

Chapter HFS 46

APPENDIX A

REGIONAL OFFICES OF THE DIVISION OF CHILDREN AND FAMILY SERVICES

The Department of Health and Family Services licenses child care centers through five Division of Children and Family Services regional offices. Below are addresses and phone numbers of the field offices and related counties.

COUNTIES

Northeastern Office

(Green Bay)
200 North Jefferson
Suite 411
Green Bay, WI 54301-5191
(920) 448-5312

Northern Office

(Rhineland)
1853 North Stevens Street
P.O. Box 697
Rhineland, WI 54501-0697
(715) 365-2500

Southeastern Office

(Waukesha)
141 N.W. Barstow Street, Room 104
Waukesha, WI 53188-3789
(262) 521-5100

Southern Office

(Madison)
2917 International Lane, Suite 110
Madison, WI 53704
(608) 243-2400

Western Office

(Eau Claire)
610 Gibson Street, Suite 2
Eau Claire, WI 54701-3695
(715) 836-2157

Brown, Calumet, Door, Fond du Lac, Green Lake, Kewaunee, Manitowoc, Marinette, Marquette, Menominee, Oconto, Outagamie, Ozaukee, Shawano, Sheboygan, Washington, Waupaca, Waushara, Winnebago

Ashland, Bayfield, Florence, Forest, Iron, Langlade, Lincoln, Marathon, Oneida, Portage, Price, Sawyer, Taylor, Vilas, Wood

Kenosha, Milwaukee, Racine, Waukesha

Adams, Columbia, Crawford, Dane, Dodge, Grant, Green, Iowa, Jefferson, Juneau, Lafayette, Richland, Rock, Sauk, Walworth

Barron, Buffalo, Burnett, Chippewa, Clark, Douglas, Dunn, Eau Claire, Jackson, LaCrosse, Monroe, Pepin, Pierce, Polk, Rusk, St. Croix, Trempealeau, Vernon, Washburn

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APPENDIX B

CACFP MEAL PATTERN REQUIREMENTS – AGES 1 to 12

The meal pattern shall contain, as a minimum, each of the following components in the amounts indicated for the specific age group.

	Age 1 & 2	Age 3, 4 & 5	Age 6 up to 12
BREAKFAST			
1. Milk, fluid	1/2 cup	3/4 cup	1 cup
2. Juice ^a or fruit or vegetable or Fruit(s) or vegetable(s)	1/4 cup	1/2 cup	1/2 cup
3. Grains/Breads: ^b			
Bread	1/2 slice	1/2 slice	1 slice
Cornbread, biscuits, rolls, muffins, etc. ^b	1/2 serving	1/2 serving	1 serving
Cereal:			
Cold dry	1/4 cup or 1/3 oz. ^c	1/3 cup or 1/2 oz. ^c	3/4 cup or 1 oz. ^c
Hot cooked	1/4 cup total	1/4 cup	1/2 cup
Cooked pasta or noodle products	1/4 cup	1/4 cup	1/2 cup
LUNCH OR SUPPER			
1. Milk	1/2 cup	3/4 cup	1 cup
2. Meat or meat alternate:			
Meat, poultry, fish, cheese	1 oz.	1+1/2 oz.	2 oz.
Alternate protein products ^g	1 oz.	1+1/2 oz.	2 oz.
Yogurt, plain or flavored, unsweetened or sweetened	4 oz. or 1/2 cup	6 oz. or 3/4 cup	8 oz. or 1 cup
Egg	1/2 egg	3/4 egg	1 egg
Cooked dry beans or peas	1/4 cup	3/8 cup	1/2 cup
Peanut butter or other nut or seed butter	2 Tbsp.	3 Tbsp.	4 Tbsp
Peanuts or soynuts or tree nuts or seeds	1/2 oz. = 50% ^d	3/4 oz. = 50% ^d	1 oz. = 50% ^d
3. Vegetable and/or fruit ^e (at least two)	1/4 cup total	1/2 cup total	3/4 cup total
4. Grains/Breads: ^b			
Bread	1/2 slice	1/2 slice	1 slice
Cornbread, biscuits, rolls, muffins, etc. ^b	1/2 serving	1/2 serving	1 serving
Cereal, Hot cooked	1/4 cup total	1/4 cup	1/2 cup
Cereal, Cold dry	1/4 cup or 1/3 oz. ^c	1/3 cup or 1/2 oz. ^c	3/4 cup or 1 oz. ^c
Cooked pasta or noodle products	1/4 cup	1/4 cup	1/2 cup

CACFP MEAL PATTERN REQUIREMENTS – AGES 1 to 12

SUPPLEMENT

Select two of the following four components:

1. Milk	1/2 cup	1/2 cup	1 cup
2. Juice ^{a,f} or fruit or vegetable or Fruit(s) or vegetable(s)	1/2 cup 1/2 cup	1/2 cup 1/2 cup	3/4 cup 3/4 cup
3. Grains/Breads ^b Bread	1/2 slice	1/2 slice	1 slice
Cornbread, biscuits, rolls, muffins, etc. ^b	1/2 serving	1/2 serving	1 serving
Cereal: Cold dry	1/4 cup or 1/3 oz. ^c	1/3 cup or 1/2 oz. ^c	3/4 cup or 1 oz. ^c
Hot cooked	1/4 cup	1/4 cup	1/2 cup
4. Meat or meat alternate: Meat, poultry, fish, cheese	1/2 oz.	1/2 oz.	1 oz.
Alternate protein products ^g	1/2 oz.	1/2 oz.	1 oz.
Egg, Large ^h	1/2 egg	1/2 egg	1/2 egg
Cooked dry beans or peas	1/8 cup	1/8 cup	1/4 cup
Peanut butter or other nut or seed butter	1 Tbsp.	1 Tbsp	2 Tbsp
Peanuts or soynuts or tree nuts or seeds	1/2 oz.	1/2 oz.	1 oz.
Yogurt, plain or flavored, unsweetened or sweetened	2 oz. or 1/4 cup	2 oz. or 1/4 cup	4 oz. or 1/2 cup

^a Must be full strength fruit or vegetable juice.

^b Bread, pasta or noodle products, and cereal grains shall be whole grain or enriched, cornbread, biscuits, rolls, muffins, etc., shall be made with whole grain or enriched meal or flour.

^c Either volume (cup) or weight (oz.), whichever is less.

^d No more than 50% of the requirement shall be met with tree nuts or seeds. Tree nuts and seeds shall be combined with another meat/meat alternate to fulfill the requirement. For purpose of determining combinations, 1 oz. of nuts or seeds is equal to 1 oz. of cooked lean meat, poultry or fish.

^e Serve 2 or more kinds of vegetable(s) and/or fruit(s). Full strength vegetable or fruit juice may be counted to meet not more than one-half of this requirement.

^f Juice may not be served when milk is the only other component.

^g Alternate protein products may be used as acceptable meat alternates.

^h One-half egg meets the required minimum amount (one-ounce or less) of meat alternate.

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APPENDIX C

CACFP MEAL PATTERN REQUIREMENTS – BIRTH THROUGH 11 MONTHS

The infant meal pattern shall contain, as a minimum, each of the following components in the amounts indicated for the specific age group.

The minimum quantity of food shall be provided to the infant, but may be served during a span of time consistent with the infant’s eating habits.

Birth Through 3 Months	4 Through 7 Months	8 Through 11 Months
BREAKFAST		
4– 6 fl. oz. formula ¹ or breast milk ^{5,6}	4–8 fl. oz. formula ¹ or breast milk ^{5,6} 0–3 T. infant cereal ² (optional)	6–8 fl. oz. formula ¹ , breast milk ^{5,6} 2–4 T. infant cereal ² 1–4 T. fruit and/or vegetable
LUNCH OR SUPPER		
4– 6 fl. oz. formula ¹ or breast milk ^{5,6}	4–8 fl. oz. formula ¹ or breast milk 0–3 T. infant cereal ² (optional) 0–3 T. fruit and/or vegetable (optional)	6–8 fl. oz. formula ¹ , breast milk ^{5,6} 2–4 T. infant cereal ² and/or 1–4 T. meat, fish, poultry, egg yolk, or cooked dry beans or peas, or ¹ / ₂ –2 oz. cheese or 1–4 oz. cottage cheese, cheese food, or cheese spread 1–4 T. fruit and/or vegetable
SNACK		
4– 6 fl. oz. formula ¹ or breast milk ^{5,6}	4–6 fl. oz. formula ¹ or breast milk ^{5,6}	2–4 fl. oz. formula ¹ , breast milk, or fruit juice ³ 0– ¹ / ₂ bread or 0–2 crackers (optional) ⁴

¹ Shall be iron–fortified infant formula.

² Shall be iron–fortified dry infant cereal.

³ Shall be full–strength fruit juice.

⁴ Shall be from whole–grain or enriched meal or flour.

⁵ It is recommended that breast milk be served in place of formula from birth through 11 months.

⁶ For some breastfed infants who regularly consume less than the minimum amount of breast milk per feeding, a serving of less than the minimum amount of breast milk may be offered, with additional breast milk offered if the infant is still hungry.

Required Guidelines for Infant Meal Pattern

Definition of Infant. Any child less than 12 months of age.

Definition of Infant Formula. Infant formula defined by USDA is “any iron–fortified infant formula intended for dietary use as a sole source for food for normal healthy infants served in liquid state at manufacturer’s recommended dilution”.

Infant Formula/Breast milk. The decision regarding feeding infants breast milk or the type of infant formula is one for the infant’s doctor and parents/guardian to make together.

Definition of Optional. Optional foods must be served as each infant becomes developmentally ready for the specified foods.

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APPENDIX D

CONSUMER PRODUCTS SAFETY COMMISSION (www.cpsc.gov)

Your Used Crib Could Be DEADLY

CPSC Document # 5020

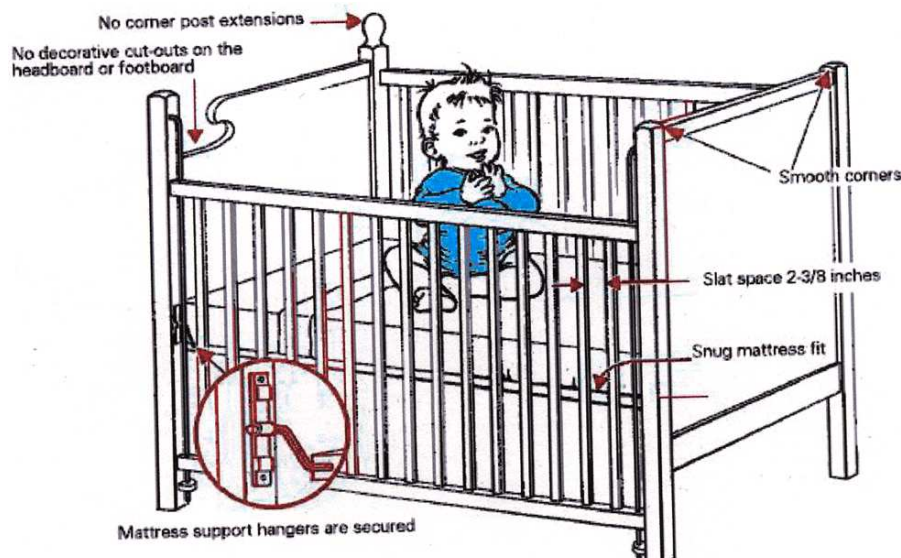
An unsafe used crib could be very dangerous for a baby. Each year, about 50 babies suffocate or strangle when they become trapped between broken crib parts or in cribs with older, unsafe designs.

A safe crib is the best place to put a baby to sleep. Look for a crib with a certification seal showing that it meets national safety standards.

If a crib does not meet these guidelines, it may not be used by children enrolled in your child care center. To protect all children, destroy it and replace it with a safe crib.

A safe crib has:

- No missing, loose, broken, or improperly-installed screws, brackets, or other hardware on the crib or the mattress support.
- No more than 2 3/8 inches between crib slats so a baby's body cannot fit through the slats.
- A firm, snug-fitting mattress so a baby cannot get trapped between the mattress and the side of the crib.
- No corner posts over 1/16 of an inch above the end panels (unless they are over 16 inches high for a canopy) so a baby cannot catch clothing and strangle.
- No cutout areas on the headboard or foot board so a baby's head cannot get trapped.
- A mattress support that does not easily pull apart from the corner posts so a baby cannot get trapped between mattress and crib.
- No cracked or peeling paint to prevent lead poisoning.
- No splinters or rough edges.



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APPENDIX E**

**INSTRUCTIONS FOR OBTAINING DEPARTMENT FORMS
FOR GROUP CHILD CARE CENTERS** Revised March 1, 2005

The Department forms listed below are arranged in two categories: 1) those that the Department requires family child care centers to use are designated as "REQUIRED"; and 2) those that the family child care center may use, at their option, if they do not use their own forms to record the same information required by the licensing rules. Forms designated as "REQUIRED" shall be used by licensees.

Applicants and licensees may obtain copies of these forms from the Department's website: http://www.dhfs.wisconsin.gov/rl_dcf/INDEX.HTM (click on Forms & Publications.) Forms on the website will require use of Adobe Acrobat to view.

Applicants and licensees may complete the form online at the Department's website, save the file to their hard drive and print a copy for their records. Licensees without Internet access, or if you want to request a form from the Department, please send Forms/Publications Requisition, DMT-25 to the address below. **The Department will send only one copy of each form to each applicant or licensee.** Applicants and licensees may reproduce as many paper and electronic forms as they need. To avoid problems with filling the request, be sure to indicate the form number and the form title on the DMT-25 and fill in your name and address in the "SHIP TO" area of the requisition. This information shall be provided in order for the request to be filled. The completed Forms/Publications Requisitions should be sent to the following address:

Department of Health and Family Services
Division of Children and Family Services
Forms Manager
P.O. Box 8916
Madison, WI 53708-8916

FORM #	FORM TITLE	REQUIRED?
CFS-0052	Vehicle Safety Inspection	YES
CFS-0053	Child Care Staff Record	
CFS-0053A	Child Care Staff Continuing Education Record	YES
CFS-0054	Child Care Provider Staff Health Report	YES
CFS-0055	Child Care Accident Report	
CFS-0056	Child Care Center Transportation Permission	
CFS-0057	Child Care Informed Consent for Observation or Testing by an Outside Agency	
CFS-0058	Child Care Field Trip or Other Activity Notification / Permission	
CFS-0058A	Notificación / Permiso Para Excursiones O Otra Actividad De Guardería De Niños	
CFS-0059	Authorization to Administer Medication	
CFS-0059A	Autorización Para Administrar Medicamentos	
CFS-0060	Child Health Report – In-Home, Family Child Care, Child Care Centers	YES
CFS-0060A	Reporte de Salud del Niño en el Hogar, Guardería Familiares, Guardería Grupal	
CFS-0061	Child Care Intake for Child Under 2 Years	
CFS-0062	Child Enrollment	
CFS-0062A	Matriculación de Niños en Guarderías e Historia de Salud	
CFS-0078	Child Care Staff-Child Ratio Worksheet – Group Child Care Centers	
CFS-0104	Child Care School-Age Agreement (Reverse side of CFS-56)	
CFS-0543	Group Child Care Center Fire and Safety Checklist	
CFS-0865	Child Care Center Safety Checklist	
CFS-1675	Child Care Child Record Checklist	
CFS-1675A	Group Child Care Staff Record Checklist	
CFS-2026	Group Child Care Staff Orientation Checklist	
CFS-2027	Group Child Care Volunteer Training Confirmation	

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WISCONSIN ADMINISTRATIVE CODE

CFS-2048	Group Child Care Policy Checklist	YES
CFS-2345	Health History and Emergency Care Plan	YES
DPH-4192	Child Care Immunization Record	
DPH-4192S	Registro De Immunizacion Para Guardería de Niños	
HFS-0064	Background Information Disclosure	YES
DMT-25	Forms Requisition Request	YES