROMOTES SELF-ESTEEM Be successful and feel good about himself or herself.				
* (1)(a)2. PLAN OF ACTIVITIES – PROMOTES LANGUAGE Use and develop language.				
* (1)(a)3. PLAN OF ACTIVITIES – PROMOTES MUSCLE DEVELOPMENT Use large and small muscles.				
* (1)(a)4. PLAN OF ACTIVITIES – PROMOTES CREATIVITY Use materials and take part in activities that encourage creativity.				
* (1)(a)5. PLAN OF ACTIVITIES – ENCOURAGES NEW IDEAS & SKILLS Learn new ideas and skills.				
* (1)(a)6. PLAN OF ACTIVITIES – PROMOTES IMAGINATIVE PLAY Participate in imaginative play.				
* (1)(a)7. PLAN OF ACTIVITIES – EXPOSURE TO A VARIETY OF CULTURES Be exposed to a variety of cultures.				
* (1)(a)8. PLAN OF ACTIVITIES – PROMOTES LITERACY Develop literacy skills.				
* (1)(b) DAILY ACTIVITIES – PLAN FOR AGE & DEVELOPMENT LEVELS A provider shall plan daily activities according to the age and developmental level of each child in care and shall include a flexible balance of all of the following:				
* (1)(b)1. DAILY ACTIVITIES – INCLUDES INDOOR & OUTDOOR ACTIVITIES Daily indoor and outdoor activities when a child is in care for more than 3 hours except that outdoor activities are not required during inclement weather or when not advisable for health reasons.				
* (1)(b)2. DAILY ACTIVITIES – INCLUDES ACTIVE & QUIET PLAY Active and quiet play.				
* (1)(b)3. DAILY ACTIVITIES – PROTECTION FROM EXCESS FATIGUE Protection from excess fatigue and over-stimulation.				
* (1)(b)4. DAILY ACTIVITIES – INCLUDES INDIVIDUAL & GROUP ACTIVITIES Individual and group activities.				
* (1)(c) TELEVISION & VIDEO VIEWING Television, including videotapes and DVDs, may be used only to supplement the daily plan for children. No child may be required to watch television.				
250.07(2) Child guidance				
(2)(a) GUIDING CHILDREN'S BEHAVIOR 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.				
<input type="checkbox"/> Yes <input type="checkbox"/> No Time-out periods are used.				
* (2)(b)2.a. TIME-OUTS - AGE The child is 3 years of age or older.				
* (2)(b)2.b. TIME-OUTS - NONHUMILIATING MANNER The provider offers the child the time-out period in a non-humiliating manner.				
* (2)(b)2.c. TIME-OUTS - TIME The time-out period does not exceed 3 minutes.				

DCF 250.07 PROGRAM (continued)	Met	Not Met	N/A	COMMENTS
* (2)(b)2.d. TIME-OUTS - NOT ISOLATED The child is not isolated.				
* (2)(b)2.e. TIME-OUTS -NOT REMOVED FROM ROOM The child is not removed from room.				
* (2)(b)3. TIME-OUT PROCEDURE The procedures for time-out periods shall be included in the center's written child guidance policy.				
(2)(c) CHILD GUIDANCE – PROHIBITED ACTIONS Actions that may be psychologically, emotionally or physically painful, discomfoting, dangerous or potentially injurious are prohibited. Examples of prohibited actions include all of the following:		*		
(2)(c)1. PROHIBITED ACTIONS – CORPORAL PUNISHMENT Spanking, hitting, pinching, shaking, slapping, twisting, throwing, or inflicting any other form of corporal punishment on the child.		*		
(2)(c)2. PROHIBITED ACTIONS – VERBAL ABUSE Verbal abuse, threats or derogatory remarks about the child or the child's family.		*		
(2)(c)3. PROHIBITED ACTIONS – PHYSICAL RESTRAINT, RESTRICTION, ENCLOSURE Physical restraint, binding or tying the child to restrict the child's movement or enclosing the child in a confined space such as a closet, locked room, box or similar cubicle.		*		
(2)(c)4. PROHIBITED ACTIONS – WITHHOLDING OR FORCING FOOD, SLEEP Withholding or forcing meals, snacks or naps.		*		
(2)(c)5. PROHIBITED ACTIONS – CRUEL, AVERSIVE, FRIGHTENING, HUMILIATING Actions that are cruel, aversive, humiliating or frightening to the child.		*		
* (2)(d) PROHIBITED PUNISHMENT – TOILET TRAINING A child may not be punished for lapses in toilet training.				
250.07(3) Equipment and furnishings				
* (3)(a) PLAY EQUIPMENT – PROVIDED Safe indoor and outdoor play equipment shall be provided and shall be all of the following:				
* (3)(a)1. PLAY EQUIPMENT – SIZE, DEVELOPMENTAL LEVEL Scaled to the size and developmental level of the children.				
* (3)(a)2. PLAY EQUIPMENT – SAFE & STURDY Of sturdy construction with no sharp, rough, loose, or pointed edges, in good operating condition, and anchored when necessary.				
* (3)(a)3. PLAY EQUIPMENT – PLACEMENT Placed so as to avoid danger of accident or collision and to permit freedom of action.				
* (3)(a)4. PLAY EQUIPMENT - CONDITION Maintained in a clean and sanitary condition.				
* (3)(a)5. PLAY EQUIPMENT - MANUFACTURER INSTRUCTIONS AND RECOMMENDATIONS Used in accordance with all manufacturer's instructions and any manufacturer's recommendations that may affect the safety of children in care.				
* (3)(b) PLAY EQUIPMENT – VARIETY Various types of play equipment shall be provided to allow for large and small muscle activity, dramatic play, creative expression and intellectual stimulation.				

DCF 250.07 PROGRAM (continued)	Met	Not Met	N/A	COMMENTS
* (3)(c) AMOUNT OF INDOOR PLAY EQUIPMENT Indoor play equipment shall be provided to allow each child a choice of at least 3 activities involving equipment when all children are involved in using equipment.				
* (3)(d) AMOUNT OF OUTDOOR PLAY EQUIPMENT Outdoor play equipment shall be provided to allow each child at least one activity when all children are using equipment at the same time.				
<input type="checkbox"/> Yes <input type="checkbox"/> No There is a trampoline or inflatable bounce surface on the premises.				
* (3)(e) TRAMPOLINES & INFLATABLE BOUNCE SURFACES Trampolines and inflatable bounce surfaces on the premises shall not be in areas accessible to children and may not be used by the children in care.				
* (3)(f) FURNISHINGS - SAFE, DURABLE Furnishings shall be clean, durable, and safe with no sharp, rough, loose, or pointed edges.				
* (3)(g) The furnishings shall include all of the following:				
* (3)(g)1. FURNISHINGS - TABLE SPACE & SEATING Table space and seating for each child.				
* (3)(g)2. FURNISHINGS - STORAGE SPACE Storage space for equipment, bedding, and children's clothing and personal belongings.				
250.07(4) Rest periods				
* (4)(a) NAPS – REQUIREMENTS Children under 5 years of age in care for more than 4 consecutive hours shall have a nap or rest period.				
* (4)(b) NAPS – AWAKE CHILDREN A provider shall permit children who do not sleep after 30 minutes and children who wake up early to get up and shall help them to have a quiet time through the use of equipment or activities which do not disturb other children.				
* (4)(c) NAPS – SLEEP SURFACE & PLACEMENT - CHILD 1 YEAR AND OLDER Each child one year of age and older who has a nap or rest period shall be provided with a sleeping surface that is clean, safe, washable, and placed at least 2 feet from the next sleeping child. The sleeping surface may be any of the following: 1. A bed. 2. A cot. 3. A padded mat. 4. A sleeping bag. 5. A crib or playpen.				
* (4)(cm) NAPS - SLEEP SURFACE - CHILD UNDER 1 YEAR Each child under one year of age who naps or sleeps shall be provided with a clean, safe, washable crib or playpen that meets the applicable safety standards in 16 CFR 1219 or 1220 and shall be placed at least 2 feet from the nearest sleeping child. Cribs or playpens may be placed end-to-end if a solid partition separates the crib or playpen, and an aisle not less than 2 feet in width is maintained between sleeping surfaces.				
* (4)(d) NAPS – BEDDING Each child one year of age or older who is not using a sleeping bag shall be provided with an individually identified sheet and blanket that may be used only by that child until it is washed. Sleeping bags and bedding shall be stored in a sanitary manner and washed at least after every 5 uses or as soon as possible if wet or soiled.				
(4)(e) NAPS – SLEEPING ARRANGEMENTS Infants shall sleep alone in cribs or playpens. Two related children may share a double bed. No more than one child may occupy a single size bed, cot, mat or sleeping bag.				

DCF 250.07 PROGRAM (continued)	Met	Not Met	N/A	COMMENTS
250.07(6) Health				
(6)(a)1. CONTACT WITH PERSON - ILLNESS OR COMMUNICABLE DISEASE No child or other person with a reportable communicable disease specified in ch. DHS 145 may be admitted to, or be permitted to remain in, a center during the period when the disease is communicable.				
(6)(a)1m. CONTACT WITH PERSON - ADMITTED OR READMITTED A licensee, provider, household member, employee, volunteer, visitor, parent, or a child in care may be admitted or readmitted to the family child care center if the person provides a written statement from a physician that the condition is no longer contagious or if the person has been absent for a period of time equal to the longest usual incubation period for the disease under ch. DHS 145.				
(6)(a)2.a. CONTACT WITH PERSON – BEHAVIOR A licensee, provider, household member, employee, volunteer, visitor or parent whose behavior with respect to any child, adult, animal or property, on or off the center’s premises, raises reasonable concern for the safety of the children, may not be in contact with the children in care.		*		
(6)(a)2.b. CONTACT WITH PERSON – MENTAL HEALTH EXAMINATION The department may require a licensee, provider, household member or other adult in contact with the children whose behavior gives reasonable concern for the safety of children to submit to an examination by a licensed mental health professional as a condition of licensure or employment.				
(6)(a)3. CONTACT WITH PERSON – DIARRHEAL DISEASE No person with a health history of typhoid, paratyphoid, dysentery or other diarrheal disease may work in a center until it is determined by appropriate medical tests that the person is not a carrier of the disease.				
* (6)(a)4.a. OBSERVE CHILD FOR ILLNESS OR INJURY Upon each child’s arrival at the center, a staff person shall observe the child for symptoms of illness or injury.				
* (6)(a)4.b. ILL CHILD SPACE - SEPARATE ROOM OR AREA Any child who appears to be ill shall be moved to a separate room or area.				
* (6)(a)4.c. ILL CHILD SPACE - SLEEPING SPACE CHILDREN 1 AND OLDER A child one year of age or older who appears to be ill shall be provided with a bed, crib, or cot and a sheet and blanket or sleeping bag.				
* (6)(a)4.d. ILL CHILD SPACE - SLEEPING SPACE CHILDREN UNDER 1 A child under one year of age who appears to be ill shall be placed in a crib or playpen with a tight-fitting mattress and mattress covering.				
* (6)(b)1. MEDICAL LOG BOOK The licensee shall maintain a medical log book that has stitched binding with pages that are lined and numbered.				
* (6)(b)2. MEDICAL LOG BOOK - PAGES AND ENTRIES Pages may not be removed from the medical log book under subd. 1. and lines may not be skipped. Each entry in the log book shall be in ink, dated, and signed or initialed by the person making the entry.				
* (6)(b)3. MEDICAL LOG BOOK – RECORDS A provider shall record all of the following in the medical log under subd. 1.:				
* (6)(b)3.a. MEDICAL LOG BOOK - EVIDENCE OF INJURIES RECEIVED IN OR OUT OF CARE Any evidence of unusual bruises, contusions, lacerations, or burns seen on a child, regardless of whether received in or out of the care of the center.				

DCF 250.07 PROGRAM (continued)	Met	Not Met	N/A	COMMENTS
* (6)(b)3.b. MEDICAL LOG BOOK - INJURIES RECEIVED IN CARE Any injuries received by a child while in the care of the center on the date the injury occurred. The record shall include the child's name, the date and time of the injury, and a brief description of the facts surrounding the injury.				
* (6)(b)3.c. MEDICAL LOG BOOK - MEDICATION DISPENSED 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.				
* (6)(b)3.d. MEDICAL LOG BOOK - MEDICAL EVALUATION Any incident or accident that occurs when the child is in the care of the center that results in professional medical evaluation.				
(6)(f) Medications. 1. 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:				
(6)(f)1.a. MEDICATION ADMINISTRATION – PARENT AUTHORIZATION 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. (Use <i>Authorization to Administer Medication</i> .)				
(6)(f)1.b. MEDICATION ADMINISTRATION – CONTAINERS & LABELING The medication is in the original container and labeled with the child's name and with dosage and administration directions.				
(6)(f)1.c. MEDICATION ADMINISTRATION – DOCUMENTATION IN MEDICAL LOG A written record, including the name of the child, type of medication given, dosage, time, date and the initials or signature of the person administering the medication shall be made in the medical log on the same day that the medication is administered.				
* (6)(f)3. MEDICATION – STORAGE Medications shall be stored so they are not accessible to children.		*		
* (6)(f)4. MEDICATION – REFRIGERATION Medications requiring refrigeration shall be kept in the refrigerator in a separate, covered container clearly labeled "medications."				
(6)(f)5. CURRENT AUTHORIZATIONS FOR MEDICATIONS ON PREMISES No medication intended for use by a child in the care of the center may be kept at the center without a current medication administration authorization from the parent.				
(6)(f)6. MEDICATION ADMINISTRATION – AS LABELED & AUTHORIZED Medication for a child in care shall be administered by the center as directed on the label and as authorized by the parent.		*		
(6)(g)1. HAND & FACE WASHING Except as provided in subd. 2., a child's hands shall be washed with soap and warm running water before meals or snacks, after handling pets or other animals, and after toileting or diapering. A child's hands and face shall be washed when soiled. For children under one year of age, hands may be washed with soap and a wet fabric or a paper washcloth that is used once and discarded.				
(6)(g)2. HAND WASHING OUTDOORS & ON FIELD TRIPS If running water is not immediately available when outdoors or on field trips, soap and water-based wet wipes may be used. When running water becomes available, hands shall be washed immediately with soap and running water.				
(6)(g)3. USE OF HAND SANITIZERS Disinfecting hand sanitizers may not replace the use of soap and water for washing hands.				

DCF 250.07 PROGRAM (continued)	Met	Not Met	N/A	COMMENTS
* (6)(g)4. WIPING BODILY SECRETIONS Bodily secretions from a child shall be wiped with a disposable tissue.				
(6)(g)5. USE OF UNIVERSAL PRECAUTIONS All providers shall use universal precautions when exposed to blood or bodily fluids or discharges containing blood.				
(6)(g)6. HANDWASHING FOR PERSONS WORKING WITH CHILDREN All persons working with children in care shall wash their hands with soap and warm running water before handling food, before and after assisting with toileting or diapering, after handling pets or animals, and after being exposed to blood or bodily fluids containing blood or other types of bodily secretions. If gloves are used, hands shall be washed after removal of gloves.				
* (6)(g)7. USE OF DISPOSABLE GLOVES Single use disposable gloves shall be worn if there is contact with blood-containing bodily fluids or tissue discharges that contain blood. Gloves shall be discarded in plastic bags.				
(6)(h)1. DISINFECTING SURFACES Surfaces exposed to bodily secretions, including toys, equipment, and furnishings, shall be washed with soap and water and disinfected. The disinfectant solution shall be registered with the U.S. environmental protection agency as a disinfectant and have instructions for use as a disinfectant on the label. The solution shall be prepared and applied as indicated on the label.				
* (6)(h)2. WASHROOM PROVISIONS Soap, towels or an air dryer, toilet paper, and a waste paper container shall be provided in the washroom and accessible to children.				
* (6)(h)3. SHARING TOWELS AND UTENSILS Towels and washcloths shall be individual to each person and used only once. Cups, eating utensils, or toothbrushes may not be shared.				
* (6)(h)4. WET OR SOILED DIAPERS OR CLOTHING Wet or soiled clothing shall be changed promptly from an available supply of clean clothing.				
* (6)(h)4m. SEASONALLY APPROPRIATE CLOTHING Children shall be clothed in seasonally appropriate clothing when outdoors.				
(6)(h)5. DIAPERING CHILDREN OVER AGE 2 Section DCF 250.09(4) shall apply when a child 2 years of age or older needs attention for diapering or toileting.				
(6)(h)6. SUNSCREEN & INSECT REPELLENT AUTHORIZATION, PROTECTION As appropriate, children shall be protected from sunburn and insect bites with protective clothing, sunscreen, or insect repellent. Sunscreen and insect repellent may only be applied upon the written authorization of the parent. The authorization shall include the ingredient strength and be reviewed and updated periodically. If sunscreen or insect repellent is provided by the parent, the sunscreen or repellent shall be labeled with the child's name. Recording the application of sunscreen or insect repellent is not necessary.				
(6)(k)1. EMERGENCY MEDICAL AUTHORIZATION & INJURY NOTIFICATION Written permission from parent to call child's physician or refer child for medical care in case of injury shall be on file at the center. A provider shall contact a parent of the injured child as soon as possible after an emergency has occurred or, if the injury is minor, when the child is picked up. (Use Child Care Enrollment.)				
* (6)(k)2. WOUND CLEANING Superficial wounds shall be cleaned with soap and water only and protected with a bandaid or bandage.				

DCF 250.07 PROGRAM (continued)	Met	Not Met	N/A	COMMENTS
(6)(k)3. SUSPECTED POISONING PROCEDURES Suspected poisoning shall be treated only after consultation with a poison control center.				
* (6)(k)4. SOURCE OF EMERGENCY MEDICAL CARE The licensee shall designate a planned source of emergency medical care, such as a hospital emergency room, clinic or other constantly staffed facility and shall advise parents about that designation.				
250.07(7) Pets and animals				
<input type="checkbox"/> Yes <input type="checkbox"/> No Pets or animals are on the premises.				
* (7)(a) PETS & ANIMALS – HEALTH & IMMUNIZATION Animals shall be maintained in good health and appropriately immunized against rabies. Rabies vaccinations shall be documented with a current certificate from a veterinarian.				
* (7)(b) PETS & ANIMALS – RISK TO CHILDREN Animals that pose any risk to the children shall be restricted from the indoor and outdoor areas used by children.		*		
* (7)(c) PETS & ANIMALS – NOTIFICATION Licensees shall ensure that parents are aware of the presence of pets and animals in the center. If pets and animals are allowed to roam in areas of the center occupied by children, written acknowledgement from the parents shall be obtained. If pets are added after a child is enrolled, parents shall be notified in writing prior to the pets' addition to the center.				
* (7)(d) PETS & ANIMALS – PROHIBITED ANIMALS Reptiles, amphibians, ferrets, poisonous animals, psittacine birds, exotic and wild animals may not be accessible to children.				
* (7)(e) PETS & ANIMALS – SUPERVISION All contact between pets or animals and children shall be under the sight and sound supervision of a provider who is close enough to remove the child immediately if the pet or animal shows signs of distress or aggression, the child shows signs of distress, or the child is treating the animal inappropriately.				
* (7)(f) PETS & ANIMALS – FOOD AREA RESTRICTIONS Pets are prohibited in any food preparation or serving area when food is being prepared or served unless the pet is confined in a cage or kennel. Litter boxes are prohibited in any food preparation, storage or serving areas. Litter boxes and animal feeding dishes, excluding water dishes, may not be placed in areas accessible to children.				
* (7)(g) PETS & ANIMALS – EXCREMENT Indoor and outdoor areas accessible to children shall be free of pet and animal excrement.				
* (7)(i) PETS & ANIMALS – COMPLIANCE WITH LOCAL ORDINANCES Licensees shall ensure that the center is in compliance with all applicable local ordinances regarding the number, types and health status of pets and animals.				
DCF 250.08 TRANSPORTATION Except as provided in par. (b), this section applies to all transportation of children in care, including both regularly scheduled transportation to and from the center and field trip transportation, if any of the following apply: 1. The licensee owns or leases the vehicle used. 2. The licensee contracts with another person or organization that owns or leases the vehicle used. 3. Employees, parents, or volunteers are transporting children other than their own at the direction of, at the request of, or on behalf of the licensee.				

DCF 250.08 TRANSPORTATION (continued)	Met	Not Met	N/A	COMMENTS
The center <input type="checkbox"/> provides regularly-scheduled transportation, <input type="checkbox"/> provides transportation for field trips, <input type="checkbox"/> does not transport.				
250.08(1) Applicability				
(1)(c) TRANSPORTATION POLICY - 3RD PARTY The licensee shall document in the licensee's policies that transportation provided through a written or verbal contract with another individual or organization meets the requirements of this section.				
250.08(2) Permission and Emergency Information				
(2) PERMISSION & EMERGENCY INFORMATION Before transporting a child, a licensee shall obtain signed permission from the parent for transportation and emergency information for each child. The form shall include all of the following information:		*		
(2)(a) PERMISSION - PURPOSE OF TRANSPORT The purpose of the transportation and the parent or guardian's permission to transport the child for that purpose.		*		
(2)(b) EMERGENCY INFORMATION - PARENT CONTACT An address and telephone number where a parent or other adult can be reached in an emergency.		*		
(2)(c) EMERGENCY INFORMATION - PHYSICIAN CONTACT The name, address, and telephone number of the child's health care provider.		*		
(2)(d) EMERGENCY INFORMATION - EMERGENCY MEDICAL CONSENT Written consent from the child's parent or guardian for emergency medical treatment. Note: the licensee may use the department's form Child Care Enrollment, to obtain consent of the child's parent for emergency medical treatment.		*		
250.08(3) Required Information for Each Trip The licensee shall ensure that written documentation of all of the following is maintained at the center and in any vehicle transporting children while the children are being transported:				
(3)(a) INFORMATION IN VEHICLE – CHILDREN BEING TRANSPORTED A list of the children being transported.		*		
(3)(b) INFORMATION IN VEHICLE – PERMISSION AND EMERGENCY INFORMATION A copy of the completed permission and emergency information form under sub. (2) for each child being transported.		*		
(3)(c) INFORMATION IN VEHICLE - ROUTE AND STOPS For transportation to or from a child's home or school, the transportation route and scheduled stops.		*		
250.08(4) Driver				
* (4)(a) DRIVER QUALIFICATIONS The driver of a vehicle used to transport children in care shall be at least 18 years of age and shall hold a valid driver's license from the state where the driver resides and for the type of vehicle driven.		*		
* (4)(b) DRIVER TRAINING - REQUIREMENT Before a driver who is not the licensee first transports children and annually thereafter, the licensee shall provide the driver with an orientation. The licensee shall document the training. The training shall include all of the following:		*		

DCF 250.08 TRANSPORTATION (continued)	Met	Not Met	N/A	COMMENTS
* (4)(b)1. DRIVER TRAINING - CHILD RESTRAINTS The procedure for ensuring that all children are properly restrained in the appropriate child safety seat.		*		
* (4)(b)2. DRIVER TRAINING - TRACKING CHILDREN The procedure for loading, unloading, and tracking of children being transported.		*		
* (4)(b)3. DRIVER TRAINING - EVACUATING CHILDREN The procedure for evacuating the children from a vehicle in an emergency.		*		
* (4)(b)4. DRIVER TRAINING - BEHAVIOR MANAGEMENT Behavior management techniques for use with children being transported.		*		
* (4)(b)5. DRIVER TRAINING - REVIEW OF RULES, STATUTES A review of applicable statutes and rules affecting transportation of children.		*		
* (4)(b)6. DRIVER TRAINING - REVIEW OF POLICIES A review of applicable center policies.		*		
* (4)(b)7. DRIVER TRAINING - FIRST AID First aid procedures.		*		
* (4)(b)8. DRIVER TRAINING - CHILD ABUSE & NEGLECT REPORTING A review of child abuse and neglect laws and center reporting procedures.		*		
* (4)(b)9. DRIVER TRAINING - SPECIAL NEEDS Information on any special needs a child being transported may have and the plan for how those needs will be met.		*		
* (4)(b)10. DRIVER TRAINING - VEHICLE ALARM USE A review of the use of the vehicle alarm, if applicable.		*		
* (4)(b)11. DRIVER TRAINING - OTHER RESPONSIBILITIES Any other job responsibilities as determined by the licensee.		*		
* (4)(c)1. DRIVER RECORD – OBTAIN & REVIEW Prior to the day a driver first transports children in care and annually thereafter, the licensee shall obtain a copy of the driving record for each driver and place the record in the staff file. The licensee shall review each driving record to ensure that the driver has no accidents or traffic violations that would indicate that having children ride with the driver could pose a threat to the children.		*		
* (4)(c)2. DRIVER RECORD - POTENTIAL THREATS In determining whether a driver may pose a threat to the children, the licensee shall consider the totality of the driver’s record, any other relevant facts, and the following factors in combination: a. The seriousness of any accidents or violations. b. The amount of time that has passed since an accident or violation occurred. c. The number of accidents or violations. d. The likelihood that a similar incident will occur.		*		
* (4)(c)3. DRIVER RECORD – PROHIBITIONS A driver whose driving record indicates that the driver poses a threat to the children may not transport children.		*		
(4)(d)1. CELLULAR DEVICE USE Except as provided in subd. 2., a driver of a vehicle that is transporting children in care may not use a cellular phone or other wireless telecommunication device while loading, unloading, or transporting children, except when the vehicle is out of traffic, not in operation, and any of the following applies: a. The phone or device is used to call 911. b. The phone or device is used to communicate with emergency responders. c. The phone or device is used to communicate with the center regarding an emergency situation.		*		

DCF 250.08 TRANSPORTATION (continued)	Met	Not Met	N/A	COMMENTS
(4)(d)2. NAVIGATION SYSTEM USE A navigation device may be used during transportation if the device is programmed to a destination when the vehicle is out of traffic and not in operation.		*		
250.08(5) Vehicle				
* (5)(a) The licensee shall ensure that each vehicle that is used to transport children is all of the following:				
* (5)(a)1. VEHICLE REQUIREMENTS – REGISTRATION Registered with the Wisconsin department of transportation or the appropriate authority in another state.		*		
* (5)(a)2. VEHICLE REQUIREMENTS – INTERIOR CONDITION Clean, uncluttered, and free of obstruction on the floors, aisles, and seats.		*		
* (5)(a)3. VEHICLE REQUIREMENTS – SAFE OPERATING CONDITION In safe operating condition.		*		
* (5)(b) VEHICLE INSPECTION FORM At 12-month intervals, the licensee shall provide the department with evidence of a vehicle’s safe operating condition on a form provided by the department. (Use <i>Vehicle Safety Inspection</i> .)		*		
* (5)(c) VEHICLE LIABILITY INSURANCE The licensee shall obtain and maintain vehicle liability insurance with minimums no less than those specified in subch. VI. of ch. 344, Stats.		*		
(5)(d) HIRED OR CONTRACTED SCHOOL BUS – COMPLIANCE WITH TRANS 300 Hired or contracted school buses used to transport children shall be in compliance with ch. Trans 300.		*		
* (5)(e) VEHICLE INSPECTION At least once per year, the licensee shall make available to the department each vehicle that is required to have a child safety alarm under sub. (8) (a) to determine whether the child safety alarm is in good working order.		*		
250.08(6) Seat Belts and Child Safety Restraints				
* (6)(a) CHILD SAFETY RESTRAINT SYSTEM No person may transport a child under the age of 8 in a motor vehicle, unless the child is restrained in a child safety restraint system that is appropriate to the child’s age and size and in accordance with s. 347.48 Stats., and ch. Trans 310.		*		
* (6)(b)1. SEAT BELT USE - CHILD Each child who is not required to be in an individual child car safety seat or booster seat when being transported under par. (a) shall be properly restrained by a seat belt in accordance with s. 347.68, Stats., and ch. Trans 315.		*		
* (6)(b)2. SEAT BELT USE - ADULT Each adult in the vehicle shall be properly restrained by a seat belt in accordance with s. 347.68, Stats., and ch. Trans 315.		*		
* (6)(b)3. SEAT BELT USE - SHARING Seat belts may not be shared.		*		
* (6)(c) SEATING IN SCHOOL BUS OR VEHICLE BUILT TO SCHOOL BUS STANDARDS Children transported in school buses or vehicles built to school bus standards shall be properly seated according to the manufacturer’s specifications.		*		
(6)(d) VEHICLE - FRONT SEAT USE Children under age 13 years who are in the care of the center may not ride in the front seat of a vehicle.		*		

DCF 250.08 TRANSPORTATION (continued)	Met	Not Met	N/A	COMMENTS
250.08(7) Vehicle capacity and supervision				
(7)(a) CENTER RESPONSIBILITY FOR CHILD DURING TRANSPORTATION The center shall be responsible for a child from the time the child is placed in a vehicle until the children reaches his or her destination and is released to a person responsible for the child. A parent of a school age child may authorize a child to enter a building unescorted.		*		
* (7)(b) VEHICLE – UNATTENDED CHILD Children may not be left unattended in a vehicle.		*		
(7)(c) VEHICLE – SUPERVISION When children are transported in a vehicle, there shall be at least one adult supervisor in addition to the driver whenever there are more than 3 children who are either under 2 years of age or who have a disability that limits their ability to respond to an emergency.		*		
* (7)(d) TRANSPORTATION - PROCEDURE TO ENSURE CHILDREN EXIT VEHICLE The licensee shall develop and implement a procedure to ensure that all children exit the vehicle after being transported to a destination.		*		
* (7)(e) TRANSPORTATION - LENGTH OF TIME No child may be in a vehicle for transport to or from a center, a field trip, or other center activity for more than 60 minutes for a one-way trip.		*		
250.08(8) Vehicle Safety Alarm				
* (8)(a) VEHICLE SAFETY ALARM - INSTALLED A vehicle shall be equipped with a child safety alarm that prompts the driver to inspect the vehicle for children before exiting if all of the following conditions apply: 1. The vehicle is owned or leased by a licensee or a contractor of a licensee. 2. The vehicle has a seating capacity of 6 or more passengers plus the driver. The seating capacity of the vehicle shall be determined by the manufacturer. 3. The vehicle is used to transport children in care.		*		
* (8)(b) VEHICLE SAFETY ALARM - PROMPTS INSPECTION OF VEHICLE No person may shut off a child safety alarm unless the driver first inspects the vehicle to ensure that no child is left unattended in the vehicle.		*		
* (8)(c) VEHICLE SAFETY ALARM - WORKING ORDER The child safety alarm shall be in good working order each time the vehicle is used for transporting children to or from a center.		*		
DCF 250.09 ADDITIONAL REQUIREMENTS FOR INFANT AND TODDLER CARE				
<input type="checkbox"/> Yes <input type="checkbox"/> No The center is licensed to care for children under age two years.				
250.09(1) Applicability, qualifications and general requirements. Family child care centers providing care and supervision to infants and toddlers shall comply with the additional requirements of this section.				
(1)(c)1. INFANT & TODDLER – INFORMATION FOR PROVIDING INDIVIDUALIZED CARE A provider shall use information obtained on a department-provided form for children under 2 years of age to individualize the program of care for each child. The information shall be at the center before the child is left for care on the child’s first day of attendance. A provider and the child’s parents shall periodically discuss the child’s development and routines. (Use <i>Intake for Child Under 2 Years – Child Care Centers</i> .)				
* (1)(c)2. INFANT & TODDLER – CRIB & PLAYPEN MATTRESSES Cribs and playpens shall contain a tight-fitting mattress and a mattress covering that fits snugly over the mattress.				

DCF 250.09 ADDITIONAL REQUIREMENTS FOR INFANT AND TODDLER CARE (continued)	Met	Not Met	N/A	COMMENTS
(1)(c)3. INFANT & TODDLER – BEDDING Sheets or blankets used to cover a child one year of age or older shall be kept away from the child's mouth and nose, and if sleeping in a crib or playpen shall be tucked tightly under the mattress.				
* (1)(c)4. INFANT & TODDLER – SOFT MATERIALS IN CRIBS 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.				
* (1)(c)4g. INFANT & TODDLER - AUDIO MONITORING An audio monitoring device shall be used in any area or room where children under the age of one year are placed to sleep.				
* (1)(c)4r. INFANT & TODDLER - WATERBEDS Waterbeds may not be used by children under 2 years of age.				
* (1)(c)5. INFANT & TODDLER – USE OF SAFETY GATES Safety gates shall be used at open stairways when children are awake.				
250.09(2) Daily program				
(2)(a) INFANT & TODDLER – RESPONDING TO CRYING CHILD Child care providers shall respond promptly to a crying child's needs.				
(2)(b) INFANT & TODDLER – INDIVIDUAL SLEEP PATTERNS Each infant and toddler shall be allowed to form and follow his or her own patterns of sleeping and waking.				
(2)(c) INFANT & TODDLER – SLEEP POSITION Each child under one year of age shall be placed to sleep on his/her back in a crib unless otherwise specified in writing by the child's physician. Child shall be allowed to assume the position most comfortable to him/her when able to roll over unassisted.		*		
(2)(d) INFANT & TODDLER – PLAY ACTIVITIES Emphasis in activities shall be given to play as a learning and growth experience.				
(2)(e) INFANT & TODDLER – PHYSICAL CONTACT & ATTENTION Throughout the day, each infant and toddler shall receive physical contact and attention such as being held, rocked, talked to, sung to and taken on walks inside and outside the center.				
(2)(f) INFANT & TODDLER – ROUTINES & DEVELOPMENT Routines related to activities such as taking a nap, eating, diapering and toileting shall be used as occasions for language development and other learning experiences.				
(2)(g) INFANT & TODDLER – BODY POSITION & LOCATION When a non-mobile child is awake, a provider shall change the child's body position and location in the room periodically. Non-mobile awake children shall be placed on their stomach occasionally throughout the day.				
* (2)(h) INFANT & TODDLER – CRAWLING CHILD Each non-walking child who can creep or crawl shall be given opportunities each day to move freely in a safe, clean, open, warm, uncluttered area.				
* (2)(i) INFANT & TODDLER – SAFE TOYS & OBJECTS A provider shall encourage infants and toddlers to play with a wide variety of safe toys and objects.				

DCF 250.09 ADDITIONAL REQUIREMENTS FOR INFANT AND TODDLER CARE (continued)	Met	Not Met	N/A	COMMENTS
250.09(3) Feeding. A provider shall do all of the following:				
(3)(a) INFANT & TODDLER – FEEDING SCHEDULES Feed each infant and toddler on the child's own feeding schedule.				
(3)(b) INFANT & TODDLER – FOOD & FORMULA BROUGHT FROM HOME Ensure that food, breastmilk, and formula brought from home are labeled with the child's name, dated, and refrigerated, if required.				
* (3)(bm) INFANT & TODDLER - CORRECT FOOD, BREASTMILK, OR FORMULA Ensure each infant and toddler is correctly fed the food, breastmilk, or formula labeled with the infant's or toddler's name.				
(3)(c) INFANT & TODDLER – FORMULA PROVIDED BY CENTER Ensure that the food, breastmilk, or formula offered to infants and toddlers is consistent with the requirements of the U.S. department of agriculture child and adult care food program.				
(3)(d) INFANT & TODDLER – FORMULA OR BREAST MILK CHILDREN UNDER 12 MONTHS Provide formula or breast milk to all children under 12 months of age.				
(3)(e) INFANT & TODDLER – PROVIDING MILK OR SUBSTITUTE Provide another type of milk or milk substitute only on the written direction of the child's physician.				
(3)(f) INFANT & TODDLER – LEFTOVER MILK OR FORMULA Discard leftover milk or formula after each feeding, and rinse bottles after use.				
(3)(g) INFANT & TODDLER – HEATING BREAST MILK IN MICROWAVE Refrain from heating breast milk or formula in a microwave oven.				
(3)(h) INFANT & TODDLER – DRINKING WATER Offer drinking water to infants over 6 months of age and toddlers several times daily.				
(3)(i) INFANT & TODDLER – BOTTLE FEEDING Hold a child unable to hold a bottle whenever a bottle is given. Bottles may not be propped.				
* (3)(j) INFANT & TODDLER – CARE DURING FEEDING Hold or place a child too young to sit in a highchair or feeding table in an infant seat during feeding. Wide-based highchairs with safety straps or feeding tables with safety straps shall be provided for children who are not developmentally able to sit at tables and chairs.				
* (3)(k) INFANT & TODDLER – EATING UTENSILS & CUPS Ensure that eating utensils and cups are scaled to the size and developmental level of the children.				
* (3)(L) INFANT & TODDLER - BOTTLES AND NIPPLES Infant bottles and nipples may not be reused without first being cleaned and sanitized.				
250.09(4) Diapering and toileting. A provider shall do all of the following:				
(4)(a) INFANT & TODDLER – CHANGING DIAPERS Change wet or soiled diapers and clothing promptly.				
* (4)(b) INFANT & TODDLER – DIAPER CHANGING SURFACE – DISINFECTION Change the child on an easily cleanable surface that is cleaned with soap and water and a disinfectant solution after each use. The disinfectant solution used shall be one that is registered with the U.S. environmental protection agency as a disinfectant and has instructions for use as a disinfectant on the label. The disinfectant shall be used according to label instructions.				

DCF 250.09 ADDITIONAL REQUIREMENTS FOR INFANT AND TODDLER CARE (continued)	Met	Not Met	N/A	COMMENTS
* (4)(c) INFANT & TODDLER – DIAPER CHANGING SURFACE – SAFETY If the diapering surface is above floor level, use a strap, restraint, or other structural barrier to prevent falling. A child may not be left unattended on the diapering surface.				
* (4)(d) INFANT & TODDLER – SOILED CLOTH DIAPERS Place soiled cloth diapers in a plastic bag labeled with the name of the child and send them home daily.				
* (4)(e) INFANT & TODDLER – SOILED DISPOSABLE DIAPERS Place soiled disposable diapers in a plastic-lined, covered container and dispose of them daily.				
(4)(g) INFANT & TODDLER – DIAPERING LOTIONS, POWDERS, SALVES Apply lotions, powders or salves to the child during diapering only at the specific direction of a parent or the child's physician.				
(4)(h) INFANT & TODDLER – CLEANING THE CHILD WHILE DIAPERING Wash the child during diapering with a disposable towel used only once.				
DCF 250.095 ADDITIONAL REQUIREMENTS FOR LICENSEE NOT PROVIDING CARE AT LEAST 50% OF THE CENTER'S LICENSED HOURS				
<input type="checkbox"/> Yes <input type="checkbox"/> No The licensee provides care for less than 50 percent of the center's licensed hours.				
* 250.095(1) LICENSEE AS ADMINISTRATOR – TRAINING REQUIREMENTS The licensee shall complete at least one course from the Registry Administrator Credential within one year from the initial date that the licensee is not providing care and supervision for at least 50 percent of the center's licensed hours.				
250.095(2) The licensee shall be responsible for the following:				
* (2)(a) LICENSEE AS ADMINISTRATOR – MANAGE, FINANCES, PREMISES, OPERATIONS Management, finance, physical plant, and day-to-day operations of the center.				
* (2)(b) LICENSEE AS ADMINISTRATOR – PROGRAM PLANNING & IMPLEMENTATION Supervision of the planning and implementation of the center's program for children.				
* (2)(c) LICENSEE AS ADMINISTRATOR – STAFF SUPERVISION Supervision of center staff, including the following duties:				
* (2)(c)1. LICENSEE AS ADMINISTRATOR – WRITTEN JOB DESCRIPTIONS Implement and maintain a written job description for each staff position.				
* (2)(c)2. LICENSEE AS ADMINISTRATOR – PERSONNEL POLICY Implement and maintain a written personnel policy that addresses hours of work, lunch and break times, holidays, vacations, sick leaves, leaves of absence, probationary periods, performance evaluations, grievance procedures, and the disciplinary process. The personnel policy shall contain a procedure that requires staff to notify the licensee and the licensee to notify the department as soon as possible, but no later than the next business day, when any of the following occurs: a. Employee has been convicted of a crime. b. Employee has been or is being investigated by governmental agency for any other act, offense, or omission, including an investigation related to the abuse or neglect or threat of abuse or neglect, to a child or other client, or an investigation related to misappropriation of a client's property. c. Employee has substantiated governmental finding against them for abuse or neglect of a child or adult or for misappropriation of a client's property. d. Professional license held by employee has been denied, revoked, restricted, or otherwise limited.				

DCF 250.095 ADDITIONAL REQUIREMENTS FOR LICENSEE NOT PROVIDING CARE AT LEAST 50% OF THE CENTER'S LICENSED HOURS (continued)	Met	Not Met	N/A	COMMENTS
* (2)(c)3. LICENSEE AS ADMINISTRATOR – EMPLOYEE KNOWLEDGE OF JOB, POLICY, RULES Ensure that each employee is familiar with the employee's job description, personnel policies, and applicable licensing rules.				
* (2)(c)4. LICENSEE AS ADMINISTRATOR – STAFF MEETINGS Conduct staff meetings at least 9 times in a calendar year and document that the meetings have been held.				
* (2)(c)5. LICENSEE AS ADMINISTRATOR – EMPLOYEE CONTINUING EDUCATION Ensure staff compliance with continuing education requirements.				
* 250.095(3) LICENSEE AS ADMINISTRATOR – ON SITE HOURS REQUIRED PER MONTH The licensee shall be at the center for at least 30 hours per month for the exclusive purpose of carrying out licensee responsibilities in sub. (2).				
DCF 250.10 ADDITIONAL REQUIREMENTS FOR NIGHT CARE				
<input type="checkbox"/> Yes <input type="checkbox"/> No The center's hours of operation include any period of time between 10:00 p.m. and 5:00 a.m.				
(2)(a) NIGHT CARE – MAXIMUM LICENSED CAPACITY When the same premises are used for the operation of both day care and night care, the number of children during any overlapping of the day care and night care periods may not exceed the maximum licensed capacity of the center.				
(2)(b) NIGHT CARE – STAFF-TO-CHILD RATIOS Minimum staff-to-child ratios and group sizes under Table DCF 250.055 shall be maintained during night care.				
* (2)(c) NIGHT CARE – SLEEPING GARMENTS & TOOTHBRUSHES The parent or center shall provide each child in care after 10:00 p.m. with an individually labeled sleeping garment and a toothbrush.				
(3)(a) NIGHT CARE – COORDINATING ACTIVITIES WITH HOME Child care staff shall ascertain from a child's parent a child's typical family activities during the period the child is at the center for night care and strive to replicate those activities with the child.				
* (3)(b) NIGHT CARE – AWAKE CHILD A center offering night care shall provide a self-contained room away from sleeping children where an awake child may engage in activities.				
(3)(c) NIGHT CARE – SCHEDULE OF ACTIVITIES An evening and morning schedule of program activities shall be planned for the hours that children in night care are awake.				
(3)(d) NIGHT CARE – OPPORTUNITIES FOR READING OR HOMEWORK School-age children shall have an opportunity to read or do school work.				
* (4)(a) NIGHT CARE – EVACUATION PLAN A provider shall develop, submit to the department, and implement a plan to evacuate sleeping children in an emergency. Review of the plan shall be part of orientation under s. DCF 250.05(3).				
* (4)(b) NIGHT CARE – EMERGENCY LIGHTING Centers operating during hours of darkness shall have emergency lighting, such as an operable flashlight, readily available to a provider.				
* (4)(c) NIGHT CARE – PROVIDER RESPONSE TO CHILD NEEDS Providers shall be awake, available, within call and able to respond to the needs of the children whenever children are in care.				
(5)(a) NIGHT CARE – BREAKFAST Breakfast shall be served to all children in care for the night, unless the parent specifies otherwise.				

DCF 250.10 ADDITIONAL REQUIREMENTS FOR NIGHT CARE (continued)	Met	Not Met	N/A	COMMENTS
(5)(b) NIGHT CARE – NIGHTTIME SNACK A nighttime snack shall be available to all children in care.				
(5)(c) NIGHT CARE – EVENING MEAL A child present at the time the evening meal is served shall be served the evening meal.				
* (6)(a) NIGHT CARE – PART-NIGHT CARE Children who attend the center for the evening hours but not the whole night shall have an opportunity to sleep, as needed.				
(6)(b) NIGHT CARE – INDIVIDUAL SLEEP ROUTINES Sleep routines for individual children shall be based on information provided by the parents.				
* (6)(c) NIGHT CARE – BED & BEDDING A bed, crib or cot with sheets and blankets individual to each child shall be provided for children spending the night.				
* (6)(d) NIGHT CARE – EXTRA SLEEPING GARMENTS & BEDDING The center shall maintain a supply of extra sleeping garments and bedding for emergencies and accidents.				
* (6)(e) NIGHT CARE – CRIBS Children under 2 years of age in night care shall sleep in cribs.				
DCF 250.11 LICENSING ADMINISTRATION				
(2)(a) CONDITION FOR LICENSE APPROVAL – FORMS & FEES Prior to receiving or continuing a license, an applicant for a license under this chapter shall complete all application forms truthfully and accurately and pay all fees and forfeitures that are due to the department.				
(2)(am) CONDITION FOR LICENSE APPROVAL - APPLICANT IS AN INDIVIDUAL An applicant for a license to operate a family child care center shall be an individual.				
(2)(ar) CONDITION FOR LICENSE APPROVAL - NUMBER OF CENTERS A person may not be issued a license to operate more than 2 family child care centers, unless the license for each center was issued prior to the effective date of this subdivision [03/01/23]				
(2)(b) CONDITION FOR LICENSE APPROVAL – OTHER LICENSES COMPLIANCE HISTORY The department may refuse to issue or continue a license if another center operated by the licensee is in substantial non-compliance with the licensing rules or has any outstanding fines or forfeitures.				
(2)(c) CONDITION FOR LICENSE APPROVAL – FIT & QUALIFIED LICENSEE Persons licensed to operate a family child care center shall be responsible, mature individuals who are fit and qualified. In determining whether an applicant is fit and qualified, the department shall consider any history of civil or criminal violations or other offenses substantially related to the care of children by the applicant, owner, manager, representative, employee, center resident or other individual directly or indirectly participating in the operation of the family child care center. A determination that a person is unfit and unqualified includes substantiated findings of child abuse or neglect under ch. 48, Stats., or substantiated abuse under ch. 50, Stats., or under similar statutes in another state or territory whether or not the abuse or neglect results in a criminal charge or conviction.				

DCF 250.11 LICENSING ADMINISTRATION (continued)	Met	Not Met	N/A	COMMENTS
(2)(e) CONDITION FOR LICENSE APPROVAL – MENTAL HEALTH EXAMINATION If the department has reason to believe that the physical or mental health of any person associated with the care of children at the center or any household resident of the center may endanger children in care, the department may require that a written statement be submitted by a physician or, if appropriate, by a licensed mental health professional that certifies the condition of the individual and the possible effect of that condition on the family child care center or the children in care.				
250.11(5) Continuing a regular license				
(5)(b) CONTINUATION LICENSE – APPLICATION MATERIALS SUBMISSION DATE At least 30 days before the continuation review date of the license, an applicant for license renewal shall submit to the department the following materials:				
(5)(b)1. CONTINUATION LICENSE – APPLICATION FORM A completed license continuation application.				
(5)(b)3. CONTINUATION LICENSE – FEES The license renewal fee under s.48.65(3)(a), Stats., applicable fees for child care background checks under s. 48.686, Stats., any unpaid forfeiture under s.48.715(3) or 49.155(7m)(a)3., Stats., and any unpaid penalties under s.48.76, Stats.				
(5)(b)4. CONTINUATION LICENSE – POLICY CHANGES Any changes to center policies, if not previously submitted.				
(5)(b)5. CONTINUATION LICENSE – WATER TEST Results of water test if the center has a private well.				
(5)(b)6. CONTINUATION LICENSE – VEHICLE SAFETY INSPECTION Results of a vehicle safety inspection if the center will transport children.				
(5)(b)6m. CONTINUATION LICENSE - LIABILITY INSURANCE FOR VEHICLES Documentation of liability insurance on a vehicle used to transport children as required under s. DCF 250.08(5)(c).				
(5)(b)7. CONTINUATION LICENSE – LIABILITY INSURANCE FOR PETS Documentation of the liability insurance on the child care business required under s. DCF 250.04(2)(g) if the center has cats or dogs that are in areas accessible to children.				
(5)(b)8. CONTINUATION LICENSE – OTHER MATERIALS DETERMINED BY DEPARTMENT Any other materials determined by the department as necessary to complete the licensing investigation.				
250.11(6) Amending a license				
(6)(a) LICENSE AMENDMENT – WRITTEN REQUEST A licensee shall submit to the department a written request for an amendment to the license if the licensee wishes to change any of the following aspects of the license:				
(6)(a)1. LICENSE AMENDMENT – CAPACITY A change in the number of children served.				
(6)(a)2. LICENSE AMENDMENT – AGE RANGE The age range of the children.				
(6)(a)3. LICENSE AMENDMENT – HOURS The hours of the center’s operation.				
(6)(a)4. LICENSE AMENDMENT – DAYS The days of the week the center is in operation.				
(6)(a)5. LICENSE AMENDMENT – MONTHS The months of the year the center is in operation.				

DCF 250.11 LICENSING ADMINISTRATION (continued)	Met	Not Met	N/A	COMMENTS
(6)(a)6. LICENSE AMENDMENT – NAME OF CENTER The name of the center.				
(6)(b) LICENSE AMENDMENT – WRITTEN APPROVAL FROM DEPARTMENT A licensee may not make a change that affects a condition of the license identified under par. (a) without the prior written approval of the department.				
(6)(c) MOVING OR CHANGING OWNERSHIP A licensee may not move the center to a new location or change ownership of the center without notifying the department at least 30 days prior to the change. A new application and license is required when a center moves or changes ownership.				
250.11(7) Additional license				
(7) ADDITIONAL CENTER LOCATIONS A licensee applying for a license for an additional center location shall demonstrate compliance with this chapter in the operation of any existing center he or she operates and compliance with rules for any other facility licensed by the department and operated by the licensee. The licensee shall pay any fines, forfeitures or other fees due and owing under s.48.715, Stats., or s.48.65, Stats., on other facilities licensed by the department before the department issues an additional license.				
DCF 250.12 COMPLAINTS, INSPECTIONS AND ENFORCEMENT ACTIONS				
250.12(1) Complaints				
(1)(b) COMPLAINT – DISCHARGING AN EMPLOYEE The licensee may not discharge an employee because the employee has reported violations of this chapter to the licensing representative.				
250.12(2) Inspection				
* (2) DEPARTMENT ACCESS TO CENTER Pursuant to s.48.73, Stats., the department may visit and inspect any family child care center at any time during licensed hours. A department licensing representative shall have unrestricted access to the premises identified in the license, including access to children in care, staff and child records, and any other materials or individuals with information on the family child care center’s compliance with this chapter.				