

Policy Checklist – Family Child Care Centers

Use of form: DCF 250.04(2)(g), 250.04(2)(e) and (f), 250.05(3)(g) and 250.06(3) require the licensee to develop, submit to the department for compliance review, implement and / or provide to the parents written plans, policies and procedures for the following categories. Asterisked (*) items are required to be included in your policies. The other items listed are not required to be in your policies, but they are strongly recommended. Use of this form is mandatory under DCF 250.11(3)(c)5., 250.11(4)(a)4. and 250.11(5)(b)4. Personal information you provide may be used for secondary purposes [Privacy Law, s.15.04(1)(m), Wisconsin Statutes]. Failure to submit this completed checklist to the department may result in license denial, other enforcement action or issuance of a non-compliance statement.

Instructions: Whenever policies are updated, submit a dated copy to your licensing specialist along with a completed policy checklist. Identify the page number on which you address each point and the effective date of each section. Policies shall be dated and the pages numbered. You may wish to keep a copy of this completed checklist for your records.

Name – Facility	Facility ID
Name – Center representative	Telephone Number

Page No.	GENERAL INFORMATION	Policy effective date: _____
_____	Non-discrimination statement.	
_____	Number of children the program is licensed to serve.	
_____	Ages of children served.	
_____	Hours, days and months center is open – include holidays that center is closed.	
_____	Holidays: paid or unpaid.	
_____	Items posted for parents: license certificate, results of latest monitoring visit, any enforcement action issued by the department and any stipulations, conditions, exceptions or exemptions. 250.04(2)(i)	
_____	Procedure to ensure that the number, names and whereabouts of children in care are known to the provider at all times. 250.05(3)(L)	
_____	Licensee will give parents a summary of licensing rules: “ <i>Your Guide to Regulated Child Care</i> ,” is available from the Child Care Information Center. 250.04(4)(b)	
_____	Parents may visit at any time unless restricted by court order. 250.04(4)(a)	
_____	Daily attendance record. 250.04(6)(b)	
_____	A child may not be released to any person who has not been previously authorized to receive the child. 250.05(3)(k)	
_____	Alternate arrival / release.	
_____	Parents / guardians under the influence of alcohol or drugs.	
_____	Communication with parents.	
_____	Confidentiality of information. 250.04(7)(b)	
_____	* Insurance coverage on the premises. 250.04(2)(g)	
_____	* Insurance coverage on the business operations. 250.04(2)(g)	
_____	Parents, upon request, have access to all records and reports maintained on his or her child unless restricted by court order. 250.04(7)(b)2.	
_____	Mandated reporter of child abuse and neglect. 250.04(8)(a)	
_____	Concealed weapons restrictions, if applicable.	
_____	Items provided by parents / provider.	

SIGNATURE – Licensing Specialist: _____ Review Date: _____

Page No.	* ENROLLMENT AND DISCHARGE OF CHILDREN 250.04(2)(e)1.	Policy effective date: _____
_____	Trial period.	
_____	Enrollment procedure (meet with provider to discuss child's specific needs).	
_____	Forms to be completed and timeline for submission.	
_____	Enrollment options: full-time, part-time, hourly, drop-in.	
_____	Discharge procedure: reasons for discharge by provider, amount of notice from provider, fees charged.	
_____	Withdraw procedure: process for parent to remove child from care, amount of notice required from parent, fees charged.	

SIGNATURE – Licensing Specialist: _____ Review Date: _____

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Page No. * **FEE PAYMENTS AND REFUNDS** 250.04(2)(e)2. **Policy effective date:** _____

_____ When fees are due.
 _____ Third-party payments and co-payments.
 _____ Enrollment or registration fee, if any.
 _____ Fees when children are absent.
 _____ Late fee for late pick-up, if any.
 _____ Late fee for late payment, if any.
 _____ Rate sheet (full-time, part-time, drop-in, any differences by age group).

SIGNATURE – Licensing Specialist: _____ **Review Date:** _____

Page No. * **CHILD AND PROVIDER ABSENCES** 250.04(2)(e)3. **Policy effective date:** _____

_____ * Procedure to contact a parent or guardian if a child is absent from the center without prior notification.
 _____ Vacation: yours and theirs (indicate when notice is to be given and amount of fee payment required).
 _____ Sick days, other absences: yours and theirs (indicate when and if fees are to be paid).
 _____ Emergency back-up provider (unplanned absence).
 _____ Substitute provider (pre-planned absence).

SIGNATURE – Licensing Specialist: _____ **Review Date:** _____

Page No. * **ORIENTATION PLAN** – Employee, volunteer or substitute 250.04(2)(f) **Policy effective date:** _____

_____ * Procedure for ensuring each employee, volunteer or substitute receives an orientation before beginning work. The orientation shall contain:
 _____ * Names and ages of all the children in care.
 _____ * Current arrival and departure information for each child including the names of people authorized to pick up the child.
 _____ * Review of children’s records including emergency contact information.
 _____ * Specific information relating to child’s special health care needs including medications, disabilities or special health conditions.
 _____ * Procedures to reduce the risk of sudden infant death syndrome.
 _____ * Overview of the daily schedule including meals, snacks, nap and any information related to eating and sleep schedules of infants and toddlers.
 _____ * Review of center’s procedures for dealing with emergencies.
 _____ * Procedure for reporting suspected abuse and neglect of a child.
 _____ * Plan for evacuating sleeping children if night care is provided.
 _____ * Procedure to contact a parent if a child is absent from the center without prior notification from the parent.
 _____ * Review of center policies required under 250.04(2)(e).
 _____ * Review of chapter DCF 250 Family Child Care Centers.
 _____ * Review of DHS 12.07(1) regarding caregiver reporting requirements.

_____ * **ORIENTATION PLAN** – Emergency back-up providers 250.04(2)(f) **Policy effective date:** _____

_____ * Procedure for ensuring that each time an emergency back-up provider is used the provider receives an orientation immediately before being left alone with children. The orientation shall contain:
 _____ * Names and ages of all the children in care.
 _____ * Arrival / departure information for each child and authorized pick up people.
 _____ * Location of children’s files including emergency contact information, consent for emergency medical treatment, special health care needs.
 _____ * Procedures to reduce the risk of sudden infant death syndrome.

SIGNATURE – Licensing Specialist: _____ **Review Date:** _____

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Page No. _____ * **HEALTH** 250.04(2)(e)4. **Policy effective date:** _____

_____ Ill child exclusion guidelines.

_____ Isolation of ill children.

_____ When children may return to the center after being ill.

_____ Communicable disease reporting requirements.

_____ Minor injuries.

_____ Emergency medical procedures including head injuries.

_____ * Planned source of emergency medical care. 250.07(6)(k)4.

_____ Medical log procedures.

_____ * Providing care for mildly ill children, if applicable. 250.07(6)(d)3.

_____ * Approved, signed plan for the provision of care to mildly ill children, if applicable. 250.07(6)(d)4.

_____ Procedures for giving medications.

_____ Smoking is not permitted on the premises when children are present.

_____ * SIDS risk reduction, if licensed to care for children under one year of age.

SIGNATURE – Licensing Specialist: _____ Review Date: _____

Page No. _____ * **NUTRITION** 250.04(2)(e)5. **Policy effective date:** _____

_____ Center meals and snacks must meet USDA guidelines. If parents provide food, inform parents of USDA guidelines.

_____ Schedule of meals and snacks (no child may go longer than three hours without food).

_____ Food allergies.

_____ Special diets: medical condition or personal choice.

_____ Record of meals and snacks available for review.

_____ Participation in Child and Adult Care Food Program.

_____ Snack for school-aged children if applicable.

_____ Formula / breast milk / baby food, if applicable.

SIGNATURE – Licensing Specialist: _____ Review Date: _____

Page No. _____ * **DAILY ACTIVITIES** 250.04(2)(e)6. **Policy effective date:** _____

_____ * Religious instruction or practices, if any. 250.04(2)(e)9.

_____ Planned activities appropriate to age / development of all children.

_____ Infant / toddler programming.

_____ School-age programming.

_____ Daily outdoor play.

_____ Whether swimming is a part of the center’s programming.

_____ Rest period will be provided for children under five in care for 4 or more hours.

_____ Parent / provider will launder sleeping bag / mat after every 5 uses or sooner if necessary.

_____ Use of televisions / videos / DVDs.

_____ Field trips. Emergency information 250.08(2).

_____ Night care programming.

SIGNATURE – Licensing Specialist: _____ Review Date: _____

Page No. _____ * **CHILD GUIDANCE** 250.04(2)(e)7. **Policy effective date:** _____

_____ Positive guidance techniques.

_____ * Appropriate ways to manage crying, fussing or distraught children.

_____ * Time-out procedures if applicable (not used for children under age 3; no more than 5 minute duration). 250.07(2)(b)

_____ Prohibited punishments.

SIGNATURE – Licensing Specialist: _____ Review Date: _____

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Facility ID

Page No. * **TRANSPORTATION** 250.04(2)(e)8. **Policy effective date:** _____

_____ * Statement regarding whether or not center provides transportation for any purpose.

_____ Use of public transportation, if any.

_____ Field trips. Notification to parents of date, time and destination 250.04(4)(c)4.

_____ * Procedure to ensure that no child is left unattended in a vehicle.

_____ * Procedure to track children and ensure their whereabouts are documented from the time child is picked up until the child is relinquished to a caregiver.

_____ * Procedure to ensure all children exit the vehicle after being transported including alarm information if applicable.

_____ * Vehicle Insurance coverage. 250.04(2)(g)

_____ Annual review of driving record and vehicle inspection.

SIGNATURE – Licensing Specialist: _____ Review Date: _____

Page No. * **PETS** 250.04(2)(e)10. **Policy effective date:** _____

_____ * Number, type and location of pets.

_____ * Pet’s accessibility to children.

_____ Supervision when animals are accessible to children.

_____ * Insurance on the business operation if dogs and / or cats are accessible to the children. 250.04(2)(g)

_____ Vaccination of pets.

_____ Notifying parents in writing prior to the addition of new pets to the center.

SIGNATURE – Licensing Specialist: _____ Review Date: _____

Page No. * **EMERGENCY** **Policy effective date:** _____

_____ Emergency preparedness drills.

_____ * Plan for taking appropriate action in the event of a lost or missing child. 250.06(3)

_____ * Plan for taking appropriate action in the event of a tornado / tornado warning. 250.06(3)

_____ * Plan for taking appropriate action in the event of a fire. 250.06(3)

_____ * Plan for taking appropriate action in the event of other emergencies (e.g. severe weather, loss of building services, threats to building or its occupants). 250.06(3)

_____ * Evacuation of sleeping children during night care (9:00 p.m. to 5:00 a.m.) if applicable. 250.10(4)(a)

SIGNATURE – Licensing Specialist: _____ Review Date: _____

Page No. * **PERSONNEL**, if applicable 250.095(2)(c)2. **Policy effective date:** _____

_____ * Implement and maintain a written personnel policy that contains:

_____ * Hours of work, lunch and break times.

_____ * Holidays, vacations, sick leaves, leaves of absence.

_____ * Probationary periods, performance evaluations, grievance procedures and the disciplinary process.

_____ * 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. The employee has been convicted of a crime; b. The employee has been or is being investigated by any governmental agency; c. The employee has a substantiated governmental finding against them; or d. A professional license held by the employee has been denied, revoked, restricted, or otherwise limited.

SIGNATURE – Licensing Specialist: _____ Review Date: _____

I attest that these policies meet licensing rules and accurately reflect my program as implemented.

SIGNATURE – Center Representative

Date Completed