

School Year 2011-2012



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.

The enclosed registration packet includes information and forms for AFTER SCHOOL drop-in services. Drop-in enrollment is our most flexible option, allowing families to request and use care on an as-needed basis. Days may be reserved up to two weeks in advance, as space permits.

Please complete the registration forms and return them to our administrative office. We need to confirm your registration information prior to requesting your child's first drop-in day. Once your registration is confirmed, please contact the AFTER SCHOOL office to check availability of program dates. If space is available, you will be confirmed for the requested day(s) by the office. Payment is due prior to attendance.

In order for your child to have a safe drop-in experience please remind them on the day they are to attend and let your child's teacher know about the drop-in as well. AFTER SCHOOL staff will be expecting your child to arrive to the program on days requested.

Due to the high volume of registrations being processed in August and September for daily enrollment, drop-in days are not available until October 3.

Our program staff is looking forward to your child's participation in the program and all the fun, games, arts and crafts projects, science experiments, sports, friendship building and more that is AFTER SCHOOL.

If you have any questions or concerns about our drop-in services please call me. Thanks again for considering AFTER SCHOOL drop-in program! We look forward to getting to know your child and your family.

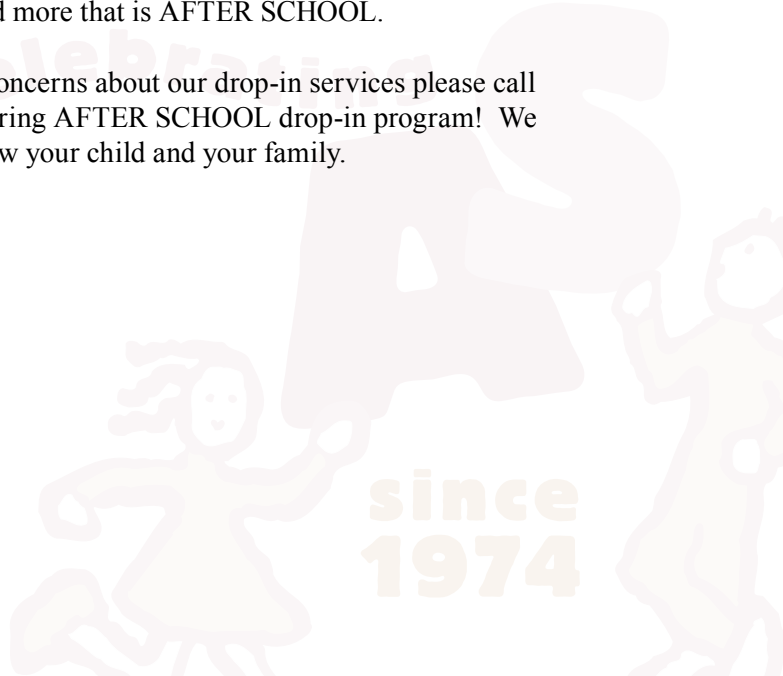
Sincerely,

A handwritten signature in black ink that reads 'Cindy Sue Nielsen'. The signature is written in a cursive style with a large, prominent 'C' at the beginning.

Cindy Sue Nielsen
Regional Director

1800 Dolphin Drive, Suite 200
Waukesha, Wisconsin 53186
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Holy Apostles Drop-In Registration 2011-2012

AFTER SCHOOL provides programs for school age children from kindergarten through early adolescence. Participants in the program include boys and girls of all races, ethnic groups, economic situations and abilities.

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. The programs are administered by qualified, caring adults who recognize the needs of children and the varied levels of development.

Drop-in registrants are not considered to be regularly enrolled and do not receive priority registration consideration. Children registered with AFTER SCHOOL through the drop-in option may not schedule a drop-in day more than two weeks in advance of the day(s) they wish to attend, including all day and winter or spring break programs. Parents who have children regularly enrolled in an AFTER SCHOOL school-year program receive priority registration consideration until two weeks prior to a scheduled all day program. At that time, registration is extended to other interested parents on a space available basis.

All necessary materials required for AFTER SCHOOL drop-in registration are enclosed. **Separate forms must be completed for each child you wish to enroll. An annual \$15 processing fee is required per child.** Payment for drop-in days is due at the time of request. Unpaid balances are subject to billing fees and may effect future program availability. Families wishing to enroll on a regular basis must contact the regional office for required forms and instructions.

| DROP-IN FEES FOR AFTER SCHOOL 2011-2012 SCHOOL YEAR | |
|---|----------------------------|
| BOOST AFTER SCHOOL Children grades K – 2, offered from school dismissal until 6:00 p.m. | \$18.50 per child, per day |
| Club Program Children grades, 3 and up, offered from school dismissal until 6:00 p.m. | \$18.50 per child, per day |
| All Day Program Please call the office for availability. Program hours 7:00 a.m. - 6:00 p.m. See back for location. | \$60.00 per child, per day |
| Winter or Spring Break Programs Limited availability, please call the office. Program hours 7:00 a.m. - 6:00 p.m. See back for location. | \$60.00 per child, per day |

Enrollment may be requested up to 2 weeks in advance. See program dates and locations for on reverse side.

Holy Apostles School

All Day and Break Program Calendar

All Day Programs - \$60/child/day

Location

Fall

| | |
|------------------------|----------------------|
| Thursday, October 13 | Holy Apostles |
| Friday, October 14 | Holy Apostles |
| Monday, November 14 | Holy Apostles |
| Tuesday, November 15 | Holy Apostles |
| Wednesday, November 23 | Glen Park Elementary |

Spring

| | |
|---------------------|--------------------------|
| Friday, January 27 | Location to be announced |
| Friday, February 24 | Location to be announced |
| Friday, March 23 | Location to be announced |

Break Program - \$60/child/day

Winter

| | |
|----------------|--------------------------------|
| December 27-30 | Waukesha Administrative Office |
|----------------|--------------------------------|

Spring

| | |
|------------|--------------------------|
| April 9-10 | Location to be announced |
|------------|--------------------------|

Registration forms must be completed and on file prior to requests for program attendance. Requests for attendance applicable payment must be received by the administrative office in advance and no more than 2 weeks prior to requested date. Request deadline is noon one business day prior to the program. Enrollment is limited. Cancellations will result in the loss of fees.

Program location addresses (subject to change):

| | |
|--------------------------------|--------------------------------------|
| Holy Apostles | 3875 S. 159, New Berlin |
| Glen Park Elementary | 3500 S. Glen Park Rd., New Berlin |
| Waukesha Administrative Office | 1800 Dolphin Dr. Suite 200, Waukesha |



Part I DROP-IN 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 | | 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 attended the 2011 AFTER SCHOOL Summer Day Camp ___No ___Yes | | My child weighs less than 80lbs. ___No ___Yes | | |
| Child resides with: ___Mother ___Father ___Guardian | | | | |
| _____ 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 | <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Home Best Phone # During Program Hours | _____ Work Phone | _____ Cell Phone |
| _____ 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.

| Name (first & last) | Best Phone # During Program Hours / Complete Address | Relationship to Child | Emergency Contact Person | Authorized Pick-up person |
|---------------------|--|-----------------------|-------------------------------------|---------------------------|
| _____ | _____ | _____ | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| _____ | _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> |

Drop-in attendance is on a space available basis and must be requested through and confirmed by the administrative office.
 Drop-in attendance may be scheduled up to two weeks in advance. Program availability varies by location.

Office Use Only: Confirmed Start Date ___ / ___ / ___

AMT PD: _____ CHK #: _____ Date Received: ___ / ___ / ___ Intake Initials: _____ 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.)*

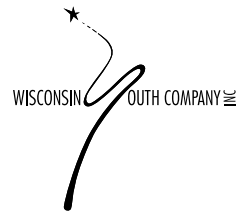
 _____
 Parent / Guardian Signature Date

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 |

- 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).
- 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.
- 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).
- 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 email 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 _____ Child's School _____

ATTENDANCE

1. I understand that drop-in attendance is on a space available basis. I may request drop in attendance through the regional administrative office up to two (2) weeks in advance.
2. I understand I must receive confirmation from the administrative office prior to sending my child to an AFTER SCHOOL program.
3. I understand I must contact the regional administrative office in the event my child will not attend a confirmed day.
4. I understand if my child has special needs, I have indicated them on the health history form.
5. I understand that if my child requires an unusual amount of attention, whether due to special needs or behavior, my child may be removed from the program.

PARENTAL CONSENT

1. I give my consent for AFTER SCHOOL to act on my behalf to obtain emergency care and treatment if deemed necessary for my child.
2. 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 agency policy regarding supervision of children while on all trips.
4. I understand that only those persons signing this agreement will be acknowledged account holders, having full account access. I understand that account holder(s) may designate additional authorized user(s) who may receive account information, but not make any changes to account or registration information.

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.

Parent/Guardian Signature: _____ Date: _____

PAYMENT OF FEES

1. I agree to make full payment for days my child is confirmed to attend. I understand full payment is due upon registering my child for any days and that an overdue balance may affect future program availability.
2. I understand there is a one time \$15.00 processing fee required to process paperwork.
3. I understand there is no fee reduction for unattended confirmed days.
4. I understand if I am receiving tuition assistance, I am responsible for any amount not paid by my funding source. Written verification from the funding source must be on file in the administrative office prior to confirmation of my child's enrollment.
My funding source is _____
Contact person: _____ Phone number _____
5. I understand a billing fee of \$10.00 may be assessed for unpaid balances not received prior to my child's scheduled attendance.
6. I understand a \$30.00 charge is assessed for each Non-Sufficient-Funds (NSF) check or declined credit card transactions.
7. I understand for each fifteen (15) minutes, or portion thereof, my child stays past closing time, I will be assessed a \$30.00 late pick up fee.
8. I have read, completed, and understand parts I, II, III, and IV of the registration packet.

AGREEMENT SIGNATURE

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

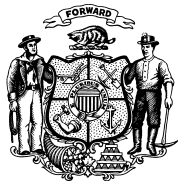
| | | |
|---------------------|-------------|-----------------|
| FOR OFFICE USE ONLY | Date: _____ | Initials: _____ |
|---------------------|-------------|-----------------|

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