

2011-2012 program



Dear Family,

Thank you for considering AFTER SCHOOL, one of Wisconsin Youth Company's family of programs. At AFTER SCHOOL we are dedicated to your child having a great time in a safe, quality setting, staffed by caring adults.

We hope you choose AFTER SCHOOL and that we exceed your expectations for the upcoming school year. This packet contains the 2011-2012 information about your child's AFTER SCHOOL site and the necessary forms to enroll. The enclosed checklist is helpful in guiding you through the registration process. Please don't hesitate to call our office if you need help with the forms, 276-9782 ext. 10. Our front office staff is happy to assist you.

Our program staff is looking forward to getting to know your child and sharing all the fun, games, art and crafts projects, science experiments, sports, friendship building and more that is AFTER SCHOOL. For more information about AFTER SCHOOL please refer to www.wisconsinyouthcompany.org. If you have any concerns about the coming year at AFTER SCHOOL please call me. Thanks again for considering us! We look forward to getting to know your child and your family.

1201 McKenna Boulevard
Madison, Wisconsin 53719
608-276-9782
800-238-1174
Fax 608-276-4050
www.wisconsinyouthcompany.org
info@wisconsinyouthcompany.org

Sincerely,

A handwritten signature in black ink that reads "Nora Bergeon-Capps".

Nora Bergeon-Capps
Division Director
608-276-9782 ext. 29

1800 Dolphin Drive, Suite 200
Waukesha, Wisconsin 53186
262-547-8770
800-552-8878
Fax 262-547-0394
www.wisconsinyouthcompany.org
waukesha@wisconsinyouthcompany.org



AFTER SCHOOL • CHECKLIST FOR REGISTRATION

A program of Wisconsin Youth Company, Inc

Please follow the check list below to complete your child's registration packet for the 2011-2012 school year program. Please use a blue or black ink pen to complete all forms.

REGISTRATION FORM - PART I

- Complete entire form. All contact information must include complete mailing address and best phone number. (If pre-printed, review the registration form for each child you enroll; update information as necessary.)
- Provide the best location/address of parent or guardian during program hours.
- Circle the days of attendance for the program(s) you wish your child to attend.
- Indicate the date you would like your child to begin attendance.

HEALTH HISTORY AND EMERGENCY PLAN - PART II

- Complete entire form. This is a requirement of Wisconsin Department of Child & Family Services. A review of the health form is required yearly or more frequently as needed. (If pre-printed, please update information.)
- If your child has special health concerns, please specify on this form. (You may be contacted for clarification in order for us to best meet the individual needs of your child.)
- Sign and date pages 2 and 3 where indicated.

ENROLLMENT INFORMATION SECURITY FORM - PART III

- Complete the top portion of the enrollment information security form with your account access password, answer to at least one account security question, and add your signature.
- A six character account password must be submitted to complete your registration form. Persons contacting the office to request information or make changes to their account will be **required** to provide their password before any information is shared or changed.
- Designate additional account holder(s) or authorized user(s) as desired.
- Retain parent copy for your records.

REGISTRATION AGREEMENT - PART IV

- Read thoroughly and sign a registration agreement for each child you wish to enroll.
- Both parents/guardians must sign agreement to be considered account holders, allowing them to make changes to account information.
- Complete and sign photo release section.
- Provide your funding source's contact information if you are receiving financial assistance. Families receiving assistance may be required to complete an authorization allowing AFTER SCHOOL to communicate directly with funding source.
- Retain parent copy for your records.

RETURNING THE REGISTRATION PACKET

- Required payment of \$50 processing fee (\$80 for two or more children) must accompany completed packets. Make check or money order payable to AFTER SCHOOL or complete the credit card authorization included in this packet. Forms received without payment will not be processed.**
- If you are interested in using our automatic credit or debit card payment option, indicate so by checking that option on the credit card authorization. After the school year has begun, you may choose this option by contacting the administrative office.
- Return completed registration packets and the required fees to: **AFTER SCHOOL, 1201 McKenna Blvd., Madison, WI 53719.** Incomplete paperwork will not be processed, and no space will be held until paperwork is complete. If you have questions, please contact the administrative office at 1-608-276-9782 or 1-800-238-1174.

PROCESSING PROCEDURES

- *Applications will be processed in the order they are received. Three, four and five-day enrollments have priority throughout the school year. In order to protect their enrollment, families who initially register for less than three days a week have the option of increasing their enrollment or they may withdraw from the program if enrollment reaches capacity.*
- **A registration blackout period will begin two weeks prior to the start of the school year to allow time for the heavy volume of processing. Only forms received before this period will be processed and confirmed to begin the first week of school as space permits.** Registrations received over the months of September and October will be processed as volume permits.
- You will receive a notice of registration status after we have received your forms. This will indicate any missing or incomplete information.
- Families will receive a confirmation letter which includes the program(s), days enrolled, confirmed start date and first invoice.
- Enrolled families will receive a welcome packet including fee payment instructions, parent handbook and all day program registration materials for the fall semester. Spring semester all day program and break program registration materials will be available later by mail or through parent mailboxes at program locations.

Children may not attend an AFTER SCHOOL program until enrollment has been confirmed.

AFTER



a WISCONSIN YOUTH COMPANY program

PRAIRIE

2011-2012 Programs

AFTER SCHOOL is a program of the Wisconsin Youth Company, Inc., a private, non-profit organization providing programming for children kindergarten age through early adolescence. Participants in the program include boys and girls of all races, ethnic groups, economic situations and abilities.

Site Information & Fee Schedule

AFTER SCHOOL offers a safe, comfortable environment where children can be with friends, share and discover new experiences, exercise their imaginations, and pursue individual interests. Qualified and caring adults, who recognize the individual needs of children and the varied levels of development, administer the programs.

AFTER SCHOOL offers two programs at Prairie Elementary that provide challenging and age appropriate activities. For children in kindergarten through second grade the **AFTER SCHOOL Boost** program offers opportunities beyond traditional after school programming, engaging individual children in new interests and enhanced learning activities. **AFTER SCHOOL Club** programs are specifically designed to meet the needs of children third grade and older.

Both programs are offered on all school days, Monday through Friday, from school dismissal until 5:45 p.m. Children may be registered to attend **AFTER SCHOOL** on a consistent schedule of one to five days a week. Three, four and five-day enrollments have priority throughout the school year. In order to protect their enrollment, one and two day registrants have the option of increasing their enrollment or withdrawing from the program, should capacity be reached.

On scheduled non-school days, **AFTER SCHOOL** offers all day programs at various locations. Enrollment for all day programs is limited and requires separate registration and fee. All registered families receive fall all day program information and registration materials with their welcome packet mailing. Spring all day program, as well as winter and spring break program, will become available later either through the mail or parent mailboxes at program locations. On scheduled early release school days, no additional fees are charged for students regularly enrolled for that day of the week.

All necessary materials required for **AFTER SCHOOL** registration are enclosed. Separate forms must be completed for each child you wish to enroll. All registrations are processed in the order they are received. Children may begin to attend the program when they receive confirmation of program enrollment.

PRAIRIE

AFTER SCHOOL Program Fees

2011-2012 Programs

ANNUAL PROCESSING FEE	
One child	\$50.00
Two or more children	\$80.00

BI-WEEKLY FEES*					
<i>Based on scheduled weekly enrollment</i>					
	5 DAYS	4 DAYS	3 DAYS	2 DAYS**	1 DAY**
Boost or Club					
1st child	\$161.00	\$143.50	\$118.75	\$87.00	\$47.50
Each additional child	\$137.00	\$122.25	\$101.25	\$74.25	\$40.50

* **Payments are due on Monday of each two week period.** Financial assistance may be available through the City of Madison or Dane County Social Services. Limited scholarship funds may also be available through AFTER SCHOOL. Parents have the responsibility for initiating financial assistance requests.

** **Three, four and five day enrollments have priority throughout the school year.** In order to protect their enrollment, two day registrants have the option of increasing their enrollment or they may withdraw from the program should capacity be reached.



Part I CHILD REGISTRATION FORM

If pre-printed, please indicate any new information below by writing in corrections in blue or black pen.

Child's Name (First, Middle, Last) Gender Birthdate (M/D/Y) Age
Grade in Fall 2011 School Attending Program Location
My child attended the 2010-2011 AFTER SCHOOL program ___ No ___ Yes
My child attended the 2011 AFTER SCHOOL Summer Day Camp ___ No ___ Yes
Child resides with: ___ Mother ___ Father ___ Guardian
State Statutes require any child under the age of 8 years old and under 80 lbs. be restrained in a booster seat while in a vehicle.
My child weighs less than 80lbs. ___ No ___ Yes

Mother / Father / Guardian (Circle one.) Primary Account Holder
Mother / Father / Guardian (Circle one.) Secondary Contact Person

Home Address Home Address

City/State/Zip Home Phone City/State/Zip Home Phone

Work Phone Cell Phone Home Phone Work Phone Cell Phone Home Phone
Best Phone # During Program Hours Best Phone # During Program Hours

Best Location/Address During Program Hours Best Location/Address During Program Hours

E-Mail Address E-Mail Address

Independent Arrival / Departure Authorization: (Any changes during the school year need to be made in writing to the administrative office.)
State licensing requires authorization for a child to arrive or depart from program to or from any location outside of the building. If applicable, indicate the appropriate independent arrival/departure for your child. If authorizing independent arrival/departure, please contact the administrative office for the required forms.

- My child will arrive independently to the program from a location outside the building (Independent arrival).
My child will depart independently from the program to a location outside the building (Independent departure).

Emergency Contact / Pick-up Authorization Information: (Any changes during the school year need to be made in writing to the administrative office.)
Individuals authorized to pick up my child: Authorized pick-up persons may be asked to present a photo I.D. All individuals authorized to pick up must be 18 years of age. Parents wanting anyone under 18 years of age to pick up their child must select the independent departure option.

- My child is to wait for authorized pick-up; list names other than parent below. Unless otherwise noted, persons listed above are considered authorized pick-up and emergency contact persons.

In addition to primary and secondary persons listed above, list emergency contact (REQUIRED). In an emergency, if no contact can be made to those listed here, police department will be notified.

Table with 4 columns: Name (first & last), Best Phone # During Program Hours / Complete Home Address, Relationship to Child, and Emergency/Authorized Contact Person status.

Directions: Circle the days of each program for which you are enrolling your child for the 2011-2012 school year.

After School BOOST Grades K-2 (M T W R F)
After School Club Grades 3-5 (M T W R F)

Office Use Only
Requested Start Date
Confirmed Start Date

AMT PD: CHK #: Date Received: Intake Initials: WAIT LIST: M T W R F DATE CONFIRMED:



Directions: Please complete this form entirely. A review by parents/guardians and staff is required annually. This form must remain with the child during the hours the child is present in the care of Wisconsin Youth Company.

CHILD INFORMATION:

Child's Name (Last) (First) (Middle) Birthdate (M / D / Y)

Home Address (Street, City, State, Zip Code) Date - First Day of Attendance (M / D / Y)

Parent Name (Last) (First) Best Phone # During Program Hours

Address (if different from child's)

PHYSICIAN / MEDICAL FACILITY INFORMATION:

Name of Physician Name, Address, and Phone Number of Medical Facility

SUNSCREEN / INSECT REPELLENT AUTHORIZATION:

Sunscreen: Wisconsin Youth Company will provide Rocky Mountain SPF 30 sunscreen. If your child requires a different strength or brand of sunscreen you must complete an authorization to administer medication form for the brand and strength of sunscreen you provide.

- I authorize Wisconsin Youth Company staff to apply sunscreen to my child.
I authorize Wisconsin Youth Company staff to allow my child to self-apply sunscreen.

Insect Repellent: Wisconsin Youth Company will provide Cutter All Family Pump Spray, 7% Deet. If your child requires a different strength or brand of insect repellent you must complete an authorization to administer medication form for the brand and strength of insect repellent you provide.

- I authorize Wisconsin Youth Company staff to apply insect repellent to my child.
I authorize Wisconsin Youth Company staff to allow my child to self-apply insect repellent.

SPECIAL HEALTH INFORMATION: (Continue on separate sheet if needed.)

1. Check any special medical condition that your child may have:

- No specific medical condition Asthma Diabetes Epilepsy / Seizure Disorder
Gastrointestinal or feeding concerns including special diet and supplements Cerebral Palsy / Motor Disorder
Cognitively Disabled, LD, ADD, ADHD, Autism, or other Emotional/Behavioral concerns - Specify:

Milk Allergy (Attach a statement from the medical professional indicating the acceptable alternative.)

Other Food Allergies (non-milk) - Specify:

Non-Food Allergies – Specify:

Other condition(s) requiring special care – Specify:

2. Triggers that may cause problems – Specify:

3. Signs or symptoms to watch for – Specify:

4. Does your child need any accommodations?

5. Activities from which child should be exempt due to medical reasons:

6. Medications (prescribed and over-the-counter) your child takes regularly between the hours of 6:30 a.m. and 6:00 p.m. Please list the name of medication and the time of day to be administered. *(If medications are necessary during program hours, a copy of the authorization to administer medication form must be completed and submitted to the administrative office. Forms are available at the administrative office or at program location.)*

7. Identify any child care staff to whom you have given specialized training/instructions to help treat symptoms.

8. When to call parents regarding symptoms or failure to respond to prescribed treatment:

9. When to consider that the condition requires emergency medical care or reassessment:

10. Does your child wear glasses, contacts, protective gear or hearing aids? *Specify:*

11. Additional information that may be helpful to the Wisconsin Youth Company staff:

In the event my child becomes ill or injured, I understand every effort will be made to reach me or an emergency contact person on file. I give my consent for Wisconsin Youth Company to act on my behalf to obtain emergency care and treatment if it is deemed necessary.



Parent / Guardian Signature: _____ Date: _____

SITE USE – REVIEW DATES _____

IMMUNIZATION HISTORY:

List the **MONTH, DAY AND YEAR** the child received each of the following immunizations. If you do not have an immunization record for this child, contact your doctor or local public health department to obtain the records.

VACCINATIONS (DATES)	1ST	2ND	3RD	4TH	5TH
DTP Diphtheria, Tetanus, Pertussis					
Polio					
Hib (Haemophilus <i>Influenzae</i> Type B) (Required only if child is under the age of 5)					
Hepatitis B					
Pneumococcal Conjugate Vaccine (PCV)					
Measles, Mumps, Rubella (MMR)					
Varicella (Chicken Pox)					

Has the child had Varicella (chickenpox) disease? If yes, (Vaccine not required.) Year: _____ If no or unsure (Vaccine required.)

COMPLIANCE DATA AND WAIVERS

IF THE CHILD MEETS ALL REQUIREMENTS sign at arrow below and return this form to Wisconsin Youth Company, OR
IF THE CHILD DOES NOT MEET ALL REQUIREMENTS check appropriate box below, sign and return this form to Wisconsin Youth Company.

Although the child has not received all required doses of vaccine for his or her age group, at least the first dose of each vaccine has been received. I understand that it is my responsibility to obtain the remaining required doses of vaccines for the child **WITHIN ONE YEAR** and to notify Wisconsin Youth Company in writing as each dose is received.

NOTE: Failure to stay on schedule or report immunizations to the Wisconsin Youth Company may result in court action against the parents and a fine up to \$25.00 per day of violation.

For health reasons this child should not receive the following immunizations, *(List in chart above any immunizations already received.)*: _____
 Physician's Signature: _____

For religious reasons this child should not be immunized. *(List in chart above any immunizations already received.)*

For personal conviction reasons this child should not be immunized. *(List in chart above any immunizations already received.)*

 _____
 Parent / Guardian Signature Date

The following are the minimum **required** immunizations for the child's age/grade at entry. All children within the range must meet these requirements at Wisconsin Youth Company entrance. Children who reach a new age/grade level while attending this program must have their records updated with date of additional required doses.

AGE LEVELS	NUMBER OF DOSES						
5 months – 15 months	2 DTP/DTaP/DT	2 Polio	2 Hib	2 PCV	2 Hep B		
16months – 23 months	3 DTP/DTaP/DT	2 Polio	3 Hib1	3 PCV2	2 Hep B	1 MMR3	
2 years – 4 years	4 DTP/DTaP/DT	3 Polio	3 Hib1	3 PCV2	3 Hep B	1 MMR3	1 Varicella
At Kindergarten	4 DTP/DTaP/DT	4 Polio			3 Hep B	2 MMR3	2 Varicella

1. If the child began the Hib series at 12-14 months of age, only 2 doses are required. If the child received one dose of Hib at 15 months of age or after, no additional doses are required. Minimum of one dose must be received after 12 months of age (Note: a dose 4 days or less before the first birthday is also acceptable).
2. If the child began the PCV series at 12-23 months of age, only 2 doses are required. If the child received the first dose of PCV at 24 months of age or after, no additional doses are required.
3. MMR vaccine must have been received on or after the first birthday (Note: a dose 4 days or less before the first birthday is also acceptable).
4. Children entering kindergarten must have received one dose after the 4th birthday (either the 3rd, 4th, or 5th) to be compliant (Note: a dose 4 days or less before the 4th birthday is also acceptable).

ENROLLMENT INFORMATION SECURITY FORM (REQUIRED FOR EVERY PROGRAM REGISTRATION)



Child's Name _____

The security of your enrollment information is important and we've taken steps to help keep it secure. When enrolling your child, you are required to create a unique password and answer at least one security question listed below. This verification is REQUIRED whenever you or someone you authorize calls or emails us for information regarding your information (i.e. balance due, pick-up persons) and whenever account holders submit written requests and information updates so that we can protect your privacy and only give the information out to you or the person you designate. We can ONLY provide enrollment information when the correct PASSWORD and/or SECURITY ANSWER are provided by an authorized user. Enrollment information is not currently accessible on-line. You may only request information about your account by email or phone.

You may choose to keep your same password from previous Wisconsin Youth Company programs; however, you must confirm the password below.

ACCOUNT ACCESS PASSWORD - REQUIRED

Please give us a password and the answer to at least one of the security questions listed below.

Account Access Password _____ (Maximum: 6 characters)

Security Questions (Please answer at least one of the following.):

1. What street did you live on during high school? _____
2. Who was your childhood hero? _____
3. What is your Grandmother's maiden name? _____

ACCOUNT CONFIDENTIALITY - OPTIONAL

In order to protect your privacy, we are unable to provide information to anyone other than an account holder or authorized user. An account holder is anyone who has signed the registration agreement. Account holders are liable for the account, are able to request information, and are able make changes to the account. Authorized users are individuals authorized by the account holder to access information only. **As the account holder, you may authorize other individuals (e.g. a spouse and/or other parent) by listing their name(s) below.**

I authorize the following person(s) to be an **authorized user**, allowing him/her to access information on the account:

I authorize the following person(s) to become an **account holder**, allowing him/her to make changes to account information: **(Please note that this person must sign the registration agreement before he/she is officially considered an account holder.)**

Account Holder Name: _____



Signature: _____ Date: _____

(Account Holder)



Child's Name (Please print): _____ Program Location: _____

ATTENDANCE SCHEDULE

1. I understand I must notify the AFTER SCHOOL message center in the event my child will not attend or will be late on a scheduled day. Repeated failure to notify of absence may result in removal from the program.
2. I understand I may change my child's schedule by giving advance written notice to the administrative office two weeks prior to the pay period for which the change is requested. Requests involving an increase of days are on a space-available basis. If schedule changes exceed three per year, a \$5.00 charge will be assessed for each additional change after the third change. Changes to enrolled days requested mid-billing period must be approved on a case by case basis and may be subject to additional fees. AFTER SCHOOL cannot honor requests to switch a scheduled day with a non-enrolled day.
3. I understand if space permits, my child may attend an added day (a day not regularly scheduled) for an additional non-refundable and non-transferable fee. I may request an added day through the administrative office no more than two weeks in advance.
4. I understand that if my child's participation in the program requires more than reasonable accommodations, whether due to special needs or behavior, my child may be removed from the program.

PARENTAL CONSENT

1. I give my consent for my child's participation in any field trips scheduled as part of his/her enrollment and consent for my child to be transported to and from any scheduled program activity for which transportation is provided. I understand AFTER SCHOOL adheres to state licensing regulations and organization policy regarding supervision of children while on all trips.
2. If enrolled in the before school program, I give my consent for my child to leave for class unescorted at the morning bell.
3. If enrolled in the after school program, I give my consent for my child to arrive at program unescorted at the end of the school day.
4. I understand that if I give permission for my child to arrive/depart independently from his/her program site (as indicated on the registration form) that I must inform the administrative office **in writing** of any changes in his/her arrival/departure procedures.

PHOTO RELEASE

I grant Wisconsin Youth Company (WYC) permission to publish my child's image in its newsletters, brochures, displays or other printed material and on its websites for purposes of promoting the programs. I understand that children's names are not used when their images are displayed on our website or in widely distributed print materials. I understand that if I request, in writing, removal of my child's image from WYC's websites, his/her image will be removed no later than 15 days from receipt of my request. Also, I release WYC, its employees, officers, directors and successors from any liability or claim related to the publication or disclosure for which I have hereby granted permission. I understand that the consent I grant here is completely voluntary.

- Yes, I accept the photo release.** **No, I do not accept the photo release.**

Signature of Parent / Guardian (Account Holder) _____ Date _____

PAYMENT OF FEES

1. I understand the processing fee is non-refundable and non-transferable.
2. I understand this agreement is for the entire 2011-2012 school year; and agree to make full bi-weekly payments as stated on the fee sheet. I understand payments are due every other Monday as scheduled; fees will not be pro-rated if my child starts schedule changes or my child withdraws from program between billing periods.
3. I understand if I am receiving financial assistance, I am responsible for any amount not covered by my funding source. Written verification from my funding source must be on file in the administrative office prior to my child's attendance. *I understand that I will be responsible for full payment until funding documentation is received by the administrative office.* My financial assistance source is: (if applicable)

Source/Contact Person: _____ Phone #: _____

4. I understand a billing fee of \$10.00 will be assessed for payments not received by the scheduled Monday due date.
5. I understand fees not paid by the due dates may result in my child's removal from the program.
6. I understand I do not receive adjustment in fees for holidays, school closures or days missed.
7. I understand that my bi-weekly payments **do not include charges for school year winter and spring break weeks.**
8. I understand a \$30.00 charge is assessed for each Non-Sufficient-Funds (NSF) check or declined credit card transactions.
9. I understand for each fifteen (15) minutes, or portion thereof, my child stays past closing time, I will be assessed a \$25.00 late pick up fee.
10. I understand that only those persons signing this agreement and providing the account password will have authority to access and make changes to this account. I understand that only those persons signing this agreement will be considered account holders, having full account access. I understand that parent / guardian (account holder(s)) may designate additional authorized user(s) who may receive account information, but not make any changes to account or registration information.
11. Requests for duplicate mailings to a second address are available for a \$30.00 annual fee (2011-2012 program year).

/We understand that we will receive a parent handbook with all AFTER SCHOOL policies and the handbook is also available online.

Parent / Guardian (Primary Account Holder) - Please Print Name

Secondary Account Holder - Please Print Name

Signature of Parent / Guardian (Primary Account Holder) _____ Date _____ Signature of Secondary Account Holder _____ Date _____



2011-2012 SCHOOL YEAR CREDIT CARD AUTHORIZATION (OPTIONAL)

Wisconsin Youth Company Primary Account Holder (Mother / Father / Guardian, circle one) _____

Child(ren)'s Name(s) _____ Card Type Visa MasterCard


Credit Card # _____ Exp. Date ____ / ____ CVC2 Code _____
(3 digit number on back of card)

Name on Card _____ Street Address _____ Zip Code _____

(Please indicate authorization by selecting one or both of the boxes below.)

I authorize monthly charges to the credit card listed above for AFTER SCHOOL fees occurring September 2011 through June 2012. (First payment(s) will be charged to this card upon processing.)

I authorize a **one time** charge of \$ _____ to the credit card listed above for 2011-2012 school year.

 Signature _____ Date _____

White: Administrative Office Copy

Yellow: Parent Copy

FOR OFFICE USE ONLY	Date: _____	Initials: _____
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Your Guide to Licensed Child Care

Your summary of the child care rules



To order additional copies of this brochure, contact the Child Care Information Center (CCIC) at 1-800-362-7353



State of Wisconsin
Department of Children and Families

DCF-P-2436
03/09

<http://dcf.wisconsin.gov/>

DEPARTMENT OF CHILDREN AND FAMILIES
Division of Early Care and Education
Bureau of Early Care Regulation

TYPES OF LICENSED CHILD CARE PROGRAMS

Family child care centers

A program regulated under DCF 250 where a person provides care and supervision for less than 24 hours per day for at least 4 and not more than 8 children who are not related to the provider.

Age groups may be mixed according to the following combinations. Additional allowed school-aged children in care for 3 or fewer hours per day are shown in parentheses.

Children Under Age 2		Children Age 2 and Older		School Age Children	Maximum Group Size
0	+	8	+	(0)	8
1	+	7	+	(0)	8
2	+	5	+	(1)	8
3	+	2	+	(3)	8
4	+	0	+	(2)	6

Group child care centers

A program regulated under DCF 251 where a person for less than 24 hours per day provides care and supervision for 9 or more children who are not related to the provider.

Age of Children	Staff-To-Child Ratio*	Maximum Group Size
Birth to 2 yrs	1:4 or .25	8
2 yrs to 2½ yrs	1:6 or .167	12
2½ yrs to 3 yrs	1:8 or .125	16
3 yrs	1:10 or .10	20
4 yrs	1:13 or .077	24
5 yrs	1:17 or .059	34
6 yrs and over	1:18 or .056	36

* These ratios are adjusted for mixed age groups

Day camps for children

A program regulated under DCF 252 that provides care and supervision to 4 or more children, 3 years of age and older, in a seasonal program oriented to the out-of-doors for periods less than 24 hours per day.

A WORD ON WISCONSIN CHILD CARE REGULATIONS

Anyone providing care and supervision for 4 or more children under age 7 years for less than 24 hours a day must be licensed by the Department. Exceptions to this rule are:

- A parent, grandparent, greatgrandparent, stepparent, brother, sister, first cousin, nephew, niece, uncle, or aunt of a child, whether by blood, marriage, or legal adoption, who provides care and supervision for the child.
- Public and parochial schools.
- Care provided in the home of the child's parent for less than 24 hours per day.
- Counties, cities, towns, school districts and libraries that provide programs for children primarily intended for social or recreational purposes.
- A program that operates not more than 4 hours per week.
- Group lessons to develop a talent or skill such as dance or music, social group meetings and activities, group athletics.
- A program where the parents are on the premises and are engaged in shopping, recreation or other non-work activities.
- Seasonal programs of ten days or less duration in any 3-month period, including day camps, vacation bible school and holiday child care programs.
- Emergency situations.
- Care and supervision for no more than 3 hours a day while the parent is employed on the premises.
- A program provided where the child of a recipient of temporary assistance to needy families, or Wisconsin works, is involved in orientation, enrollment or initial assessment or where parents are provided training or counseling.

Regulations set standards for adequate child care, but they cannot guarantee quality care. That is why parent involvement is so crucial.

WHAT IS QUALITY CHILD CARE?

That question has no easy, quick answer. Evaluating child care may seem an overwhelming task, especially if you are new to child care services. This checklist can help. For a thorough evaluation, go through the entire checklist section by section, or, if you prefer, focus on the parts that seem most important to you.

Caregivers

- Do they genuinely seem to enjoy working with young children?
- Do they seem to be warm, loving people?
- Do they talk with you openly and straightforwardly about their policies?
- What training and experience do they have? Do they receive regular, ongoing job-related training?
- Do they seem to get along well with each other?

Caregiver / Child Interaction

- Do they get down to the child's eye level when talking to or listening to the children?
- Do they encourage the children to express their feelings verbally?
- Do they encourage children to work out negative feelings without hurting others?
- Do they respect individual differences among the children?
- Do the child guidance measures focus on what the child should do rather than what the child should not do?
- Do they set reasonable limits and allow children to make choices when appropriate?
- Do they provide guidance with words, tone of voice and actions that show respect for children? Note: See licensing rules for prohibited punishments.
- Do they show patience by letting children do things for themselves and exert their independence?
- Do the children seem comfortable when talking to the caregivers?
- Do the children seem happily occupied and relaxed?
- Does the ratio of children to caregivers meet state requirements (see next page)?

PHYSICAL ENVIRONMENT

- Are the play areas clean and large enough so children can move freely and safely?
- Is the playground safe and supervised by an adult?
- Is play equipment sturdy and in good repair?
- Are games, toys, etc. stored where the children can get to them?
- Are wall displays placed at child's eye level?
- Are unused electrical sockets covered with safety caps?
- Are cleaning fluids, medications, poisons, sharp tools, matches, etc. stored away from children?
- Is the area free of other hazards: peeling paint, exposed electrical wires, uncovered hot water pipes, unprotected hot radiators or heaters?
- Are fire safety and tornado drills practiced?
- Are emergency telephone numbers posted by the telephones?
- Is there adequate heat, ventilation and lighting?
- Are bathrooms clean and sanitary?
- Are footstools in the bathrooms to help young children reach toilets and sinks?

PROGRAM / ACTIVITIES

- Is there a regular daily schedule? Is it organized without being rigid?
- Are activities geared for different age and developmental levels?
- Are there indoor and outdoor activities?
- Is time provided for physical activity and quiet play?
- Is there a nap or rest period?
- Are there structured activities as well as free play when children can choose what to do?
- Are there opportunities for different types of interactions—large group play, small group play, alone time?
- Are there materials for different types of play—drama, music, creative movement, language skills, gross and fine motor skills, art projects, sand and water play?

PROGRAM / ACTIVITIES (continued)

- Are there living plants for children to observe and care for?
- Are there pets in areas of the center accessible to children? Have pets been appropriately vaccinated? Are pets tolerant of children? Is close supervision provided?
- Are the children taken out into the community for activities—parks, libraries, museums, field trips? Is there adequate supervision?

TRANSPORTATION

- Does the center's policy address insurance coverage for transportation?
- Are vehicles in safe operating condition?
- Are appropriate individual child car safety seats and booster seats used?
- Does the center have a procedure to ensure that no child is left unattended in a vehicle?

GENERAL THINGS TO LOOK FOR

- Is the license certificate posted?
- Are visits by the parents, whether announced or unannounced, welcome at any time?
- Are there opportunities for parent / caregiver communication?
- Is this the kind of place you would enjoy spending your day?
- Are the results of the most recent licensing visit posted?
- Do staff and children wash their hands before meals and after toileting or diapering?
- Are meals and snacks well balanced and wholesome?
- Is the food preparation area clean and sanitary?
- Are menus posted?

IF YOU HAVE QUESTIONS, CONCERNS OR COMPLAINTS

First, talk to your child's caregiver and try to work out your differences. If those attempts fail, and you feel the caregiver is violating a state licensing regulation, contact the appropriate regional office.

REGIONAL OFFICES

Northeastern Regional Office

200 N. Jefferson, Ste. 411
Green Bay, WI 54301
Gen: (920) 448-5312
plicbrlnro@dhs.state.wi.us
Brown, Calumet, Door, Fond du Lac, Green Lake, Kewaunee, Manitowoc, Marinette, Marquette, Menominee, Oconto, Outagamie, Ozaukee, Shawano, Sheboygan, Waupaca, Waushara, Winnebago, Washington

Northern Regional Office

2187 N. Stevens St., Ste. C
Rhinelander, WI 54501
Gen: (715) 365-2500
plicbrlnro@dhs.state.wi.us
Ashland, Bayfield, Florence, Forest, Iron, Langlade, Lincoln, Marathon, Oneida, Portage, Price, Sawyer, Taylor, Vilas, Wood

Southeastern Regional Office

141 NW Barstow, Rm. 104
Waukesha, WI 53188-3789
Gen: (262) 521-5100
plicbrlsero@dhs.state.wi.us
Kenosha, Milwaukee, Racine, Waukesha

Southern Regional Office

P.O. Box 8947
Madison, WI 53708-8947
Gen: (608) 266-2900
plicbrlsro@dhs.state.wi.us
Adams, Columbia, Crawford, Dane, Dodge, Grant, Green, Iowa, Jefferson, Juneau, LaFayette, Richland, Rock, Sauk, Walworth

Western Regional Office

610 Gibson St., Ste. 2
Eau Claire, WI 54701-3696
Gen: (715) 836-2185
plicbrlwro@dhs.state.wi.us
Barron, Buffalo, Burnett, Chippewa, Clark, Douglas, Dunn, Eau Claire, Jackson, La Crosse, Monroe, Pepin, Pierce, Polk, Rusk, St. Croix, Trempealeau, Vernon, Washburn