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September 15, 2008

BECR Memo 2008-05

TO: Family Child Care Center Licensees

FROM: Jill D. Chase, Director
Bureau of Early Care Regulation
Division of Early Care and Education

A handwritten signature in blue ink that reads "Jill D. Chase".

RE: New Form CFS-2423 Exit Interview Confirmation – Family Child Care Centers

The Bureau of Early Care Regulation (BECR) has developed a new form called, "Exit Interview Confirmation – Family Child Care Centers," to be used by Licensing Specialists upon completion of the monitoring visit. You will find a copy of the form enclosed.

This form will be used to document the exit interview that the Licensing Specialists conduct with family child care providers following a monitoring visit. If probable rule cites may be issued on a forthcoming CFS-294 Noncompliance Statement and Correction Plan, they will be noted on the Exit Interview Confirmation form. The form uses subsection headings to identify the categories of rule violations. You will find all of these subsection headings in the Table of Contents of HFS 45, Licensing Rules for Family Child Care Centers. If no probable rule cites are identified and the Licensing Specialist will be issuing a CFS-785 Compliance Statement, that will be noted on the Exit Interview Confirmation form as well.

Licensing Specialists will discuss the results of the monitoring visit, complete this form and leave a copy with you. You will be asked to sign the form to confirm that you received the form. The final results of the monitoring visit (either the CFS-294 Non Compliance Statement and Correction Plan, with the specific violations, or the CFS-785 Compliance Statement) will be mailed to you.

In situations where the Licensing Specialist completes and leaves you the final results of the inspection (CFS-294 or CFS-785) before leaving your center, this form is not necessary and will not be used. You are not required to post this form. As before, the CFS-294 or CFS-785 are the forms that must be posted. If you have any questions about this form, please contact your licensing specialist or the Regional Licensing Chief. You can find contact information on our website at:

<http://dcf.wisconsin.gov/childcare/licensed/Index.HTM>

EXIT INTERVIEW CONFIRMATION – FAMILY CHILD CARE CENTERS

Use of form: If the licensing specialist will mail the CFS-294 Noncompliance Statement and Correction Plan or CFS-785 Compliance Statement to the licensee rather than leave a copy immediately, this form will be provided to the center representative at the conclusion of the exit interview. It is intended to communicate in writing, as part of the exit interview, the results of the monitoring visit and is not the final written report. The final written report, CFS-294 Noncompliance Statement and Correction Plan or CFS-785 Compliance Statement, will be prepared by the licensing specialist and sent to the center at a later date for posting next to the license certificate. Note: This exit interview form does not need to be posted.

Instructions: Add the facility information in Section A. If rule violations are identified, check the box next to all probable rule violation subject areas in Section B and add explanatory comments if needed. If no rule violations are identified, check the box in Section C. Section E must be signed and dated by the licensing specialist and the center representative at the conclusion of the exit interview. The licensing specialist will call the licensee if, after review of the information obtained at the visit, additional violation subsections will be cited.

A. FACILITY INFORMATION:

Name – Facility	Facility ID Number	Date – Monitoring Visit
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B. RULE VIOLATIONS OBSERVED: One or more probable rule violations may be cited in the subsections checked below. CFS-294 Noncompliance Statement and Correction Plan will be issued.

- | | | | |
|--|---|--|---|
| 1. <input type="checkbox"/> 45.04(1) TERMS OF LICENSE | 13. <input type="checkbox"/> 45.06(1) BUILDING | 25. <input type="checkbox"/> 45.07(1) PROGRAM PLANNING, SCHEDULING | 37. <input type="checkbox"/> 45.08(7) TRANSPORTATION – SMOKING |
| 2. <input type="checkbox"/> 45.04(2) ADMINISTRATION | 14. <input type="checkbox"/> 45.06(2) PROTECTIVE MEASURES | 26. <input type="checkbox"/> 45.07(2) CHILD GUIDANCE | 38. <input type="checkbox"/> 45.09(1) INFANT / TODDLER – APP, QUAL, GEN REQ |
| 3. <input type="checkbox"/> 45.04(3) REPORTS | 15. <input type="checkbox"/> 45.06(3) EMERGENCIES | 27. <input type="checkbox"/> 45.07(3) EQUIPMENT | 39. <input type="checkbox"/> 45.09(2) INFANT / TODDLER – DAILY PROGRAM |
| 4. <input type="checkbox"/> 45.04(4) PARENTS | 16. <input type="checkbox"/> 45.06(4) FIRE PROTECTION | 28. <input type="checkbox"/> 45.07(4) REST PERIODS | 40. <input type="checkbox"/> 45.09(3) INFANT / TODDLER – FEEDING |
| 5. <input type="checkbox"/> 45.04(5) STAFF RECORDS | 17. <input type="checkbox"/> 45.06(5) SANITATION | 29. <input type="checkbox"/> 45.07(5) MEALS AND SNACKS | 41. <input type="checkbox"/> 45.09(4) INFANT / TODDLER – DIAPER, TOILETING |
| 6. <input type="checkbox"/> 45.04(6) CHILDREN'S RECORDS | 18. <input type="checkbox"/> 45.06(6) WATER | 30. <input type="checkbox"/> 45.07(6) HEALTH | 42. <input type="checkbox"/> 45.10(2) NIGHT CARE – GENERAL REQUIREMENTS |
| 7. <input type="checkbox"/> 45.04(7) CONFIDENTIALITY | 19. <input type="checkbox"/> 45.06(7) EXITS, DOORS AND WINDOWS | 31. <input type="checkbox"/> 45.07(7) PETS AND ANIMALS | 43. <input type="checkbox"/> 45.10(3) NIGHT CARE – PROGRAM |
| 8. <input type="checkbox"/> 45.04(8) CHILD ABUSE REPORTING / TRAINING | 20. <input type="checkbox"/> 45.06(8) FURNISHINGS | 32. <input type="checkbox"/> 45.08(2) TRANSPORTATION – EMERGENCY INFO | 44. <input type="checkbox"/> 45.10(4) NIGHT CARE – PREVENTIVE MEASURES |
| 9. <input type="checkbox"/> 45.05(1) STAFF RESPONSIBILITY, QUALIFICATION | 21. <input type="checkbox"/> 45.06(9) KITCHENS | 33. <input type="checkbox"/> 45.08(3) DRIVER | 45. <input type="checkbox"/> 45.10(5) NIGHT CARE – FEEDING |
| 10. <input type="checkbox"/> 45.05(2) STAFF DEVELOPMENT | 22. <input type="checkbox"/> 45.06(10) WASHROOMS, TOILET FACILITIES | 34. <input type="checkbox"/> 45.08(4) VEHICLE | 46. <input type="checkbox"/> 45.10(6) NIGHT CARE – SLEEP |
| 11. <input type="checkbox"/> 45.05(3) SUPERVISION | 23. <input type="checkbox"/> 45.06(11) OUTDOOR SPACE | 35. <input type="checkbox"/> 45.08(5) SEAT BELTS | 47. <input type="checkbox"/> 45.11 LICENSING ADMINISTRATION |
| 12. <input type="checkbox"/> 45.05(4) STAFFING AND GROUPING | 24. <input type="checkbox"/> 45.06(12) SWIMMING AREAS | 36. <input type="checkbox"/> 45.08(6) VEHICLE CAPACITY AND SUPERVISION | 48. <input type="checkbox"/> 45.12 COMPLAINTS, INSPECTION |

Comments (For Department Use Only):

C. NO RULE VIOLATIONS OBSERVED: No probable rule violations noted in areas reviewed at this visit. CFS-785 Compliance Statement will be issued.

D. DETERMINATION PENDING: Visit for purpose of investigation. Investigation is open, and final determination for probable rule violations is pending at time of exit interview.

E. INTERVIEW CONFIRMATION: Signing below attests that the monitoring visit results have been discussed.

SIGNATURE – Licensing Specialist	Date Signed	SIGNATURE – Center Representative	Date Signed
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