

Certification Application – Family and In-Home Child Care Programs

Use of form: Completion of this form is mandatory to meet the requirements as stated in the DCF 202.04(3), Wisconsin Administrative Code. An application is officially received by the agency only if it is completely filled out, signed, dated and submitted with all required materials. The provision of your social security number (SSN) or federal employee identification number (FEIN) is mandatory per DCF policy. Your application will not be processed if you fail to provide your SSN or FEIN. The department is legally responsible for protecting the confidentiality of personally identifiable information. Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04 (1)(m), Wisconsin Statutes]. If you fail to submit a complete application, your application will be closed.

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

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

A. APPLICANT INFORMATION

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

2. ☐ Yes ☐ No Does the applicant currently hold another type of license, certification or regulation? If "Yes", check all that apply.
- ☐ Adult Family Home ☐ Licensed Child Care Center
☐ Foster Home (children) ☐ Other – Specify: _____

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

3. References. Check with certifying agency to determine if references are required. If required, attach a list of three individuals, unrelated to you, who are familiar with you and your ability to care for children. If possible, list people who have observed your interaction with children and who have been in your home. Someone who has used you as a child care provider is preferred. Include the full name address and telephone number of each individual. Note: PO Boxes are NOT accepted.

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

B. PROGRAM INFORMATION

1. Care Will Be Provided In: (check one) <input type="checkbox"/> Child's Home <input type="checkbox"/> Provider's Home	Telephone Number – Where Care Will be Provided						
Physical Address – Where Care Will be Provided (Street, City, State, Zip Code)	Cell Phone – Where Care Will be Provided						
Mailing Address – Where Care Will be Provided (if different from the physical address)	County – Where Care Will be Provided						
2. Hours and Days of Operation:							
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
a. Start time:							
b. End time:							
c. Start time:							
d. End time:							

3. Months of Operation: <input type="checkbox"/> January <input type="checkbox"/> March <input type="checkbox"/> May <input type="checkbox"/> July <input type="checkbox"/> September <input type="checkbox"/> November <input type="checkbox"/> February <input type="checkbox"/> April <input type="checkbox"/> June <input type="checkbox"/> August <input type="checkbox"/> October <input type="checkbox"/> December	4. Program day: <input type="checkbox"/> Full day <input type="checkbox"/> Part day
5. Capacity:	6. Ages of Children to be Provided Care: Youngest age: _____ Oldest age: _____
7. Caregiver Information. Include assistants, substitutes volunteers and employees who do not reside in the home. Submit Background Information Disclosure (BID) form and training information for each person listed below. Attach a separate sheet if necessary.	
a. Name _____ Title _____	
Birthdate (mm/dd/yyyy) _____	Date of Initial Employment (mm/dd/yyyy) _____ SIDS / SBS Training Date _____
b. Name _____ Title _____	
Birthdate (mm/dd/yyyy) _____	Date of Initial Employment (mm/dd/yyyy) _____ SIDS / SBS Training Date _____
c. Name _____ Title _____	
Birthdate (mm/dd/yyyy) _____	Date of Initial Employment (mm/dd/yyyy) _____ SIDS / SBS Training Date _____
d. Name _____ Title _____	
Birthdate (mm/dd/yyyy) _____	Date of Initial Employment (mm/dd/yyyy) _____ SIDS / SBS Training Date _____
8. <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have support staff (e.g., cooks, maintenance personnel, secretaries)? If "Yes," attach a list that includes each person's name, job title and whether they have contact with the children in care.	
9. <input type="checkbox"/> Yes <input type="checkbox"/> No Will the program provide transportation to children in care? <input type="checkbox"/> Yes <input type="checkbox"/> No Will transportation be provided via program-owned or provider-owned vehicles? <input type="checkbox"/> Yes <input type="checkbox"/> No Will the program contract with a company or other agency to provide transportation?	
10. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure Do you currently receive or wish to be eligible to receive Wisconsin Shares reimbursement?	
C. PHYSICAL PLANT AND ENVIRONMENT	
1. <input type="checkbox"/> Yes <input type="checkbox"/> No Do you rent the property where the care will be provided. If "Yes", the department form Landlord Permission to Operate a Certified Child Care Business (DCF-F-DWSW13260) must be submitted.	
Name – Landlord _____	Telephone Number – Landlord _____
2. Is your water source <input type="checkbox"/> public water or <input type="checkbox"/> private well? If private well, submit a copy of the results of the water test. The water shall be tested and found to be bacteriologically safe and to have safe nitrate levels by a laboratory certified under 42 CFR 493 (CLIA) prior to initial certification and at least every following 2 years.	
Date of last test: _____ (mm/dd/yyyy)	
3. <input type="checkbox"/> Yes <input type="checkbox"/> No Are there pets in the home? If "Yes", submit current rabies test for cats, dogs and ferrets.	
4. Residents age 11 and younger : List all children age 11 and younger who live in the home (natural, adopted, foster or residential). Attach additional sheets if necessary.	
Name (Last, First, MI)	Relationship to Applicant
Date of Birth	
a. _____	_____
b. _____	_____
c. _____	_____
d. _____	_____
e. _____	_____
f. _____	_____

5. Residents **age 12 and older**: List all adults and children age 12 and older who live in the home. Include position title if the household member works as a helper, volunteer or substitute in the child care program. Attach additional sheets if necessary. **Submit a Background Information Disclosure (BID) form for each person listed below.**

a. Name (Last, First, MI)	Birthdate (mm/dd/yyyy)	<input type="checkbox"/> Yes <input type="checkbox"/> No Does this person have contact with the children in care?
Previous Names (e.g., maiden name)	Relationship to Applicant (e.g. husband, child) / Position Title	
b. Name (Last, First, MI)	Birthdate (mm/dd/yyyy)	<input type="checkbox"/> Yes <input type="checkbox"/> No Does this person have contact with the children in care?
Previous Names (e.g., maiden name)	Relationship to Applicant (e.g. husband, child) / Position Title	
c. Name (Last, First, MI)	Birthdate (mm/dd/yyyy)	<input type="checkbox"/> Yes <input type="checkbox"/> No Does this person have contact with the children in care?
Previous Names (e.g., maiden name)	Relationship to Applicant (e.g. husband, child) / Position Title	
d. Name (Last, First, MI)	Birthdate (mm/dd/yyyy)	<input type="checkbox"/> Yes <input type="checkbox"/> No Does this person have contact with the children in care?
Previous Names (e.g., maiden name)	Relationship to Applicant (e.g. husband, child) / Position Title	
e. Name (Last, First, MI)	Birthdate (mm/dd/yyyy)	<input type="checkbox"/> Yes <input type="checkbox"/> No Does this person have contact with the children in care?
Previous Names (e.g., maiden name)	Relationship to Applicant (e.g. husband, child) / Position Title	
f. Name (Last, First, MI)	Birthdate (mm/dd/yyyy)	<input type="checkbox"/> Yes <input type="checkbox"/> No Does this person have contact with the children in care?
Previous Names (e.g., maiden name)	Relationship to Applicant (e.g. husband, child) / Position Title	

D. AUTHORIZATION

I authorize the Department of Children and Families and / or the certifying agency to request and receive any information that is appropriate and necessary for the administration of certification for child care programs. Sources of information may include, but are not limited to, Department of Corrections, Department of Justice, Division of Unemployment Insurance, Department of Regulation and Licensing, Internal Revenue Service, Department of Revenue, Department of Transportation, Wisconsin Technical College System or any other educational institution, county departments of social / human services, law enforcement agencies or a current or former employer. Personally identifiable information collected on this form may be used, in part, through computer matching to verify information with the departments, agencies and employers identified above.

I acknowledge having received the rules for family child care certification, DCF 202, Wis. Admin. Code, including the standards and checklist for certified family / in-home child care, and accept legal responsibility for complying with all administrative rules as promulgated by the department under the authority of s. 48.651, Wis. Stats. By signature I signify a willingness to provide the certifying agency and / or Department of Children and Families with information to verify whether or not the requirements for certification are met and further authorize the certifying agency or department to make such investigation as is necessary for verification of these factors, including access to the premises any time during hours of operation.

I affirm that all statements made in this application and any attachments are true and correct to the best of my knowledge. I understand that failure to submit correct or truthful information or omitting information is grounds for denial, revocation or other sanction under the authority of applicable statutes or administrative codes. Credible statements made to the certifying agency and / or department that contradict information I provide under my written attestation also may be grounds for denial, revocation or other sanction of certification.

I will comply with all laws, rules and regulations. I understand and agree that I am responsible for ensuring that any person who is employed or who has any role in the operation of my child care program will comply with all laws and regulations pertaining to child care programs, including ch. 48 Children's Code and s. 49.155 Wisconsin Shares: Child Care Subsidy of the Wisconsin Statutes, chs. DCF 202 Child Care Certification and DCF 201 Administration of Child Care Funds of the Wisconsin Administrative Codes; and Title 7 C.F.R. Part 226 Child and Adult Care Food Program of the Federal Regulations of the U.S. Department of Agriculture. I further understand and agree that I may be held legally responsible for any actions or omissions of any person who is employed at my child care program or who has any role in the operation of my child care program. I understand and agree that failure to comply may result in an enforcement action including revocation, denial or the assessment of forfeiture.

Name – Applicant (Type / Print)

Title (Type / Print)

SIGNATURE – Applicant

Date Signed (mm/dd/yyyy)