

**(ATTACHMENT 2) ACTION ON THE AWARD OF SUMMER CONTRACTS FOR 21ST CENTURY COMMUNITY LEARNING CENTERS**

**AGREEMENT FOR THE PROVISION OF A SUMMER 2018 COMMUNITY LEARNING CENTER PROGRAM FOR MILWAUKEE'S YOUTH**

AGREEMENT entered into this 1<sup>st</sup> day of May, between \_\_\_\_\_, (hereinafter referred to as "Provider") and Milwaukee Board of School Directors, contracting authority for Milwaukee Public Schools, (hereinafter referred to as "MPS").

**WHEREAS**, MPS is authorized by sec. 118.001, Wis. Stats., to take any board action that is within the comprehensive meaning of its terms and powers if the action is not prohibited by state or federal law; and

**WHEREAS**, Provider is a pre-approved lead agency for MPS's before and after school recreation programming; and

**WHEREAS**, MPS and Provider are desirous of entering into an agreement for the provision of a 2018 Summer Community Learning Center Program ("Summer CLC Program") to provide a safe place for MPS students and neighborhood children within the city of Milwaukee to participate in recreational and educational activities;

**NOW, THEREFORE**, in consideration of the mutual promises set forth herein, the parties agree as follows:

**I. SCOPE OF SERVICES**

**A. Operational and Program Standards**

1. Provider shall operate a Summer CLC Program, Monday through Friday, from June 4, 2018-August 10, 2018. No Summer CLC Program shall take place on Wednesday, July 4, 2018. If Provider's site offers both Elementary/K-8 and Middle & High School programming, its hours must conform to both standards set forth subsections a) and b) below.
  - a) Elementary/K-8 Program Hours and Fees
    - (1) The program time will be 9:00 am to 4:00 pm, Monday – Friday with extended drop-off hours of 7:00 am – 9:00 am and extended pick-up hours of 4:00 – 6:00 pm.
    - (2) Provider may charge a weekly fee per child to families who utilize the extended drop-off hours of 7:00 am – 9:00 am and extended pick-up hours of 4:00 – 6:00 pm.
    - (3) Provider may charge a one-time registration fee per child. See 2018 Summer Operations Manual for further information.
    - (4) Notwithstanding the foregoing, registration and program fees shall not be a barrier for any child to participate in the Summer CLC program.
  - b) Middle & High Program Hours and Fees
    - (1) The minimum program time will be 11:00 am – 5:00 pm, Monday – Friday. Program hours may vary depending upon field trip schedules.
    - (2) Provider may charge a one-time registration fee per participant. See 2018 Summer Operations Manual for further instructions.
    - (3) Notwithstanding the foregoing, registration and program fees shall not be a barrier for any individual to participate in the Summer CLC program.
2. Provider is responsible for complying with the 2018 Summer CLC Operations Manual, incorporated herein as Appendix D.

3. Provider is responsible for assuring its CLC Site Coordinator attends the 2018 Summer Planning meeting on April 19, 2018.
4. Provider's CLC Site Coordinator and a minimum of three (3) Summer CLC staff to the MPS CLC Summer Program Staff Training, which shall be held on June 2, 2018, at North Division High School from 8:30 am – 4:00 pm. Provider must register its attending staff members by May 18, 2018. Provider is further responsible for providing continual staff training throughout the term of this Agreement.
5. Staffing must be set according to the ratios below, shown as number of staff: number of participants. Volunteers shall not be included when calculating the ratios. Participant interaction with caring adults is a key component of the Summer CLC Program. Provider is responsible for ensuring that staff is actively engaged with participants at all times.

| <u>Youth ages 3-4 yrs.</u> | <u>Youth ages 4-5 yrs.</u> | <u>Youth ages 5-6 yrs.</u> | <u>Youth ages 6+ yrs.</u> |
|----------------------------|----------------------------|----------------------------|---------------------------|
| 1:10                       | 1:13                       | 1:17                       | 1:18                      |
| Group Max.:                | Group Max.:                | Group Max.:                | Group Max.:               |
| 20 with two staff          | 24 with two staff          | 34 with two staff          | 36 with two staff         |

6. Attendance requirements set forth in Appendix B, attached hereto and incorporated by reference must be maintained over the duration of the Summer CLC Program, as identified in Appendix A. Collection of daily attendance records in the APlus system is required and will be monitored on a weekly basis by the MPS CLC Project Team. All attendance must be entered into the APlus system no later than five business days after the last date of the Summer CLC program.
7. Each Summer CLC Program shall offer, on a daily basis, engaging recreation enrichment activities in: the arts (dance, drama, pottery, music, etc.); sports and fitness (activities designed to get kids moving and physically active, as well as discussions on health and nutrition); cooperative learning games; games that provide opportunities to practice basic academic skills such as chess, checkers, puzzles and word games; and experiences that build on and celebrate a wide diversity of cultural and ethnic groups.
  - a) Elementary/K-8 Program Requirements
    - (1) Academic Enrichment
      - a. Academic enrichment programming must be conducted from 9:00 am– 11:30 am, Monday – Thursday for all participants in attendance.
    - (2) Recreation Enrichment
      - a. All recreation activities must be conducted from 11:30 am – 4:00 pm, Monday – Friday for all participants in attendance.
  - b) Middle & High School Program Requirements
    - (1) Academic Enrichment
      - a. Each site must participate in, and actively recruit participants for a minimum of one Summer EXCEL camp. The minimum attendance requirements for this activity must be met as reflected in the APlus system.
    - (2) Recreation Enrichment
      - a. All recreation activities must be conducted from 11:30 am – 4:00 pm, Monday-Friday for all participants in attendance.

- c) Middle & High School programs that also serve Elementary/K-8 students must provide age-appropriate academic and recreation enrichment activities for all participants, in accordance with the standards set forth above. See Section V, Subsection I of this contract for further requirements.
8. The MPS Department of School Nutrition Services will provide a breakfast, lunch, and dinner program which will be offered on a daily basis for all Summer CLC Program participants, as well as for the community (ages 18 and under). CLC staff shall supervise the all attendees during the meal program. The following requirements must be met for summer meal locations:
  - a) Provider has at least one person at each site where dinner is being served that is trained in all applicable Child and Adult Care Food Program (“CACFP”) rules and regulations. (Dinner/M Meal Service Requirement)
  - b) Provider must keep documentation sufficient for MPS to claim the meals pursuant to the USDA’s CACFP on MPS’s APlus data tracking system. This includes input of a daily point of sale meal count, and current enrollment information. (Dinner/M Meal Service Requirement)
  - c) Provider must perform their own cleanup and food disposal. Cleanup means the removal of all food trays and debris on tables to allow for wipe down and sanitation by MPS staff. Food disposal means disposal of food in appropriate, agreed-upon containers. MPS Food Service staff is responsible for sanitizing debris free tables and emptying trash containers.
  - d) Provider will communicate any cancellation of meal service to MPS Food Service site staff two weeks in advance. Failure to notify MPS Food Service could result in Provider covering any lost costs.
  - e) Provider must follow instructions on how to operate the Point of Service (POS) which includes entering each child’s name or ID number. If unable to operate computer, Provider will document the name and ID number of each child that receives a meal. Failure to provide proper meal counts could result in Provider covering any lost cost.
  - f) Failure to comply with any of these requirements will result in the discontinuance of food service.
9. Provider will complete its 2018 Summer Community Learning Center Program Proposal, as set forth in Appendix A, and submit it to MPS no later than June 4, 2018. Provider further agrees to enter all summer activities and field trips set forth in its 2018 Summer Community Learning Center Program Proposal into the APlus system by age group for the “2018 Summer” Term no later than June 4, 2018. The MPS CLC Project Team must review and approve this information prior to any disbursements being made under this Agreement.
10. Provider agrees to administer the “Summer Recreation Program Evaluation”, as supplied by the MPS CLC Project Team, to a minimum of 50 individual participants and 40 individual parents of participants. Provider also agrees to enter all survey results into the APlus system no later than five business days after the last date of the Summer CLC Program. Hard copies must be retained by Provider.
11. Provider understands that unscheduled visits by MPS’s CLC Project Team and designated Resource staff will occur during the course of the Summer CLC Program. These visits can occur at any time for any reason, in the sole discretion of MPS. Such visits may include but shall not be limited to, monitoring program operations, data collection/entry and reviewing Provider’s lesson plans.
12. Provider may collect Wisconsin Shares (W-2) funds to supplement its contract award. However, seven and one-half percent (7.5%) of any Wisconsin Shares (W-2) funds collected must be placed in a central account to pay for administrative fees.

B. Incident/Accident Reporting Policy Requirements:

1. For emergency situations requiring police, fire, Child Protective Services (CPS) or ambulance services, Provider shall, within 30 minutes following an incident/accident, verbally report the incident/accident to a member of MPS's CLC Project Team. Additionally, Provider shall submit a written incident/accident report within 24 hours of the incident/accident by email to that member of MPS's CLC Project Team. The MPS CLC Project Team may request that reports and/or additional documents be submitted sooner if necessary. MPS CLC Project team will report emergency incidents to the Wisconsin Department of Children and Families (DCF) with any necessary information once the emergency incident is reported to MPS.
2. All Summer CLC Program staff are mandated reporters and must report to CPS suspected incidents of abuse, neglect, etc. If a Summer CLC Program staff member observes an incident, he/she should report the incident to the CLC Site Coordinator immediately. The CLC Site Coordinator should then work with the frontline staff in reporting the incident to CPS and following up as needed.
3. The CLC Site Coordinator and CLC Lead Agency are responsible for assuring that all Summer CLC Program staff are fully trained in all areas, including MPS incident/accident reporting policies and procedures and mandatory reporting.
4. If media (TV, radio, newspaper, online journalists, etc.) approach or contact the CLC Site Coordinator or lead agency, Provider should immediately defer to MPS. Provider at no time shall make any statements to the media. Provider must comply with MPS Stakeholder Policy.

**II. FACILITIES**

- A. MPS shall provide space, (on a nonexclusive basis), utilities and routine custodial cleaning and maintenance at the MPS facility \_\_\_\_\_ (school name) (hereinafter "Facility") located at \_\_\_\_\_ (address) between 5:30am and 6:30pm on those days the Summer CLC Program is in operation.
- B. MPS will provide to the school, in order to replenish supplies used for the operation of the Summer CLC Program: one case of toilet paper; two bottles of 3M Neutral Cleaner Concentrate; and one case of plastic garbage can liners.
- C. The Facility shall be responsible for providing: brooms and cleaning supplies; the cleaning and removal of garbage from bathrooms, corridors, gymnasium, libraries, (if used) and the cafeteria; and a second shift Building Operation's staff member to lock the building after the Summer CLC Program ends at 6:00 pm.
- D. Provider shall be responsible for cleaning and maintaining classrooms utilized for the program on a daily basis. This includes, but is not limited to: sweeping floors; cleaning table surfaces; and the collection of garbage from all rooms used.
- E. Building Usage
  1. Provider shall use the MPS Facility provided for under this Agreement only for the purposes of operating the Summer CLC Program and in accordance with MPS's Policies and Procedures. Provider shall not use, nor allow others to use the MPS Facility and any of its equipment and supplies, for any other purpose.
  2. Provider, its agents, employees, and/or participants enrolled in the Summer CLC Program shall have the right to use the entrances and corridors necessary to secure access to the Facility provided. This right of use shall extend to the restroom facilities located nearest to where the Summer CLC Program is being conducted. Such use shall be in common with MPS, its agents, employees, members of the public, and/or other providers.

3. MPS will provide an appropriate number of classrooms/multi-purpose rooms in which to run the Summer CLC Program, as well as adequate office space that is equipped with a desk, telephone, locked filing cabinet, accessibility to the internet to enter data into APlus, and storage space for supplies/equipment.
4. MPS will provide daily/regular access to the Facility's technology, including the internet, classroom computers, computer labs, and computer carts to enable participants in the Summer CLC Program to use online and computer-based intervention and academic enrichment tools and resources in support of academic achievement.
5. Provider must implement a message delivery system indicating to callers they have reached the Community Learning Center prior to the start date of the Summer CLC Program. The message system must be either: (1) 24-hour voicemail; or (2) 24-hour answering machine. All messages must be returned by CLC staff within a 24-hour period.
6. Provider shall make no alterations, additions or improvements to the fixed equipment and building structure of the Facility.
7. Provider shall quit and deliver possession of the utilized Facility peaceably and quietly at the end of this Agreement in the same condition as the Facility was in at the commencement; reasonable wear and tear excepted. MPS shall not be responsible for any damage, theft or other loss of property belonging to the Provider, its agents, and/or employees. Any personal property owned by Provider, its agents, and/or employees and not removed from the Facility at the end of the Agreement shall become the property of MPS.
8. Provider shall hold MPS and its agents, representatives, successors, and assigns harmless from any liability, claim, or damages caused by the acts or omissions of the Provider, its staff, agents, representatives, successors, and/or assigns in the performance of the activities covered by this Agreement.
9. Provider shall be liable to MPS for any damage, except for reasonable wear and tear, to property of MPS resulting from the acts of Provider, its agents, employees, and/or participants during the regular hours of the Summer CLC Program. In the event of such damage, MPS shall complete all repairs required as a result of said damage, but Provider shall be solely responsible for all costs of repair.
10. Provider shall have no right to assign, mortgage, or pledge this Agreement or to sublease any portion of the Facility.
11. Provider shall adhere to any emergency procedures that may be required by MPS.
12. Provider shall meet, or exceed, all federal, state, and local laws, regulations, and ordinances and shall meet the standards set by any federal, state, or local agency which may have regulatory or administrative control over Provider, and the activities covered by this Agreement. The failure of Provider to meet such standards could result in the automatic termination of this Agreement.

F. Parking

1. MPS shall provide parking spaces at the Facility to Provider, its officers, agents, employees and visitors under such restrictions as MPS may, from time to time, determine, including the requirement that priority in parking space assignment shall be given to MPS's use of the Facility and the requirement that all of Provider's vehicles and those of its officers, agents, employees and visitors be removed from the Facility's parking lot daily and immediately after the conclusion of the Summer CLC Program. No overnight parking is permitted.

2. When parked in the Facility's parking lot, MPS shall not be responsible for any damage to Provider's vehicles or those vehicles of Provider's officers, agents, employees and/or visitors.

### III. COMPENSATION

- A. MPS shall make disbursements to Provider for meeting the program requirements outlined in this Agreement, provided that Provider has complied with all MPS's fiscal requirements and has supplied all records and reports requested by MPS and mandated by this Agreement, attached hereto as Appendix C and incorporated by reference. MPS shall have forty-five (45) days from receipt of the Provider's properly submitted "Summer Cost Report" to reimburse approved expenditures.
- B. The funds available to Provider under this Agreement will be disbursed as follows, and as outlined in Appendix B.
  1. For Extension-funded Summer CLC Programs, fifty percent (50%) of total budgeted funds will be disbursed upon MPS's execution of this Agreement, provided that the Provider has submitted: signed Agreement by Provider's authorized signatory; 2018 Summer Community Learning Center Program Budget; 2018 Summer Community Learning Center Program Proposal; and a Certificate of Insurance filed electronically in the EXIGIS system which complies with the requirements of Section VII of this Agreement. The remaining portion of the total funds will be disbursed at the conclusion of the Summer CLC Program, provided MPS receives and approves:
    - a) An "Attendance Summary Report", as retrieved from the APlus system, indicating the Summer CLC Program has met the minimum attendance requirements. All attendance must be entered into the APlus system no later than five business days after the last date of the Summer CLC Program;
    - b) The survey results from the program evaluations administered to participants and parents must be entered into the APlus system no later than five business days after the last date of the Summer CLC Program; and
    - c) The Summer Cost Report, which is due no later than September 28, 2018.
  2. Provider shall include the following documentation in its Summer Cost Report:
    - a) Legible copies of all paid receipts and/or invoices submitted for reimbursements, identifying: name of vendor; item of purchase; amount spent; and quantity and date of purchase. The date of purchase and payment must coincide with the period in which the reimbursement is requested. Receipts should also be accompanied by a written description of the purpose of the purchase(s);
    - b) Copies of organizational checks used for payment of authorized expenses; and
    - c) Copies of payroll ledger forms and other relevant data such as identifying payee, check number, hourly rate, gross wages and authorized deductions.
  3. Provider shall have each Summer Cost Report signed by the authorized organizational officer and identify the name and telephone number of the person responsible for its preparation.
  4. Provider shall ensure that its Summer Cost Report and its attendance documentation are legible, clear and organized in their submission, recognizing that any required document that is not submitted or is submitted in error will reduce or delay the disbursement requested.
  5. For Wisconsin Shares funded Summer CLC Programs, reimbursement will occur on a Monthly Cost Report basis, provided that the Provider has submitted: Agreement signed by Provider's authorized signatory; 2018 Summer Community Learning Center Program Budget; 2018 Summer Community Learning Center Program Proposal; and a Certificate of Insurance filed electronically in the EXIGIS system which complies with the requirements of Section VII of this Agreement. Provider must submit each Monthly Cost Report by the 28th

of each month. Contents of each Monthly Cost Report must comply with the standards set forth in Section III.B.2-4.

C. Fiscal Requirements

1. Provider agrees to spend all funds received under this Agreement in accordance with the authorized cost categories identified in Appendix C.
2. Provider shall maintain, for seven years after the termination of this Agreement, adequate source records including, but not limited to: invoices; payroll records; time sheets; and receipts.
3. Provider shall use appropriate cash management procedures so that public funds disbursed under this Agreement are discernible from other funds.

D. If total expenditures, as documented in the Summer Cost Report, do not exceed the amount disbursed in the initial disbursement under this Agreement, Provider will return the overpayment within 30 days of written notice by MPS. As identified in Appendix C, Provider may designate a maximum of \$2,500.00 of the funds disbursed under this Agreement for administrative costs. A maximum of \$5,000 for sites designated at "Super Sites" may be used by Provider for administrative costs.

E. Revenue Generated Activities and Wisconsin Shares (W-2) Child Care Subsidies

1. Provider shall maintain adequate source records relating to revenue-generating activities, (*i.e.*, extended care and field trip fees), and include documentation of all funds collected on the Summer 2018 Cost Report.
2. All funds generated through the collection of Wisconsin Shares (W-2) child care subsidies shall be maintained by MPS.

F. Force Majeure

MPS will not be liable to pay Provider for any and all work that Provider is unable to perform due to act of God, riot, war, civil unrest, flood, earthquake, outbreak of contagious disease or other cause beyond MPS's reasonable control, (including any mechanical, electronic, or communications failure, but excluding failure caused by a party's financial condition or negligence).

**IV. TRANSPORTATION/FIELD TRIPS**

- A. Transportation will be provided by MPS for Summer Academy Super Sites and EXCEL camps only.
- B. Participants must be offered a minimum of one field trip per week by Provider. Provider may charge a weekly field trip fee; however, as set forth in Section I, program fees shall not be a barrier for any child to participate. Field trip revenue must be recorded on the "Summer Cost Report." One-time field trip expenditures exceeding \$10 per participant for admissions will require prior approval from Leighton Cooper, available via phone at (414) 475-8844 or email at cooperld@milwaukee.k12.wi.us.
- C. While strict compliance with MPS's Administrative Policy and Procedure 7.30, "Field Trips and Excursions," is not required, field trips should comply with the "General Principles" found in Policy 7.30(1). In addition, any activity which is specifically prohibited in Procedure 7.30, *e.g.*, trips to Great America and other amusement parks and arcades outside the state of Wisconsin, are not permitted. Waterparks in the state of Wisconsin are permissible if there is a certified, non-MPS life guard supervising swim and water play. Any safety requirement found in Procedure 7.30, *e.g.*, transportation by bonded carrier when possible, should be observed.

**V. ADDITIONAL RESPONSIBILITIES OF PROVIDER**

- A. Provider is an independent contractor and is not an agent, servant, or employee of MPS. Provider's engagement with MPS is limited solely to the operation of the Summer Recreation Program as outlined in this Agreement. Provider shall employ a sufficient number of qualified and properly-trained staff according to the contractually required minimum average daily attendance and DCF licensing standards. Any staff member that is not reasonably acceptable to MPS shall be removed by Provider from said staff member's assignment to MPS's Summer Recreation Program. MPS may request such removal at any time, in its sole discretion.
  - B. In the performance of work under this Agreement, Provider shall not discriminate against any employee or applicant for employment on the basis of a person's sex, race, age, religion, national origin, ancestry, creed, pregnancy, marital or parental status, sexual orientation, disability or socio-economic status. This obligation shall include, but not be limited to, the following: employment, upgrading, demotion or transfer, recruitment or recruitment advertising, layoff or termination, rates of pay or other forms of compensation, and selection for training, including apprenticeships. Provider will post in conspicuous places, available for employees of Provider and applicants for employment, notices setting forth the provisions of this non-discrimination clause.
  - C. Provider shall comply with, and ensure its subcontractors performing work under this Agreement comply with, Milwaukee Board of School Directors' Administrative Policy 3.09(17), which requires that employees be paid a "living wage." The 2018 "living wage" is \$11.02.
  - D. Provider must comply with all requirements of Wis. Stat. § 48.685, which identifies the standards required for criminal history and child abuse record searches for licensed child care centers.
1. Provider will conduct, at Provider's expense, a criminal information background check (hereinafter referred to as "background check"), through the Wisconsin Department of Justice (<https://recordcheck.doj.wi.gov/>) and other states' agencies, as applicable, on all current and potential administrators, board members, officers, full-time employees, part-time employees and volunteers who have, or who are anticipated to have direct, unsupervised contact with children throughout the Summer CLC Program. (Note: No background checks are required for youth mentors/workers who are under the age of 18)
    - a. An out-of-state background check should be completed in the state(s) in which the individual resided for at least six months within the last ten years and was 18 years or older at the time.
    - b. For purposes of this Agreement, a volunteer is any non-paid person who provides services on a regular and ongoing basis for more than five hours a week. A volunteer is not a parent or other adult who is a one-time volunteer for a field trip or other one-time-only activity. Provider will use good judgment in accepting the services of a volunteer, and will be familiar with the volunteer before accepting services of that volunteer.
  2. No later than one month before work with children at the Summer CLC Program begins, Provider will electronically submit completed background checks for all individuals providing services under this Agreement utilizing the Smart Sheet link provided herein: <https://app.smartsheet.com/b/form/9095513a736c49a791df055c1e2fa879>. Records that indicate a history of conviction or pending criminal charges will be reviewed by the MPS Department of Employment Relations. Thereafter, MPS will immediately notify Provider of any individual(s) who, based on MPS standards, should not have contact with children. Failure to submit the results of any crime information records checks prior to the provision of services will result in the termination of services. All determinations made by MPS with regards to whether an individual is fit to provide services under this Agreement are made in MPS's sole discretion.
  3. Provider shall complete the other searches required by Wis. Stat. § 48.685, review the results and determine that there is nothing in the background of Provider's employees, agents or sub-contractors that would render them unfit to provide services under this Agreement where there is contact and access to children. Background factors that would disqualify any individual from providing services to MPS include, but are not



limited to: falsification of background information; conviction of a criminal offense that substantially relates to the duties and responsibilities to be assigned to or performed by Provider under this Agreement; or pending criminal charges alleging acts of a similar nature. Provider has a duty to retain all documentation related to background checks and other searches performed pursuant to this Agreement and Wis. Stat. § 48.685 on file for the duration of this Agreement and to provide the same to MPS upon request.

- E. Provider agrees to strive to implement the principles of equal employment opportunities through an effective Affirmative Action program. A copy of such program shall be produced by Provider upon request by MPS. The program shall set its objective to increase the utilization of women, minorities and handicapped persons, and other protected groups, at all levels of employment in all divisions of Provider's work force, where these groups may have been previously under-utilized and under-represented. Provider also agrees, in the event of any dispute as to compliance with the aforestated requirements, it shall be Provider's burden to show it has met all such requirements.
- F. When a violation of the non-discrimination, equal opportunity and/or affirmative action provision of this Agreement has been determined by MPS, Provider shall immediately be informed of the violation and directed to take all action necessary to halt the violation, as well as such action as may be necessary to correct, if possible, any injustice to any person adversely affected by the violation, and immediately take steps to prevent further violations.
- G. If, after notice to Provider of a violation of the non-discrimination, equal opportunity and/or affirmative action provision of this Agreement, further violation of those provisions are committed during the term of the Agreement, MPS may terminate the Agreement without liability for any remaining funds which may be disbursed. MPS, at its sole discretion, may permit Provider to complete the Agreement. In the case of any violations of these provisions, Provider may be ineligible to participate in future contracts with MPS.
- H. Provider certifies that Provider is not suspended, debarred, proposed for debarment, voluntarily excluded from covered transactions, or otherwise disqualified by any federal department or agency from doing business with the Federal Government pursuant to Executive Orders 12549 and 12689. Provider specifically covenants that neither the Provider nor its principals are included on the Excluded Parties List System ("EPLS") maintained by the General Services Administration ("GSA").
- I. Provider must ensure that all sites participating in the YoungStar Quality Rating System and receiving Wisconsin Shares childcare subsidies, comply with Department of Children and Families childcare licensing "Health and Safety" guidelines as expressed in DCF 251- Licensing Rules for Group Childcare Centers. (See Appendix D).

## **VI. INDEMNITY**

Notwithstanding any references to the contrary, Provider assumes full liability for all of its acts and/or omissions in the performance of this Agreement, as well as the acts and/or omissions of any of its sub-providers, employees, and/or agents. Provider shall defend, indemnify and hold harmless MPS, its agents, officers and employees against all liabilities, losses, judgments, decrees, costs, and expenses that may be claimed against MPS as a result of Provider's performance under this Agreement or that may result from the carelessness or neglect of said Provider, its employees and/or agents. If judgment is recovered against MPS in suits of law or equity for any reason, including by reason of the carelessness, negligence, or acts or omissions of Provider, against such persons, firms or corporations carrying out the provisions of the Agreement for Provider, Provider assumes full liability for such judgment, not only as to any monetary award, but also as to the costs, attorneys' fees or other expenses resulting therefrom.

## **VII. INSURANCE AND PROOF OF FINANCIAL RESPONSIBILITY**

Provider understands and agrees that financial responsibility for claims or damages to any person, or to Provider's employees and agents, shall rest with Provider. Provider shall effect and maintain any insurance coverage, including,

but not limited to, Workers' Compensation, Employers' Liability, Commercial General Liability, Contractual Liability, Professional Liability, Automobile Liability and Umbrella (excess) Liability to support such financial obligations. The indemnification obligation of Provider, however, shall not be reduced in any way by existence or non-existence, limitation, amount or type of damages, compensation or benefits payable under Workers' Compensation laws or other insurance provisions.

The minimum limits of insurance required of the Provider by MPS shall be:

| <b>INSURANCE TYPE</b>                  | <b>MINIMUM LIMIT</b>                             |
|--|--|
| Workers' Compensation                  | As defined by Wisconsin state statutes           |
| Employers' Liability                   | \$100,000 per occurrence                         |
| General Liability                      | \$1,000,000 per occurrence/\$2,000,000 aggregate |
| Professional Liability*                | \$1,000,000 per occurrence                       |
| Auto Liability                         | \$1,000,000 per occurrence                       |
| Umbrella (excess) Liability            | \$4,000,000 per occurrence                       |
| School Leaders' Errors and Omissions** | \$1,000,000 per occurrence/\$2,000,000 aggregate |
| Fidelity Bond/Crime Insurance          | Value of the Agreement                           |

*\*Professional liability insurance may be used in lieu of School Leaders' E&O (or Directors' and Officers') insurance only if Provider is a one-person Independent Contractor.*

*\*\*Directors' and Officers' insurance may be used in lieu of School Leaders' E&O provided that the insurance company shows written proof that all employees and volunteers are protected by the coverage.*

Commercial General Liability shall be on an occurrence form covering the risks associated or arising out of the services provided under this Agreement. This insurance is not to have any exclusions, sub-limits, or restrictions as respects coverage for sexual abuse and molestation, corporal punishment, athletic events, and use of gymnasium equipment.

"The Milwaukee Board of School Directors" shall be named as an additional insured under Provider's general liability insurance and umbrella liability insurance. Evidence of all required insurances of Contractor shall be submitted electronically to MPS via its third party vendor, EXIGIS Risk Management Services. Waivers and exceptions to the above limits will be in the sole discretion of MPS and shall be recorded in the EXIGIS system, which records are incorporated into this Contract by reference. MPS shall be afforded a 30-day written notice of cancellation, non-renewal or material change in coverage for the duration of this Agreement. Insurance companies must be acceptable to MPS and must have a current A.M. Best rating of A- or better.

#### **VIII. BREACH BY PROVIDER**

It is mutually agreed the breach of this Agreement on Provider's part will result in irreparable and continuing damage to MPS for which money damages may not provide adequate relief. Therefore, the breach of this Agreement on Provider's part shall entitle MPS to both preliminary and permanent injunctive relief and money damages insofar as they can be determined under the circumstances.

#### **IX. TERM AND TERMINATION BY MPS FOR VIOLATIONS BY PROVIDER**

The term of this Agreement commences on May 1, 2018 and ends on August 24, 2018. This Agreement is contingent upon the approval of the Milwaukee Board of School Directors. Except as otherwise provided hereunder, if Provider fails to fulfill its obligations under this Agreement or violates any of such provisions, MPS shall thereupon have the right to terminate this Agreement by giving five days written notice of termination, specifying the alleged violations,

and effective date of termination. This Agreement shall not be terminated if, upon receipt of the notice, Provider promptly cures the alleged violation(s) prior to the end of the five-day period. In the event of termination, MPS will only be liable for services rendered through the date of termination and not for the uncompleted portion, or for any materials or services purchased or paid for by Provider for use in completing, the Agreement.

**X. UNRESTRICTED RIGHT OF TERMINATION BY MPS**

MPS further reserves the right to terminate this Agreement at any time, for any reason, by giving Provider five days written notice by Certified Mail of such termination. In the event of said termination, Provider shall reduce its activities hereunder as mutually agreed to, upon receipt of said notice. Upon said termination, disbursements shall be made to Provider for all services rendered through the date of termination. This section also applies should the Milwaukee Board of School Directors fail to appropriate additional monies required for the completion of the Agreement. Nothing in this, or any other, section shall prevent MPS from immediately terminating this Agreement if it determines, in its sole discretion that continuing this Agreement would cause an immediate and incurable threat to the safety of the participants in the Summer CLC Program.

**XI. ASSIGNMENT LIMITATION**

This Agreement shall be binding upon and inure to the benefit of the parties and their successors and assigns; provided, however, that neither party shall assign its obligations hereunder without the prior written consent of the other.

**XII. PROHIBITED PRACTICES**

- A. Provider, during the period of this Agreement, shall not hire, retain or utilize for compensation any member, officer, or employee of MPS or any person who, to the knowledge of Provider, has a conflict of interest.
- B. Provider hereby attests it is familiar with MPS's Code of Ethics which states, in part, "An employee of Milwaukee Public Schools may not accept any gift or gratuity in excess of \$25.00 annually from any person, persons, group or any firm which does business with or is attempting to do business with MPS".

**XIII. NOTICES**

Notices to MPS provided for in this Agreement shall be sufficient if sent by Certified or Registered mail, postage prepaid, addressed as indicated below, with an electronic copy to racekh@milwaukee.k12.wi.us. Notices to Provider shall be sufficient if sent by Certified or Registered mail, postage prepaid, addressed as indicated below.

To: LYNN A. GREB, SENIOR DIRECTOR  
Milwaukee Public Schools  
Department of Recreation & Community Services  
5225 W. Vliet Street, Room 162  
Milwaukee, WI 53208

To: PROVIDER:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**XIV. AUTHORIZATION**

The validity, construction, enforcement and effect of this Agreement shall be governed by the laws of the State of Wisconsin. All covenants contained herein are severable, and in the event any of them shall be held invalid by any competent court or agency, this Agreement shall be interpreted as if such invalid covenants were not contained herein.

**XV. APPENDICES**

The following documents are hereby made a part of this Agreement and Provider agrees to abide by all the terms and conditions contained therein.

Appendix A ..... 2018 Summer Community Learning Center Program Proposal

Appendix B ..... 2018 Summer CLC Attendance Requirements

Appendix C ..... 2018 Summer CLC Fiscal Forms

Appendix D ..... 2018 Summer CLC Operations Manual

In the event of an inconsistency or ambiguity between this Agreement and any appendix, it is the intent of the parties that the Agreement shall control.

**APPROVED:**  
Milwaukee Board of School Directors

**APPROVED:**  
Community Learning Center  
PROGRAM PROVIDER

\_\_\_\_\_  
Mark A. Sain, President  
Milwaukee Board of School Directors

\_\_\_\_\_  
Provider Board President

Date: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
Darienne B. Driver, Ed.D.  
Superintendent of Schools

\_\_\_\_\_  
Provider Executive Director

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Contract Amount: \$ \_\_\_\_\_

**FOR OFFICE USE ONLY**

Budget Code: \_\_\_\_\_

Budget Code: \_\_\_\_\_

Budget Code: \_\_\_\_\_

|   |       |
|---|-------|
| R | _____ |
| C | _____ |
| V | _____ |
|   | _____ |

Reviewed by Risk Management.

By: \_\_\_\_\_

Date \_\_\_\_\_



MILWAUKEE PUBLIC SCHOOLS



2018 Community Learning Center (CLC) Summer Program Proposal Signature Page

Site Name: [Redacted]

Due Date: Prior to June 4, 2018

I have read the terms and conditions of the 2018 CLC Summer Program Plan and ensure that all activities, field trips, and family events will be in alignment with the CLC summer contract and the CLC Summer Program goal of providing youth with engaging academic and recreation learning opportunities that support student academic achievement.

[Redacted]

Principal's Name

[Redacted]

Lead Agency Director's Name

[Redacted]

Principal's Signature Date

[Redacted]

Director's Signature Date

[Redacted]

Site Coordinator's Name

[Redacted]

Site Coordinator's Signature Date

The 2018 Summer Program Plan Signature Page is due electronically to your designated MPS Project Team Member. All 2018 CLC Summer activity information, including field trips, must also be created and completely entered in APlus by 4:30 pm that day.

# 2018 Summer Community Learning Center Program Proposal

Site Name:

### TIMELINE

|                      |  |
|----------------------|--|
| <b>June 2, 2018:</b> | Summer CLC Staff Training from 8:30a.m. – 3:30p.m.<br>Location: North Division High School |
| <b>June 4, 2018:</b> | Summer Budget is due to Don Bennett.   |
| <b>June 4, 2018:</b> | Summer Program Plan is due to your designated MPS Project Team Member.                     |

### SUMMER CLC SITE INFORMATION

|   |  |
|---|--|
| <b>Site Coordinator Name:</b> <span style="background-color: yellow; border: 1px solid black; display: inline-block; width: 150px; height: 15px;"></span>     | <b>Office Phone:</b> <span style="background-color: yellow; border: 1px solid black; display: inline-block; width: 150px; height: 15px;"></span> |
| <b>Cell Phone:</b> <span style="background-color: yellow; border: 1px solid black; display: inline-block; width: 300px; height: 15px;"></span>                |  |
| <b>Site Coordinator Email:</b> <span style="background-color: yellow; border: 1px solid black; display: inline-block; width: 550px; height: 15px;"></span>    |  |
| <b>Lead Agency Representative:</b> <span style="background-color: yellow; border: 1px solid black; display: inline-block; width: 80px; height: 15px;"></span> | <b>Office Phone:</b> <span style="background-color: yellow; border: 1px solid black; display: inline-block; width: 150px; height: 15px;"></span> |
| <b>LA Representative Email:</b> <span style="background-color: yellow; border: 1px solid black; display: inline-block; width: 500px; height: 15px;"></span>   |  |

Program Start Date:

Program End Date:

#### Proposed CLC Days and Hours of Operation

List range of hours open (example: 3:30-6:00p.m.).

Please include early drop off and late pick up hours, if applicable.

|                  | MON | TUES | WED | THU | FRI | SAT |
|------------------|-----|------|-----|-----|-----|-----|
| <b>AM Hours:</b> |     |      |     |     |     |     |
| <b>PM Hours:</b> |     |      |     |     |     |     |

**Projected Grade Levels to be Served (check all that apply):**

- K3   
  K4   
  K5   
  1st   
  2nd   
  3rd   
  4th   
  5th  
 6th   
  7th   
  8th   
  9th   
  10th   
  11th   
  12th

### CLC Program Safety Plan

1. CLC staff and participants have access to the following in the school facility. Please check all that apply:

**Note: Activities should not take place in spaces that are unsafe and/or that are not conducive to student learning.**

- Classrooms     Library     Supplies/Equip.     Classroom computers/computer cart/computer Lab
- Storage Space     Gym     Kitchen     Parent Center     Cafeteria

2. CLC has adequate office space on site. Please check all that apply:

- Desk     Locked filing cabinet     Phone/Voicemail     Computer/internet     Storage space

3. Each CLC site should review and practice emergency procedures monthly during CLC program hours with youth and staff. Emergency procedures include: fire drills, tornado drills, and school emergency lockdown procedures. Please list emergency procedure dates below.

| <u>Fire Drills</u> | <u>Tornado Drills</u> | <u>Emergency Lockdown Procedures</u> |
|--------------------|-----------------------|--------------------------------------|
| June: _____        | June: _____           | June: _____                          |
| July: _____        | July: _____           | July: _____                          |
| August: _____      | August: _____         | August: _____                        |

4. Has the site identified a CPR/First Aid certified person(s) on staff that is available during CLC hours?

**Note:** It is strongly recommended all CLC staff on-site during CLC hours be CPR/First Aid certified. (Refer to DCF 251 Licensing Standards.)

- No     Yes. Please list the names of staff members and their CPR/First Aid Certification expiration date:

|       |                  |       |                  |
|-------|------------------|-------|------------------|
| Name: | Expiration Date: | Name: | Expiration Date: |
| Name: | Expiration Date: | Name: | Expiration Date: |
| Name: | Expiration Date: | Name: | Expiration Date: |
| Name: | Expiration Date: | Name: | Expiration Date: |
| Name: | Expiration Date: | Name: | Expiration Date: |
| Name: | Expiration Date: | Name: | Expiration Date: |
| Name: | Expiration Date: | Name: | Expiration Date: |
| Name: | Expiration Date: | Name: | Expiration Date: |
| Name: | Expiration Date: | Name: | Expiration Date: |
| Name: | Expiration Date: | Name: | Expiration Date: |

5. Has the site identified two CLC Staff (site coordinator preferred) to complete the Medical Administration Training? Note: **This is mandatory training per MPS policy. (updated as of March 2016).** (<https://dpi.wi.gov/sspw/pupil-services/school-nurse/training/medication> ) The knowledge (webcasts) training and assessment tests are to be completed at least **every four years**, while the skills competency check-off should be completed **annually**. At a minimum, the following Medication Training Requirements courses must be completed under Option 2 (Direct Access Webcasts): 1) Nebulizer, 2) Epipen, 3)(Oral) Course 1, and 4) Rescue Inhaler. Participants take the written assessment test after watching the video, and print it out as their proof of completing the session. There is no certificate generated. The skills competency check-off would still be completed by a professional nurse, physician or a skilled and willing parent. **(NOTE: A parent may only dispense medication to his or her own child. A parent may not dispense medication to any other child/ren.)**

- No     Yes. Please list the names of staff members and their certification expiration date:

|       |                  |       |                  |
|-------|------------------|-------|------------------|
| Name: | Expiration Date: | Name: | Expiration Date: |
|-------|------------------|-------|------------------|

6. How many safety personnel does your site have on duty during scheduled CLC program hours?

7. What is your site's contingency plan if security personnel are absent from work?



**8.** Describe **in detail** how individuals are permitted entrance into the school building during CLC hours of operation (use separate sheet if necessary). *(Include use of MPS Visitor Policy Procedures.)*

**9.** Describe **in detail** how are participants dismissed from CLC. Please include procedures for student in-person pick-up, student walkers and bus riders. (Use separate sheet if necessary.) **All students must be signed out daily.**

**10.** Describe how CLC students are permitted access to areas throughout the school building, including restrooms, classrooms and offices. (Use separate sheet if necessary).

**11.** Where are the hard copies of CLC Registration forms and daily attendance records stored on site? *Note: CLCs must maintain hard copies of registration forms and daily attendance records in accordance with CLC contract standards.*

### 2018 Summer CLC Staff Roster

*Directions: Staff to student ratios should abide by the following standards **and** maximum group sizes:*

Youth ages 3-4 years

1:10

Group Max.: 20 with two staff

Youth ages 4-5 years

1:13

Group Max.: 24 with two staff

Youth ages 5-6

1:17

Group Max.: 34 with two staff

Youth ages 6+

1:18

Group Max.: 36 with two staff

| Name:          | Position: | Grade levels/age groups staff will work with: | Projected Hours Per Week: |
|----------------|-----------|---|---------------------------|
| 1. [Redacted]  |           |   |                           |
| 2. [Redacted]  |           |   |                           |
| 3. [Redacted]  |           |   |                           |
| 4. [Redacted]  |           |   |                           |
| 5. [Redacted]  |           |   |                           |
| 6. [Redacted]  |           |   |                           |
| 7. [Redacted]  |           |   |                           |
| 8. [Redacted]  |           |   |                           |
| 9. [Redacted]  |           |   |                           |
| 10. [Redacted] |           |   |                           |
| 11. [Redacted] |           |   |                           |
| 12. [Redacted] |           |   |                           |
| 13. [Redacted] |           |   |                           |
| 14. [Redacted] |           |   |                           |
| 15. [Redacted] |           |   |                           |
| 16. [Redacted] |           |   |                           |
| 17. [Redacted] |           |   |                           |
| 18. [Redacted] |           |   |                           |
| 19. [Redacted] |           |   |                           |
| 20. [Redacted] |           |   |                           |
| 21. [Redacted] |           |   |                           |
| 22. [Redacted] |           |   |                           |
| 23. [Redacted] |           |   |                           |
| 24. [Redacted] |           |   |                           |
| 25. [Redacted] |           |   |                           |

**CLC Summer Weekly Theme & Field Trip Information**

*Directions: Please list the weekly themes the CLC will incorporate into summer activity planning. Include any field trips the site will take each week (related and unrelated to the weekly theme). Friday field trips are encouraged and listed below, however if your site elects to hold a field trip(s) on a different day, please list in the blank space provided.*

| Week   | Weekly Theme | Field Trip Location | Date          | Time | Grade Level Attending |
|--|--------------|---------------------|---------------|------|-----------------------|
| June 18-22   |              |                     | June 22, 2018 |      |                       |
|  |              |                     |               |      |                       |
| June 25-June 29  |              |                     | June 29, 2018 |      |                       |
|  |              |                     |               |      |                       |
| July 2-6<br>(7/4 closed)                                       |              |                     | July 6, 2018  |      |                       |
|  |              |                     |               |      |                       |
| July 9-13  |              |                     | July 13, 2018 |      |                       |
|  |              |                     |               |      |                       |
| July 16-20   |              |                     | July 20, 2018 |      |                       |
|  |              |                     |               |      |                       |
| July 23-July 27  |              |                     | July 27, 2018 |      |                       |
|  |              |                     |               |      |                       |
| July 30-August 3   |              |                     | Aug. 3, 2018  |      |                       |
|  |              |                     |               |      |                       |
| <b>Additional Weeks, Themes &amp; Field Trips:</b>             |              |                     |               |      |                       |
|  |              |                     |               |      |                       |
|  |              |                     |               |      |                       |
|  |              |                     |               |      |                       |
|  |              |                     |               |      |                       |
|  |              |                     |               |      |                       |
|  |              |                     |               |      |                       |
|  |              |                     |               |      |                       |
|  |              |                     |               |      |                       |
| <b>If applicable, add EXCEL Program dates and field trips:</b> |              |                     |               |      |                       |
|  |              |                     |               |      |                       |
|  |              |                     |               |      |                       |
|  |              |                     |               |      |                       |
|  |              |                     |               |      |                       |
|  |              |                     |               |      |                       |
|  |              |                     |               |      |                       |





## *SUMMER CLC ATTENDANCE REQUIREMENTS*

| Site                                | Program Dates      | Projected Average Daily Attendance | Budget   | Initial Payment | *Final Payment Based on Overall Average Daily Attendance |                    |                   |                    |
|-------------------------------------|--------------------|------------------------------------|----------|-----------------|--|--------------------|-------------------|--------------------|
|                                     |                    |                                    |          |                 | 60-79<br>160-179   | ADA-100<br>ADA-200 | 80-100<br>180-200 | ADA-100<br>ADA-200 |
| Allen-Field School                  | June18 – August 10 | 100                                | \$35,000 | \$17,500        | \$8,750  |                    | \$17,500          |                    |
| Audubon Middle/High School (JT)     | June18 – July 27   | 100                                | \$30,000 | \$17,500        | \$6,250  |                    | \$12,500          |                    |
| Auer Avenue School                  | June19 - Aug 11    | 100                                | \$35,000 | \$17,500        | \$8,750  |                    | \$17,000          |                    |
| Bradley Tech High School            | June18 – July 27   | 100                                | \$25,000 | \$12,500        | \$6,250  |                    | \$12,500          |                    |
| Carson Academy*                     | June18 – August 10 | 200                                | \$80,000 | \$40,000        | \$20,000   |                    | \$40,000          |                    |
| Carver Academy                      | June18 – August 10 | 100                                | 35,000   | \$17,500        | \$8,750  |                    | \$17,500          |                    |
| Cass Street School                  | June18 – August 10 | 100                                | \$35,000 | \$17,500        | \$8,750  |                    | \$17,500          |                    |
| Clarke Street School*               | June18 – August 10 | 200                                | \$80,000 | \$40,000        | \$20,000   |                    | \$20,000          |                    |
| Doerfler School                     | June18 – July 27   | 100                                | \$35,000 | \$17,500        | \$8,750  |                    | \$17,500          |                    |
| Eighty-first Street School          | June18 – August 10 | 100                                | \$35,000 | \$17,500        | \$8,750  |                    | \$17,500          |                    |
| Engleburg School                    | June18 – August 10 | 100                                | \$35,000 | \$17,500        | \$8,750  |                    | \$17,500          |                    |
| Fifty-third Street School +         | June18 – August 10 | 100                                | \$35,000 |                 |  |                    |                   |                    |
| Fratney School +                    | June18 – August 10 | 100                                | \$35,000 |                 |  |                    |                   |                    |
| Gaenslen School*                    | June18 – August 10 | 200                                | \$80,000 | \$40,000        | \$20,000   |                    | \$40,000          |                    |
| Grantosa Drive School* +            | June18 – July 27   | 100                                | \$30,000 |                 |  |                    |                   |                    |
| Greenfield Avenue School*           | June18 – August 10 | 100                                | \$30,000 | \$15,000        | \$7,500  |                    | \$15,000          |                    |
| Gwen T. Jackson School              | June18 – July 27   | 100                                | \$35,000 | \$17,500        | \$7,500  |                    | \$15,000          |                    |
| Hayes Bi-lingual School*            | June18 – August 10 | 100                                | \$30,000 | \$15,000        | \$8,750  |                    | \$17,500          |                    |
| Holmes School                       | June18 – July 27   | 100                                | \$35,000 | \$17,500        | \$8,700  |                    | \$17,500          |                    |
| Hopkins-Lloyd School                | June18 – July 27   | 100                                | \$35,000 | \$17,500        | \$8,750  |                    | \$17,500          |                    |
| Madison Academic High School – (JT) | June18 – July 27   | 100                                | \$30,000 | \$17,500        | \$6,250  |                    | \$12,500          |                    |
| Kagel School                        | June18 – July 27   | 100                                | \$35,000 | \$17,500        | \$8,750  |                    | \$17,500          |                    |
| Keefe School                        | June18 – July 27   | 100                                | \$35,000 | \$17,500        | \$8,750  |                    | \$17,500          |                    |
| Kluge School                        | June18 – July 27   | 100                                | \$35,000 | \$17,500        | \$8,750  |                    | \$17,500          |                    |
| LaFollette School                   | June19 – July 28   | 100                                | \$35,000 | \$17,500        | \$8,750  |                    | \$17,500          |                    |
| Lincoln Avenue School               | June18 – August 10 | 100                                | \$35,000 | \$17,500        | \$8,750  |                    | \$17,500          |                    |



|  |                    |     |          |          |         |          |
|--|--------------------|-----|----------|----------|---------|----------|
| Lincoln Center of the Arts             | June18 – July 27   | 100 | \$25,000 | \$12,500 | \$6,250 | \$12,500 |
| Longfellow School*                     | June18 – August 10 | 100 | \$30,000 | \$15,000 | \$7,500 | \$15,000 |
| Maple Tree*                            | June18 – August 10 | 100 | \$30,000 | \$15,000 | \$7,500 | \$15,000 |
| Mitchell School*                       | June18 – August 10 | 100 | \$30,000 | \$15,000 | \$7,500 | \$15,000 |
| Milwaukee High School of the Arts (JT) | June 18-July 27    | 100 | \$30,000 | \$17,500 | \$6,250 | \$12,500 |
| North Division High School             | June18 – July 27   | 100 | \$25,000 | \$12,500 | \$6,250 | \$12,500 |
| Obama SCTE* (JT)                       | June18 – July 27   | 100 | \$30,000 | \$15,500 | \$6,250 | \$12,500 |
| Pierce School                          | June19 – Aug 11    | 100 | \$35,000 | \$17,500 | \$8,750 | \$17,500 |
| Riley School                           | June18 – July 27   | 100 | \$35,000 | \$17,500 | \$8,750 | \$17,500 |
| Riverside University High School (JT)  | June18 – July 27   | 100 | \$30,000 | \$17,500 | \$6,250 | \$12,500 |
| Sherman School +                       | June18 – August 10 | 100 | \$35,000 |          |         |          |
| Siefert School                         | June18 – August 10 | 100 | \$35,000 | \$17,500 | \$8,750 | \$17,500 |
| Thurston Woods School*                 | June18 – July 27   | 100 | \$30,000 | \$15,000 | \$7,500 | \$15,000 |
| South Division High School (JT)        | June18 – July 27   | 100 | \$30,000 | \$17,500 | \$6,250 | \$12,500 |
| Townsend Street School                 | June18 – July 27   | 100 | \$35,000 | \$17,500 | \$8,750 | \$17,500 |
| Vieau School*                          | June18 – July 27   | 100 | \$30,000 | \$15,000 | \$7,500 | \$15,000 |
| Wedgewood Park School                  | June18 – July 27   | 100 | \$25,000 | \$12,500 | \$6,250 | \$12,500 |
| Westside I & II Academy                | June18 – July 27   | 100 | \$35,000 | \$17,500 | \$8,750 | \$17,500 |
| Zablocki School +                      | June18 – August 10 | 100 | \$35,000 |          |         |          |

\* Denotes Summer Academy Site. •Denotes Summer Academy Super Site. + Denotes site funded exclusively from Wisconsin Shares with no 50% upfront disbursement, and not subject to ADA attendance requirements, however is required to submit monthly cost reports for reimbursement. (JT) Denotes J-Term site and receives an additional \$5,000 which is dispersed with the initial payment.

**All Final Disbursements will be based on a site's Average Daily Attendance (as per APlus CLC attendance records) from Monday, June 25 – Friday, July 27, 2018.**

**Compensation:**

Fifty percent (50%) of total funds will be disbursed upon MPS's execution of the contract, provided that the Lead Agency has submitted a signed contract, the 2018 CLC Summer Budget, the 2018 CLC Summer Program Proposal, and a Certificate of Insurance which complies with the requirements of the contract. The remaining portion of the total funds will be disbursed at the conclusion of the Summer CLC program, provided MPS receives and approves:

- An "Attendance Summary Report", as retrieved from the attendance tracking system, indicating the program has met the minimum attendance requirements. All attendance must be entered into the attendance tracking system no later than five business days of the last date of the CLC program
- Survey results from the program evaluations administered to participants and parents, entered into the attendance tracking system no later than five business days of the CLC.
- "Summer Cost Report", which are due no later than September 28, 2018.

Return by September 28, 2018 to:  
 Milwaukee Recreation Division  
 Attention: Brenda Saucedo  
 5225 W. Vliet St., Room 162  
 Milwaukee, WI 53208

21st Century Community Learning Centers (CLCs)

# Summer Cost Report

APPENDIX C

**CLC Location:** \_\_\_\_\_  
**Lead Agency:** \_\_\_\_\_  
**Contract Amount:** \_\_\_\_\_  
**Total Program Budget:** \_\_\_\_\_  
**Report #:** \_\_\_\_\_  
**Current Report from:** \_\_\_\_\_ to \_\_\_\_\_  
**Prepared by:** \_\_\_\_\_  
**Date:** \_\_\_\_\_

| For Use by MPS Finance                              |             |
|---|-------------|
| CLC Location:                                       | _____       |
| Agency:   | _____       |
| Vendor #:   | _____       |
| Contract #:   | _____       |
| Cost Report Amt:                                    | \$ _____    |
| To be paid from Budget Code: _____                  |             |
| Accepted and Authorized by MPS Project Coordinator. |             |
| Signature: _____                                    | Date: _____ |

## CLC Summer 2018

| Cost Category                                      | Budget To Date | Previous Month Exp / Rev | Current Month Exp / Revenue | Cost / Rev To-Date | Budget Balance |
|--|----------------|--------------------------|-----------------------------|--------------------|----------------|
| Personnel (Full & Part-Time) Gross Salary          | \$ -           | \$ -                     | \$ -                        | \$ -               | \$ -           |
| Fringe Benefits (Full & Part-Time) Employer Paid   | \$ -           | \$ -                     | \$ -                        | \$ -               | \$ -           |
| General Services: Snacks, Admissions, Family meals | \$ -           | \$ -                     | \$ -                        | \$ -               | \$ -           |
| Office Supplies & Materials                        | \$ -           | \$ -                     | \$ -                        | \$ -               | \$ -           |
| Program Supplies & Materials                       | \$ -           | \$ -                     | \$ -                        | \$ -               | \$ -           |
| Equipment Purchase                                 | \$ -           | \$ -                     | \$ -                        | \$ -               | \$ -           |
| Equipment Rental                                   | \$ -           | \$ -                     | \$ -                        | \$ -               | \$ -           |
| Contractual Services                               | \$ -           | \$ -                     | \$ -                        | \$ -               | \$ -           |
| Transportation (Contracted busses and leases)      | \$ -           | \$ -                     | \$ -                        | \$ -               | \$ -           |
| Administrative Costs (Limit \$2,500)               | \$ -           | \$ -                     | \$ -                        | \$ -               | \$ -           |
| <b>SUB-TOTALS:</b>                                 | <b>\$ -</b>    | <b>\$ -</b>              | <b>\$ -</b>                 | <b>\$ -</b>        | <b>\$ -</b>    |
| CLC Program Revenue:                               | \$ -           | \$ -                     | \$ -                        | \$ -               | \$ -           |
| <b>TOTALS:</b>                                     | <b>\$ -</b>    | <b>\$ -</b>              | <b>\$ -</b>                 | <b>\$ -</b>        | <b>\$ -</b>    |

I certify that the information contained in this report is correct, is recorded as such on the books of this agency, and that the expenditures reflected herein were made in accordance with conditions of the agreement of this agency with MPS.

Agency Director: \_\_\_\_\_

Date: \_\_\_\_\_

## CLC Schedule of Paid Costs Monthly Report

| <b>Project Name:</b><br>21st Century CLC   |      | <b>Account No.:</b>                   |              | <b>Budget Cost Category:</b> |                | <b>Cost Report Number</b>    |            |
|--|------|---------------------------------------|--------------|------------------------------|----------------|------------------------------|------------|
| <i>To Be Completed by Project Operator</i> |      |                                       |              |                              |                | <i>To be Computed by MPS</i> |            |
| Check No.                                  | Date | Payee Description/Purpose of Purchase | Total Amount | % Claimed                    | Amount Claimed | Adjustments Amount           | Reimbursed |
|  |      |                                       |              |                              |                |                              |            |
|  |      |                                       |              |                              |                |                              |            |
|  |      |                                       |              |                              |                |                              |            |
|  |      |                                       |              |                              |                |                              |            |
|  |      |                                       |              |                              |                |                              |            |
|  |      |                                       |              |                              |                |                              |            |
|  |      |                                       |              |                              |                |                              |            |
|  |      |                                       |              |                              |                |                              |            |
|  |      |                                       |              |                              |                |                              |            |
|  |      |                                       |              |                              |                |                              |            |
|  |      |                                       |              |                              |                |                              |            |
|  |      |                                       |              |                              |                |                              |            |
|  |      |                                       |              |                              |                |                              |            |
|  |      |                                       |              |                              |                |                              |            |
|  |      |                                       |              |                              |                |                              |            |
| <b>Budget Category Total</b>               |      |                                       |              |                              |                |                              |            |

**Provider Please Note: Expenditures will not be authorized if the purpose of the purchase is not included on this form.**



## COMMUNITY LEARNING CENTER PROGRAM SUMMER BUDGET 2018

| Personnel - Direct                           | Pay Rates                        | Hrs Per Day | Hours Per Week | # Program Weeks | Totals        |
|--|----------------------------------|-------------|----------------|-----------------|---------------|
| Site Coordinator                             |                                  |             |                |                 |               |
| Security Monitor                             |                                  |             |                |                 |               |
| Security Monitor                             |                                  |             |                |                 |               |
| Data Entry Clerk                             |                                  |             |                |                 |               |
| CLC Summer Academic Enrichment Positions     |                                  |             |                |                 |               |
| 1  |                                  |             |                |                 |               |
| 2  |                                  |             |                |                 |               |
| 3  |                                  |             |                |                 |               |
| 4  |                                  |             |                |                 |               |
| 5  |                                  |             |                |                 |               |
| 6 CLC Summer Recreation Enrichment Positions |                                  |             |                |                 |               |
| 7  |                                  |             |                |                 |               |
| 8  |                                  |             |                |                 |               |
| 9  |                                  |             |                |                 |               |
| 10   |                                  |             |                |                 |               |
| 11   |                                  |             |                |                 |               |
| 12   |                                  |             |                |                 |               |
| 13   |                                  |             |                |                 |               |
| 14   |                                  |             |                |                 |               |
| <b>Fringe Benefits - Direct</b>              | <u>Give Detailed description</u> |             |                |                 | <b>Totals</b> |
| Insurance                                    |                                  |             |                |                 |               |
| Retirement                                   |                                  |             |                |                 |               |
| Social Security                              |                                  |             |                |                 |               |
| Unemployment                                 |                                  |             |                |                 |               |
| Workers Compensation                         |                                  |             |                |                 |               |
| <b>General Services- Direct</b>              | <u>Give Detailed description</u> |             |                |                 | <b>Totals</b> |

Return to MPS Recreation, Room 162 to Brenda Saucedo no later than September 28, 2018.

## COMMUNITY LEARNING CENTER PROGRAM SUMMER BUDGET 2018

|                                     |                                  |               |
|-------------------------------------|----------------------------------|---------------|
| Field Trips                         |                                  |               |
| Participant Nutritious Snacks/Meals |                                  |               |
| Program Advertising and Printing    |                                  |               |
| Staff Training                      |                                  |               |
| Staff / Participant Travel          |                                  |               |
| Family Events                       |                                  |               |
|                                     |                                  |               |
|                                     |                                  |               |
| <b>Program Supplies - Direct</b>    | <u>Give Detailed description</u> | <b>Totals</b> |
| Instructional Materials             |                                  |               |
| Program Materials                   |                                  |               |
| Course / Activity Supplies          |                                  |               |
| Staff / Participant Apparel         |                                  |               |
| Computer Software                   |                                  |               |
|                                     |                                  |               |
|                                     |                                  |               |
| <b>Office Supplies - Direct</b>     | <u>Give Detailed description</u> | <b>Totals</b> |
| General Office Supplies             |                                  |               |
| Equipment Supplies                  |                                  |               |
| Program Publications & Periodicals  |                                  |               |
| Program Subscriptions/Books         |                                  |               |
| Mailings / Postage                  |                                  |               |
| Duplication                         |                                  |               |
| Other (specify)                     |                                  |               |
|                                     |                                  |               |
|                                     |                                  |               |
| <b>Equipment Purchases - Direct</b> | <u>Give Detailed description</u> | <b>Totals</b> |

Return to MPS Recreation, Room 162 to Brenda Saucedo no later than September 28, 2018.

## COMMUNITY LEARNING CENTER PROGRAM SUMMER BUDGET 2018

|   |                                  |               |
|---|----------------------------------|---------------|
| Computer / Printers   |                                  |               |
| Copier / Fax / Machine  |                                  |               |
| Photographic  |                                  |               |
| Furniture   |                                  |               |
| Audio   |                                  |               |
| Telephone / Answering Machines  |                                  |               |
|   |                                  |               |
|   |                                  |               |
| <b>Equipment Rental - Direct</b>  | <u>Give Detailed description</u> | <b>Totals</b> |
| Audio / Visual  |                                  |               |
| Furniture   |                                  |               |
| DJ Equipment  |                                  |               |
|   |                                  |               |
|   |                                  |               |
| <b>Contractual Services - Direct</b>  | <u>Give Detailed description</u> | <b>Totals</b> |
| Program Consultants   |                                  |               |
| Subcontracted Services  |                                  |               |
|   |                                  |               |
| <b>Transportation - Direct</b>  | <u>Give Detailed description</u> | <b>Totals</b> |
| Contracted busses and leases  |                                  |               |
|   |                                  |               |
|   |                                  |               |
| <b>Administrative Costs - In-direct</b>   | <u>Give Detailed description</u> | <b>Totals</b> |
| * See Cost Categories   |                                  |               |
| <b>Please Note: When completing this budget be as specific as possible and If necessary attach additional pages for justifications.</b> |                                  |               |

**Return to MPS Recreation, Room 162 to Brenda Saucedo no later than September 28, 2018.**

## CLC Schedule of Revenue Resources Summer Report

| Project Name:<br>21st Century CLC          |  |                 | Cost Report Number            |            |
|--|--|-----------------|-------------------------------|------------|
| <i>To Be Completed by Project Operator</i> |  |                 | <i>To Be Completed by MPS</i> |            |
| Date                                       |  | Total<br>Amount | Adjustments<br>Amount         | Reimbursed |
|  |  |                 |                               |            |
|  |  |                 |                               |            |
|  |  |                 |                               |            |
|  |  |                 |                               |            |
|  |  |                 |                               |            |
|  |  |                 |                               |            |
|  |  |                 |                               |            |
|  |  |                 |                               |            |
| <b>Budget Category Total</b>               |  | \$ -            |                               |            |

# CLC COST CATEGORIES

APPENDIX C

| CATEGORY                              | DESCRIPTION  |
|---------------------------------------|--|
| <b>Personnel (Direct)</b>             | <ul style="list-style-type: none"> <li>▶ Direct Program Employee's Salary / Wages Expense</li> </ul>   |
| <b>Fringe Benefits (Direct)</b>       | <ul style="list-style-type: none"> <li>▶ Insurance (Disability, Health &amp; Dental, Life)</li> <li>▶ Medicare</li> <li>▶ Retirement</li> <li>▶ Social Security</li> <li>▶ Unemployment Compensation</li> <li>▶ Workers Compensation</li> </ul>  |
| <b>General Services (Direct)</b>      | <ul style="list-style-type: none"> <li>▶ Event / Activity Admission Fees</li> <li>▶ Participant Nutritious Snacks &amp; Meals</li> <li>▶ Program Advertising and Printing</li> <li>▶ Staff Training</li> <li>▶ Staff / Participant Travel (In-State or Out-of-State)</li> </ul>  |
| <b>Program Supplies (Direct)</b>      | <ul style="list-style-type: none"> <li>▶ Instructional Materials</li> <li>▶ Program Materials</li> <li>▶ Course / Activity Supplies (i.e., art, recreation, athletic, etc)</li> <li>▶ Staff / Participant Apparel (must include CLC reference and/or logo)</li> <li>▶ Computer Software</li> </ul>   |
| <b>Office Supplies (Direct)</b>       | <ul style="list-style-type: none"> <li>▶ General Office Products &amp; Consumable Supplies</li> <li>▶ Equipment Supplies (i.e., computer, copier, etc.)</li> <li>▶ Other (specify)</li> <li>▶ Program Publications &amp; Periodicals</li> <li>▶ Program Subscriptions/Books</li> <li>▶ Mailings / Postage</li> <li>▶ Duplicating</li> </ul>  |
| <b>Equipment Purchase (Direct)</b>    | <ul style="list-style-type: none"> <li>▶ Computer / Printer</li> <li>▶ Copy/Fax Machine</li> <li>▶ Photographic</li> <li>▶ Furniture</li> <li>▶ Audio</li> <li>▶ Telephone/Answering Machine</li> </ul>  |
| <b>Equipment Rental (Direct)</b>      | <ul style="list-style-type: none"> <li>▶ Audio /Visual</li> <li>▶ Furniture</li> <li>▶ DJ Equipment</li> </ul>   |
| <b>Contractual</b>                    | <ul style="list-style-type: none"> <li>▶ Subcontracted Services</li> </ul>   |
| <b>Transportation (Direct)</b>        | <ul style="list-style-type: none"> <li>▶ Contracted Busses and Leases</li> </ul>   |
| <b>Administrative Cost (Indirect)</b> | <ul style="list-style-type: none"> <li>▶ A percentage of Provider's Indirect Administrative Staff Cost</li> <li>▶ Bookkeeper / Accountant fees for preparing and maintaining program records, budget, cost</li> <li>▶ Consumable Agency Supplies used for CLC functions</li> <li>▶ Program Audit and insurance fees</li> <li>▶ Criminal Background Checks for Program Staff</li> <li>▶ Employee Drug Screening &amp; Health Screening</li> </ul> |

**NOTE:**

All cost reimbursement requests must be directly related to services provided to and/or for the authorized participants of the 21st Community Learning Center Summer Program.

**ADMINISTRATIVE COSTS:**

In-direct costs that are incurred by the Provider in operating and administrating the CLC program and are not with direct program services. These costs can be, but are not limited to, administrative expenses, (e.g., bookkeeping, accounting, insurance, criminal background checks, auditing) or a percentage of staff’s salary/wages for supervision of CLC programs. These costs must be identified and submitted to MPS as part of the CLC Program Budget. The maximum amount for administrative costs is limited to \$2,500 (\$5,000 for Super Sites) of all other documented subsequent grants (including revenue generating activities and Wisconsin Shares funds).

**CONTRACTUAL SERVICES:**

Costs associated with the purchase of professional services or advice, under a contract by a firm or individual not employed by the Provider. This service or advice shall be required for the successful operation of a CLC program and can include expenses for hiring consultants or program subcontractors. (Note: Provider has the sole responsibility for ensuring that proper contract/procurement procedures are used in securing contracts and that all relevant legislation pertaining to non-discrimination and “fairness” is followed.). Provider shall also be responsible for submitting copies of all subcontracts and professional service agreements that cost reimbursements will be requested for prior to, or along with the Summer Cost Report which requests such reimbursement.

**EQUIPMENT PURCHASE:**

Equipment purchases made with CLC funds should be related to the objectives of the CLC program. Costs associated with the purchase of tangible personal property that have a unit acquisition cost equal to or over one hundred fifty dollars (\$150) and a useful life of one year or longer. Equipment purchases must be pre-approved by MPS and shall be purchased for the Provider’s program usage only. All equipment remains the sole property of MPS and shall be identified by an inventory number that is tagged on any equipment purchased with CLC funds and is made a part of the Provider’s end of the year report to MPS.

**EQUIPMENT RENTAL:**

Costs associated with the rental of tangible personal property having a unit acquisition cost equal to or over one hundred fifty dollars (\$150). Equipment must be rented for the sole purpose or usage by the Provider in carrying out the goals and objectives of the 21st Century Community Learning Center program.

**FRINGE BENEFITS:**

Benefits that employers provide in an employee’s compensation package. They can include, but are not limited to, costs of leave, insurance, social security contribution, Medicare contribution, pensions, unemployment benefits plans, retirement, etc.

**GENERAL SERVICES:**

Identified and documented costs paid for services provided to and/or for 21<sup>st</sup> Century Community Learning Center participants in the fulfillment of the CLC program goals and objectives. These costs can be event/activity admission fees, “nutritious” snacks & meals, program advertising,

**OFFICE SUPPLIES:**

Identified and documented costs associated with the purchase of basic office accessories, publications, subscriptions and supplies, including paper materials and supplies used for copiers / computers. Printing and postage expenses are also included in this category.

**PERSONNEL:**

Compensation (salary or wages) provided to program employees for services rendered in the operation of the 21<sup>st</sup> Century Community Learning Center (CLC) Program. Documentation submitted, shall include information on employee’s pay rate, hours, pay period, check number and authorized deductions.

**PROGRAM FEES/REVENUE GENERATING ACTIVITIES:**

- The Provider shall maintain adequate source records relating to program fees and revenue generating activities (i.e., registration, snack bars/cafes, field trips, and fundraisers) and include documentation of all funds collected in the 21st Century Community Learning Center Summer Cost Report. All revenue generated will offset CLC reimbursement requests on a monthly basis and increase the total grant award accordingly.
- All funds generated through the collection of W2 child care subsidies, shall be monitored by MPS.

**PROGRAM SUPPLIES:**

Costs associated with the purchases of tangible goods and other expenses necessary for carrying out the CLC program operation. They include supplies having a purchase price less than one hundred dollars (\$100). Examples of these expenses include, but are not limited to: program materials, instructional materials, staff / participant apparel and computer software.

**TRANSPORTATION:**

Costs associated with contracted or leased transportation expenses (i.e., busses, vans, etc.). Copies of vendor invoices and/or billings must be submitted to MPS. They shall include information on the purpose or trip identification, number of participants, dates and vendor name).

**UNALLOWABLE COST ITEMS:**

Any cost unrelated to the CLC program goals and objectives, as determined by MPS in its sole discretion. Examples of such unallowable costs include the following but are not exhaustive.

- Purchases or salaries not within the scope of the CLC program
- Alcoholic beverages
- Late charges or fees; Credit Card fees
- Contributions, donations or tips
- Provider's non-CLC related promotional items (such as t-shirts, pens, stickers, posters, etc.)
- Taxes (exception: Federal Taxes)
- Gas
- Unpaid personal credit card purchases that do not have the original receipt. Note: CLCs are not allowed to use the district or individual school names in association with credit card purchases. Additionally, personal credit cards should only be used for minor purchases in the event that the normal purchasing process through the Provider is not available for the items needed. Such purchases must be reasonable, ordinary, and necessary for the operation of the CLC.
- Door prizes and incentive items for staff and participants.
- Agency signage to be placed within or outside of school facilities.
- DVDs
- Video game systems, accessories, and games
- Pool Tables, Foosball Tables, and Air Hockey Tables
- Program and equipment purchases not directly aligned to health and wellness programming.

Return monthly cost reports to:  
 Milwaukee Recreation Division  
 Attention: Brenda Saucedo  
 5225 W. Vliet St., Room 162  
 Milwaukee, WI 53208

21st Century Community Learning Centers (CLCs)

# WI Shares Summer Cost Report

**CLC Location:** \_\_\_\_\_  
**Lead Agency:** \_\_\_\_\_  
**Contract Amount:** \_\_\_\_\_  
**Total Program Budget:** \_\_\_\_\_  
**Report #:** \_\_\_\_\_  
**Current Report from:** \_\_\_\_\_ to \_\_\_\_\_  
**Prepared by:** \_\_\_\_\_  
**Date:** \_\_\_\_\_

| For Use by MPS Finance                              |             |
|---|-------------|
| CLC Location:                                       | _____       |
| Agency:   | _____       |
| Vendor #:   | _____       |
| Contract #:   | _____       |
| Cost Report Amt:                                    | \$ _____    |
| To be paid from Budget Code: _____                  |             |
| Accepted and Authorized by MPS Project Coordinator. |             |
| Signature: _____                                    | Date: _____ |

## CLC Summer 2018

| Cost Category                                      | Budget To Date | Previous Month Exp / Rev | Current Month Exp / Revenue | Cost / Rev To-Date | Budget Balance |
|--|----------------|--------------------------|-----------------------------|--------------------|----------------|
| Personnel (Full & Part-Time) Gross Salary          | \$ -           | \$ -                     | \$ -                        | \$ -               | \$ -           |
| Fringe Benefits (Full & Part-Time) Employer Paid   | \$ -           | \$ -                     | \$ -                        | \$ -               | \$ -           |
| General Services: Snacks, Admissions, Family meals | \$ -           | \$ -                     | \$ -                        | \$ -               | \$ -           |
| Office Supplies & Materials                        | \$ -           | \$ -                     | \$ -                        | \$ -               | \$ -           |
| Program Supplies & Materials                       | \$ -           | \$ -                     | \$ -                        | \$ -               | \$ -           |
| Equipment Purchase                                 | \$ -           | \$ -                     | \$ -                        | \$ -               | \$ -           |
| Equipment Rental                                   | \$ -           | \$ -                     | \$ -                        | \$ -               | \$ -           |
| Contractual Services                               | \$ -           | \$ -                     | \$ -                        | \$ -               | \$ -           |
| Transportation (Contracted busses and leases)      | \$ -           | \$ -                     | \$ -                        | \$ -               | \$ -           |
| Administrative Costs (Limit \$2,500)               | \$ -           | \$ -                     | \$ -                        | \$ -               | \$ -           |
| <b>SUB-TOTALS:</b>                                 | <b>\$ -</b>    | <b>\$ -</b>              | <b>\$ -</b>                 | <b>\$ -</b>        | <b>\$ -</b>    |
| CLC Program Revenue:                               | \$ -           | \$ -                     | \$ -                        | \$ -               | \$ -           |
| <b>TOTALS:</b>                                     | <b>\$ -</b>    | <b>\$ -</b>              | <b>\$ -</b>                 | <b>\$ -</b>        | <b>\$ -</b>    |

I certify that the information contained in this report is correct, is recorded as such on the books of this agency, and that the expenditures reflected herein were made in accordance with conditions of the agreement of this agency with MPS.

Agency Director: \_\_\_\_\_

Date: \_\_\_\_\_



## CLC Schedule of Paid Costs Monthly Report

| <b>Project Name:</b><br>21st Century CLC   |      | <b>Account No.:</b>                   | <b>Budget Cost Category:</b> |           |                | <b>Cost Report Number</b>    |            |
|--|------|---------------------------------------|------------------------------|-----------|----------------|------------------------------|------------|
| <i>To Be Completed by Project Operator</i> |      |                                       |                              |           |                | <i>To be Computed by MPS</i> |            |
| Check No.                                  | Date | Payee Description/Purpose of Purchase | Total Amount                 | % Claimed | Amount Claimed | Adjustments Amount           | Reimbursed |
|  |      |                                       |                              |           |                |                              |            |
|  |      |                                       |                              |           |                |                              |            |
|  |      |                                       |                              |           |                |                              |            |
|  |      |                                       |                              |           |                |                              |            |
|  |      |                                       |                              |           |                |                              |            |
|  |      |                                       |                              |           |                |                              |            |
|  |      |                                       |                              |           |                |                              |            |
|  |      |                                       |                              |           |                |                              |            |
|  |      |                                       |                              |           |                |                              |            |
|  |      |                                       |                              |           |                |                              |            |
|  |      |                                       |                              |           |                |                              |            |
|  |      |                                       |                              |           |                |                              |            |
|  |      |                                       |                              |           |                |                              |            |
|  |      |                                       |                              |           |                |                              |            |
|  |      |                                       |                              |           |                |                              |            |
| <b>Budget Category Total</b>               |      |                                       |                              |           |                |                              |            |

**Provider Please Note: Expenditures will not be authorized if the purpose of the purchase is not included on this form.**

## COMMUNITY LEARNING CENTER PROGRAM SUMMER BUDGET 2018

| Personnel - Direct                           | Pay Rates                        | Hrs Per Day | Hours Per Week | # Program Weeks | Totals        |
|--|----------------------------------|-------------|----------------|-----------------|---------------|
| Site Coordinator                             |                                  |             |                |                 |               |
| Security Monitor                             |                                  |             |                |                 |               |
| Security Monitor                             |                                  |             |                |                 |               |
| Data Entry Clerk                             |                                  |             |                |                 |               |
| CLC Summer Academic Enrichment Positions     |                                  |             |                |                 |               |
| 1  |                                  |             |                |                 |               |
| 2  |                                  |             |                |                 |               |
| 3  |                                  |             |                |                 |               |
| 4  |                                  |             |                |                 |               |
| 5  |                                  |             |                |                 |               |
| 6 CLC Summer Recreation Enrichment Positions |                                  |             |                |                 |               |
| 7  |                                  |             |                |                 |               |
| 8  |                                  |             |                |                 |               |
| 9  |                                  |             |                |                 |               |
| 10   |                                  |             |                |                 |               |
| 11   |                                  |             |                |                 |               |
| 12   |                                  |             |                |                 |               |
| 13   |                                  |             |                |                 |               |
| 14   |                                  |             |                |                 |               |
| <b>Fringe Benefits - Direct</b>              | <u>Give Detailed description</u> |             |                |                 | <b>Totals</b> |
| Insurance                                    |                                  |             |                |                 |               |
| Retirement                                   |                                  |             |                |                 |               |
| Social Security                              |                                  |             |                |                 |               |
| Unemployment                                 |                                  |             |                |                 |               |
| Workers Compensation                         |                                  |             |                |                 |               |
| <b>General Services- Direct</b>              | <u>Give Detailed description</u> |             |                |                 | <b>Totals</b> |

Return to MPS Recreation, Room 162 to Brenda Saucedo no later than the 28th of each month.

## COMMUNITY LEARNING CENTER PROGRAM SUMMER BUDGET 2018

|                                     |                                  |               |
|-------------------------------------|----------------------------------|---------------|
| Field Trips                         |                                  |               |
| Participant Nutritious Snacks/Meals |                                  |               |
| Program Advertising and Printing    |                                  |               |
| Staff Training                      |                                  |               |
| Staff / Participant Travel          |                                  |               |
| Family Events                       |                                  |               |
|                                     |                                  |               |
|                                     |                                  |               |
| <b>Program Supplies - Direct</b>    | <u>Give Detailed description</u> | <b>Totals</b> |
| Instructional Materials             |                                  |               |
| Program Materials                   |                                  |               |
| Course / Activity Supplies          |                                  |               |
| Staff / Participant Apparel         |                                  |               |
| Computer Software                   |                                  |               |
|                                     |                                  |               |
|                                     |                                  |               |
| <b>Office Supplies - Direct</b>     | <u>Give Detailed description</u> | <b>Totals</b> |
| General Office Supplies             |                                  |               |
| Equipment Supplies                  |                                  |               |
| Program Publications & Periodicals  |                                  |               |
| Program Subscriptions/Books         |                                  |               |
| Mailings / Postage                  |                                  |               |
| Duplication                         |                                  |               |
| Other (specify)                     |                                  |               |
|                                     |                                  |               |
|                                     |                                  |               |
| <b>Equipment Purchases - Direct</b> | <u>Give Detailed description</u> | <b>Totals</b> |

Return to MPS Recreation, Room 162 to Brenda Saucedo no later than the 28th of each month.

## COMMUNITY LEARNING CENTER PROGRAM SUMMER BUDGET 2018

|   |                                  |               |
|---|----------------------------------|---------------|
| Computer / Printers   |                                  |               |
| Copier / Fax / Machine  |                                  |               |
| Photographic  |                                  |               |
| Furniture   |                                  |               |
| Audio   |                                  |               |
| Telephone / Answering Machines  |                                  |               |
|   |                                  |               |
|   |                                  |               |
| <b>Equipment Rental - Direct</b>  | <u>Give Detailed description</u> | <b>Totals</b> |
| Audio / Visual  |                                  |               |
| Furniture   |                                  |               |
| DJ Equipment  |                                  |               |
|   |                                  |               |
|   |                                  |               |
| <b>Contractual Services - Direct</b>  | <u>Give Detailed description</u> | <b>Totals</b> |
| Program Consultants   |                                  |               |
| Subcontracted Services  |                                  |               |
|   |                                  |               |
| <b>Transportation - Direct</b>  | <u>Give Detailed description</u> | <b>Totals</b> |
| Contracted busses and leases  |                                  |               |
|   |                                  |               |
|   |                                  |               |
| <b>Administrative Costs - In-direct</b>   | <u>Give Detailed description</u> | <b>Totals</b> |
| * See Cost Categories   |                                  |               |
| <b>Please Note: When completing this budget be as specific as possible and If necessary attach additional pages for justifications.</b> |                                  |               |

**Return to MPS Recreation, Room 162 to Brenda Saucedo no later than the 28th of each month.**

## CLC Schedule of Revenue Resources Summer Report

| Project Name:<br>21st Century CLC          |  |                 | Cost Report Number            |            |
|--|--|-----------------|-------------------------------|------------|
| <i>To Be Completed by Project Operator</i> |  |                 | <i>To Be Completed by MPS</i> |            |
| Date                                       |  | Total<br>Amount | Adjustments<br>Amount         | Reimbursed |
|  |  |                 |                               |            |
|  |  |                 |                               |            |
|  |  |                 |                               |            |
|  |  |                 |                               |            |
|  |  |                 |                               |            |
|  |  |                 |                               |            |
|  |  |                 |                               |            |
|  |  |                 |                               |            |
| <b>Budget Category Total</b>               |  | \$ -            |                               |            |

# CLC COST CATEGORIES

APPENDIX C

| CATEGORY                              | DESCRIPTION  |
|---------------------------------------|--|
| <b>Personnel (Direct)</b>             | <ul style="list-style-type: none"> <li>▶ Direct Program Employee's Salary / Wages Expense</li> </ul>   |
| <b>Fringe Benefits (Direct)</b>       | <ul style="list-style-type: none"> <li>▶ Insurance (Disability, Health &amp; Dental, Life)</li> <li>▶ Medicare</li> <li>▶ Retirement</li> <li>▶ Social Security</li> <li>▶ Unemployment Compensation</li> <li>▶ Workers Compensation</li> </ul>  |
| <b>General Services (Direct)</b>      | <ul style="list-style-type: none"> <li>▶ Event / Activity Admission Fees</li> <li>▶ Participant Nutritious Snacks &amp; Meals</li> <li>▶ Program Advertising and Printing</li> <li>▶ Staff Training</li> <li>▶ Staff / Participant Travel (In-State or Out-of-State)</li> </ul>  |
| <b>Program Supplies (Direct)</b>      | <ul style="list-style-type: none"> <li>▶ Instructional Materials</li> <li>▶ Program Materials</li> <li>▶ Course / Activity Supplies (i.e., art, recreation, athletic, etc)</li> <li>▶ Staff / Participant Apparel (must include CLC reference and/or logo)</li> <li>▶ Computer Software</li> </ul>   |
| <b>Office Supplies (Direct)</b>       | <ul style="list-style-type: none"> <li>▶ General Office Products &amp; Consumable Supplies</li> <li>▶ Equipment Supplies (i.e., computer, copier, etc.)</li> <li>▶ Other (specify)</li> <li>▶ Program Publications &amp; Periodicals</li> <li>▶ Program Subscriptions/Books</li> <li>▶ Mailings / Postage</li> <li>▶ Duplicating</li> </ul>  |
| <b>Equipment Purchase (Direct)</b>    | <ul style="list-style-type: none"> <li>▶ Computer / Printer</li> <li>▶ Copy/Fax Machine</li> <li>▶ Photographic</li> <li>▶ Furniture</li> <li>▶ Audio</li> <li>▶ Telephone/Answering Machine</li> </ul>  |
| <b>Equipment Rental (Direct)</b>      | <ul style="list-style-type: none"> <li>▶ Audio /Visual</li> <li>▶ Furniture</li> <li>▶ DJ Equipment</li> </ul>   |
| <b>Contractual</b>                    | <ul style="list-style-type: none"> <li>▶ Subcontracted Services</li> </ul>   |
| <b>Transportation (Direct)</b>        | <ul style="list-style-type: none"> <li>▶ Contracted Busses and Leases</li> </ul>   |
| <b>Administrative Cost (Indirect)</b> | <ul style="list-style-type: none"> <li>▶ A percentage of Provider's Indirect Administrative Staff Cost</li> <li>▶ Bookkeeper / Accountant fees for preparing and maintaining program records, budget, cost</li> <li>▶ Consumable Agency Supplies used for CLC functions</li> <li>▶ Program Audit and insurance fees</li> <li>▶ Criminal Background Checks for Program Staff</li> <li>▶ Employee Drug Screening &amp; Health Screening</li> </ul> |

**NOTE:**

All cost reimbursement requests must be directly related to services provided to and/or for the authorized participants of the 21st Community Learning Center Summer Program.

**ADMINISTRATIVE COSTS:**

In-direct costs that are incurred by the Provider in operating and administrating the CLC program and are not with direct program services. These costs can be, but are not limited to, administrative expenses, (e.g., bookkeeping, accounting, insurance, criminal background checks, auditing) or a percentage of staff's salary/wages for supervision of CLC programs. These costs must be identified and submitted to MPS as part of the CLC Program Budget. The maximum amount for administrative costs is limited to \$2,500 (\$5,000 for Super Sites) of all other documented subsequent grants (including revenue generating activities and Wisconsin Shares funds).

**CONTRACTUAL SERVICES:**

Costs associated with the purchase of professional services or advice, under a contract by a firm or individual not employed by the Provider. This service or advice shall be required for the successful operation of a CLC program and can include expenses for hiring consultants or program subcontractors. (Note: Provider has the sole responsibility for ensuring that proper contract/procurement procedures are used in securing contracts and that all relevant legislation pertaining to non-discrimination and "fairness" is followed.). Provider shall also be responsible for submitting copies of all subcontracts and professional service agreements that cost reimbursements will be requested for prior to, or along with the Summer Cost Report which requests such reimbursement.

**EQUIPMENT PURCHASE:**

Equipment purchases made with CLC funds should be related to the objectives of the CLC program. Costs associated with the purchase of tangible personal property that have a unit acquisition cost equal to or over one hundred fifty dollars (\$150) and a useful life of one year or longer. Equipment purchases must be pre-approved by MPS and shall be purchased for the Provider's program usage only. All equipment remains the sole property of MPS and shall be identified by an inventory number that is tagged on any equipment purchased with CLC funds and is made a part of the Provider's end of the year report to MPS.

**EQUIPMENT RENTAL:**

Costs associated with the rental of tangible personal property having a unit acquisition cost equal to or over one hundred fifty dollars (\$150). Equipment must be rented for the sole purpose or usage by the Provider in carrying out the goals and objectives of the 21st Century Community Learning Center program.

**FRINGE BENEFITS:**

Benefits that employers provide in an employee's compensation package. They can include, but are not limited to, costs of leave, insurance, social security contribution, Medicare contribution, pensions, unemployment benefits plans, retirement, etc.

**GENERAL SERVICES:**

Identified and documented costs paid for services provided to and/or for 21<sup>st</sup> Century Community Learning Center participants in the fulfillment of the CLC program goals and objectives. These costs can be event/activity admission fees, "nutritious" snacks & meals, program advertising,

**OFFICE SUPPLIES:**

Identified and documented costs associated with the purchase of basic office accessories, publications, subscriptions and supplies, including paper materials and supplies used for copiers / computers. Printing and postage expenses are also included in this category.

**PERSONNEL:**

Compensation (salary or wages) provided to program employees for services rendered in the operation of the 21<sup>st</sup> Century Community Learning Center (CLC) Program. Documentation submitted, shall include information on employee's pay rate, hours, pay period, check number and authorized deductions.

**PROGRAM FEES/REVENUE GENERATING ACTIVITIES:**

- The Provider shall maintain adequate source records relating to program fees and revenue generating activities (i.e., registration, snack bars/cafes, field trips, and fundraisers) and include documentation of all funds collected in the 21st Century Community Learning Center Summer Cost Report. All revenue generated will offset CLC reimbursement requests on a monthly basis and increase the total grant award accordingly.
- All funds generated through the collection of W2 child care subsidies, shall be monitored by MPS.

**PROGRAM SUPPLIES:**

Costs associated with the purchases of tangible goods and other expenses necessary for carrying out the CLC program operation. They include supplies having a purchase price less than one hundred dollars (\$100). Examples of these expenses include, but are not limited to: program materials, instructional materials, staff / participant apparel and computer software.

**TRANSPORTATION:**

Costs associated with contracted or leased transportation expenses (i.e., busses, vans, etc.). Copies of vendor invoices and/or billings must be submitted to MPS. They shall include information on the purpose or trip identification, number of participants, dates and vendor name).

**UNALLOWABLE COST ITEMS:**

Any cost unrelated to the CLC program goals and objectives, as determined by MPS in its sole discretion. Examples of such unallowable costs include the following but are not exhaustive.

- Purchases or salaries not within the scope of the CLC program
- Alcoholic beverages
- Late charges or fees; Credit Card fees
- Contributions, donations or tips
- Provider's non-CLC related promotional items (such as t-shirts, pens, stickers, posters, etc.)
- Taxes (exception: Federal Taxes)
- Gas
- Unpaid personal credit card purchases that do not have the original receipt. Note: CLCs are not allowed to use the district or individual school names in association with credit card purchases. Additionally, personal credit cards should only be used for minor purchases in the event that the normal purchasing process through the Provider is not available for the items needed. Such purchases must be reasonable, ordinary, and necessary for the operation of the CLC.
- Door prizes and incentive items for staff and participants.
- Agency signage to be placed within or outside of school facilities.
- DVDs
- Video game systems, accessories, and games
- Pool Tables, Foosball Tables, and Air Hockey Tables
- Program and equipment purchases not directly aligned to health and wellness programming.





**MILWAUKEE  
PUBLIC SCHOOLS**



*Milwaukee Public Schools Community Learning Centers*



*2018  
Summer  
Planning  
Operations  
Manual*



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## *Important Summer Dates & Deadlines*

| Item / Event   | Date  | Notes   |
|--|---|---|
| 2018 Summer Program Request Form Due:                                  | Friday, March 9, 2018   | Scan and email to Lisa Mitchell by 5:00p.m.   |
| 2018 Summer Program Planning Meeting                                   | Thursday, April 19, 2018  | Location: MPS Central Services from 9:00a.m.-2:00p.m  |
| Registration Due for Summer Training:                                  | April 30-May 18, 2018   | All sites must register the following CLC staff to attend: CLC Site Coordinator, safety/security, group leaders.  |
| Summer Building Permit Due:  | Friday, June 1, 2018  | Email to Lisa Mitchell.   |
| Summer Budget Due:   | Friday, June 1, 2018  | Email to Don Bennett.   |
| 2018 Summer Staff Training:  | Saturday, June 2, 2018  | North Division from 8:00 am - 3:30 pm.  |
| Summer Activities and Field Trips Created in APlus. Due by:            | Monday, June 4, 2018  | Activity Information Report should show all activities and field trips for the 2018 Summer.   |
| Summer Program Plan & Signature Page Due:                              | Monday, June 4, 2018  | Email to your MPS Project Team Representative.  |
| Start of CLC Programming (all sites)                                   | Monday, June 18, 2018   |   |
| MPS Summer Academy   | Monday, July 2, 2018-<br>Friday, July 27, 2018<br>7:30-11:30a.m.                      | For those with MPS Sponsored Programs.  |
| EXCEL Program Dates  | Monday, June 25, 2018 –<br>Friday, July 20, 2018                                      | For sites awarded camp opportunities.   |
| CLC Programs Closed for Holiday:                                       | Wednesday, July 4, 2018   | Programs will operate on Monday, July 2 and Tuesday, July 3, 2018. Programs resume on Thursday, July 5, 2018 and continue through Friday, July 6, 2018. |
| APlus attendance data entry complete:                                  | 6-week programs: 8/3/2018<br>7-week programs: 8/10/2018<br>8-week programs: 8/17/2018 | Daily activity attendance should be entered on a weekly basis for monitoring purposes.  |
| Summer Parent Surveys entered into APlus (Required for CLCs only)      | July 27, 2018   | Minimum of 40 anonymous surveys.  |
| Summer Participant Surveys entered into APlus (Required for CLCs only) | July 27, 2018   | Minimum of 50 anonymous surveys.  |
| Six-Week Program End Date:   | Friday, July 27, 2018   | All sites unless otherwise communicated to MPS.   |
| Eight-Week Program End Date:   | Friday, August 10, 2018   | Extended sites unless otherwise communicated to MPS.  |
| Final Expense/Cost Reports Due:  | Friday, September 28, 2018  | Submitted to Don Bennett.   |



**2018 MPS CLC/SAFE PLACE  
Summer Project Team Site Assignments**

**Appendix D**

|  |
|--|
| <p><b>Don Bennett</b><br/>Office: (414) 475-8474<br/>Cell: 414-334-9687<br/>BENNETDL@milwaukee.k12.wi.us</p> |
| Bethune (SP)<br>Boys & Girls Clubs   |
| Brown St. (SP)<br>Boys & Girls Club  |
| Browning (SP)<br>Silver Spring NC  |
| Forest Home (SP)<br>Milwaukee Christian Center   |
| King (SP)<br>Boys & Girls Clubs  |
| Marvin Pratt (SP)<br>Boys & Girls Club   |
| Riley (CLC & SP)<br>America SCORES   |
| Story (SP)<br>Neighborhood House   |
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| <p><b>Beth-marie Kurtz</b><br/>Office: (414) 475-8869<br/>Cell: (414) 550-0436<br/>KURTZBL@milwaukee.k12.wi.us</p> |
| Auer Ave<br>COA  |
| Carson Academy<br>Boys & Girls Clubs   |
| Carver<br>Boys & Girls Clubs   |
| Cass<br>Boys & Girls Clubs   |
| Doerfler<br>COA  |
| Greenfield<br>Boys & Girls Clubs   |
| Hopkins-Lloyd<br>COA   |
| Kluge<br>First Stage   |
| Mitchell<br>Boys & Girls Clubs   |
| Pierce<br>Boys & Girls Clubs   |
| Siefert<br>Boys & Girls Clubs  |
| Westside I<br>COA  |

|   |
|---|
| <p><b>Nicole Johnson</b><br/>Office: (414) 475-8637<br/>Cell: 333-1914<br/>JOHNSON3@milwaukee.k12.wi.us</p> |
| Audubon<br>Boys & Girls Clubs   |
| Bradley Tech<br>Boys & Girls Clubs  |
| Lincoln Center<br>COA   |
| Madison<br>Boys & Girls Clubs   |
| North Division<br>Boys & Girls Clubs  |
| MHSA<br>Neu-Life  |
| Obama<br>Boys & Girls Clubs   |
| Riverside<br>COA  |
| South Division<br>TBD   |
| Wedgewood Park<br>Boys & Girls Clubs  |
|   |
|   |

|   |
|---|
| <p><b>Helen Hamilton</b><br/>Office: (414) 475-8569<br/>Cell: (414) 333-6130<br/>HAMILTHL@milwaukee.k12.wi.us</p> |
| Clarke<br>Boys & Girls Clubs  |
| Eighty-first Street<br>Boys & Girls Clubs   |
| Fifty-third Street<br>Boys & Girls Clubs  |
| Grantosa<br>Boys & Girls Clubs  |
| Jackson<br>Neu-Life   |
| Keefe Ave<br>Boys & Girls Clubs   |
| LaFollette<br>Boys & Girls Clubs  |
| Maple Tree<br>Boys & Girls Clubs  |
| Sherman<br>Boys & Girls Clubs   |
| Thurston Woods<br>SSNC  |
| Vieau<br>UMOS   |
|   |

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|--|
| <p><b>Lisa Mitchell</b><br/>Office: (414) 475-8788<br/>Cell: (414) 750-9603<br/>MITCHELD@milwaukee.k12.wi.us</p> |
| Allen-Field<br>Boys & Girls Clubs  |
| Engleburg<br>Boys & Girls Clubs  |
| Fratney<br>Boys & Girls Clubs  |
| Gaenslen<br>Boys & Girls Clubs   |
| Hayes Bilingual<br>Boys & Girls Clubs  |
| Holmes<br>COA  |
| Kagel<br>Journey House   |
| Lincoln Ave.<br>Boys & Girls Clubs   |
| Longfellow<br>Journey House  |
| Townsend<br>Boys & Girls Clubs   |
| Zablocki<br>Boys & Girls Clubs   |
|  |



## *2018 Summer CLC Site Contact Information*

| CLC Site   | Lead Agency   |
|--|---|
| <b>Allen Field (K-5) Elem. School</b><br>730 W. Lapham Blvd. (902-9341)            | Boys & Girls Clubs of<br>Greater Milwaukee 267-8100   |
| <b>Audubon Middle School</b><br>3300 S. 39 <sup>th</sup> St. (902-7930)            | Boys & Girls Clubs of<br>Greater Milwaukee 267-8100   |
| <b>Auer Avenue (K-8) School</b><br>2319 W. Auer Ave. (449-1757)                    | COA Youth and Family Centers<br>449-1757              |
| <b>Bethune (K-8) Academy</b><br>1535 N. 35 <sup>th</sup> St. (934-4672)            | Boys & Girls Clubs of<br>Greater Milwaukee 267-8100   |
| <b>Bradley Tech High School</b><br>700 S. 4 <sup>th</sup> St. (212-2400)           | Boys and Girls Club of<br>Greater Milwaukee 267-8100  |
| <b>Browning (K-5) Elem. School</b><br>5440 N. 64 <sup>th</sup> St. (463-7950 x69)  | Silver Spring Neighborhood<br>Center 463-7950         |
| <b>Carson Academy (K-8)</b><br>4920 W. Capitol Dr. (393-4820)                      | Boys & Girls Clubs of<br>Greater Milwaukee 267-8100   |
| <b>Cass St. (K-8) School</b><br>1647 N. Cass St. (212-2787)                        | Boys & Girls Clubs of<br>Greater Milwaukee 267-8100   |
| <b>Clarke (K-8) School</b><br>2816 W. Clarke St. (267-1039)                        | Boys & Girls Clubs of<br>Greater Milwaukee 267-8100   |
| <b>Doerfler (K-8) School</b><br>3014 W. Scott St. (902-9500)                       | COA Youth and Family Centers<br>449-1757              |
| <b>81st St. (K-8) School</b><br>2964 N. 81 <sup>st</sup> St. (852-4085)            | Boys & Girls Clubs<br>of Greater Milwaukee 267-8100   |
| <b>Engleburg (K-5) Elem. School</b><br>5100 N. 91 <sup>st</sup> St. (616-5657)     | Boys & Girls Clubs of<br>Greater Milwaukee 267-8100   |
| <b>53<sup>rd</sup> St. (K-7) School</b><br>3618 N. 53 <sup>rd</sup> St. (874-5386) | Boys & Girls Clubs of<br>Greater Milwaukee 267-8100   |
| <b>Fratney (K-5) School</b><br>3255 N. Fratney St. (267-1154)                      | Boys & Girls Clubs of<br>Greater Milwaukee 267-8100   |
| <b>Grantosa (K-8) School</b><br>4850 N 82 <sup>nd</sup> St. (393-4436)             | Boys & Girls Clubs of<br>Greater Milwaukee 267-8100   |
| <b>Greenfield (K-8) School</b><br>1711 S. 35 <sup>th</sup> St. (902-8295)          | Northcott Neighborhood House<br>372-3770              |
| <b>Hayes Bilingual School</b><br>971 W. Windlake Ave. (902-7250)                   | Boys & Girls Club of<br>Greater Milwaukee 267-8100    |
| <b>O.W. Holmes (K-8) School</b><br>2463 N. Buffum St. (267-1454)                   | COA Youth and Family Centers<br>449-1757              |
| <b>Hopkins-Lloyd (K-8) School</b><br>1503 W. Hopkins St. (267-0640)                | COA Youth and Family Centers<br>449-1757              |
| <b>Gwen T. Jackson (K-5) School</b><br>2121 W. Hadley St. (267-5633)               | Neu-Life Community Resource<br>Center 933-3924        |
| <b>Kagel (K5) Elem School</b><br>1220 W. Mineral Street (902-7446)                 | Journey House<br>647-0548                             |
| <b>Keefe Ave (K-5) Elem School</b><br>1618 W. Keefe Ave (267-4885)                 | Boys and Girls Clubs of<br>Greater Milwaukee 267-8100 |

| CLC Site   | Lead Agency   |
|--|---|
| <b>Kluge (K-8) School</b><br>5760 N. 67 <sup>th</sup> Street. (578-5068)         | First Stage<br>267-2929                             |
| <b>LaFollette (K-8) School</b><br>3239 N. 9 <sup>th</sup> St. (267-5246)         | Boys & Girls Clubs of<br>Greater Milwaukee 267-8100 |
| <b>Lincoln Avenue</b><br>1817 W. Lincoln Ave. (902-9777)                         | Boys & Girls Clubs of<br>Greater Milwaukee 267-8100 |
| <b>Lincoln Ctr. MS of the Arts</b><br>820 E. Knapp St. (212-3431)                | COA Youth and Family Centers<br>449-1757            |
| <b>Longfellow (K-8) School</b><br>1021 S. 21 <sup>st</sup> St. (902-9807)        | Journey House<br>647-0548                           |
| <b>Madison Academic Campus</b><br>8135 W. Florist Av. (393-6187)                 | Boys & Girls Clubs of<br>Greater Milwaukee 267-8100 |
| <b>Maple Tree (K-5) Elem. School</b><br>6644 N. 107 <sup>th</sup> St. (587-5069) | Boys & Girls Clubs of<br>Greater Milwaukee 267-8100 |
| <b>MHSA</b><br>2300 W. Highland Blvd (587-3924)                                  | Neu-Life<br>933-3924                                |
| <b>Mitchell (K-8) School</b><br>1728 S. 23 <sup>rd</sup> St. (902-8152)          | Boys & Girls Clubs of<br>Greater Milwaukee 267-8100 |
| <b>North Div. Multiplex H.S.</b><br>1011 W. Center St. (267-5196)                | Boys & Girls Clubs of<br>Greater Milwaukee 267-8100 |
| <b>Obama SCTE</b><br>5075 N. Sherman Blvd. (393-5003)                            | Boys & Girls Clubs<br>of Greater Milwaukee 267-8100 |
| <b>Pierce (K-5) Elem. School</b><br>2765 N. Fratney St. (267-4424)               | Boys & Girls Clubs of Greater<br>Milwaukee 267-8100 |
| <b>Riley (K-5) Elem. School</b><br>2424 S. 4 <sup>th</sup> St. (902-7186)        | America SCORES Milwaukee<br>414.358.2711            |
| <b>Riverside High School</b><br>1615 E. Locust St. (906-4958)                    | COA Youth and Family Centers<br>449-1757            |
| <b>Sherman (K-8) School</b><br>5110 W. Locust St. (874-5800)                     | Boys & Girls Clubs of<br>Greater Milwaukee 267-8100 |
| <b>Siefert School</b><br>1547 N. 14 <sup>th</sup> St. (935-1566)                 | Boys & Girls Clubs of Greater<br>Milwaukee 267-8100 |
| <b>South Division High School</b><br>1515 W. Lapham Blvd. (902-8501)             | Journey House<br>647-0548                           |
| <b>Townsend (K-8) School</b><br>3360 N. Sherman Bl. (874-5985)                   | Boys & Girls Clubs of<br>Greater Milwaukee 267-8100 |
| <b>Vieau (K-8) School</b><br>823 S. 4 <sup>th</sup> St. (902-6187)               | UMOS<br>389-6000                                    |
| <b>Wedgewood Park Int. M.S.</b><br>6506 W. Warnimont Ave. (546-7277)             | Boys & Girls Clubs of<br>Greater Milwaukee 267-8100 |
| <b>Westside Academy</b><br>1940 N. 36 <sup>th</sup> St. (934-5084)               | COA Youth and Family Centers<br>449-1757            |
| <b>Zablocki (K-5) Elem. School</b><br>1016 W. Oklahoma Ave. (294-2305)           | Boys & Girls Clubs of<br>Greater Milwaukee 267-8100 |



## *SUMMER CLC ATTENDANCE REQUIREMENTS*

| Site                                | Program Dates      | Projected Average Daily Attendance | Budget   | Initial Payment | *Final Payment Based on Overall Average Daily Attendance |                                   |
|-------------------------------------|--------------------|------------------------------------|----------|-----------------|--|-----------------------------------|
|                                     |                    |                                    |          |                 | 60-79 - ADA-100<br>160-179 - ADA-200                     | 80-100 ADA-100<br>180-200 ADA-200 |
| Allen-Field School                  | June18 – August 10 | 100                                | \$35,000 | \$17,500        | \$8,750  | \$17,500                          |
| Audubon Middle/High School (JT)     | June18 – July 27   | 100                                | \$30,000 | \$17,500        | \$6,250  | \$12,500                          |
| Auer Avenue School                  | June19 - Aug 11    | 100                                | \$35,000 | \$17,500        | \$8,750  | \$17,000                          |
| Bradley Tech High School            | June18 – July 27   | 100                                | \$25,000 | \$12,500        | \$6,250  | \$12,500                          |
| Carson Academy*                     | June18 – August 10 | 200                                | \$80,000 | \$40,000        | \$20,000   | \$40,000                          |
| Carver Academy                      | June18 – August 10 | 100                                | 35,000   | \$17,500        | \$8,750  | \$17,500                          |
| Cass Street School                  | June18 – August 10 | 100                                | \$35,000 | \$17,500        | \$8,750  | \$17,500                          |
| Clarke Street School*               | June18 – August 10 | 200                                | \$80,000 | \$40,000        | \$20,000   | \$20,000                          |
| Doerfler School                     | June18 – July 27   | 100                                | \$35,000 | \$17,500        | \$8,750  | \$17,500                          |
| Eighty-first Street School          | June18 – August 10 | 100                                | \$35,000 | \$17,500        | \$8,750  | \$17,500                          |
| Engleburg School                    | June18 – August 10 | 100                                | \$35,000 | \$17,500        | \$8,750  | \$17,500                          |
| Fifty-third Street School +         | June18 – August 10 | 100                                | \$35,000 |                 |  |                                   |
| Fratney School +                    | June18 – August 10 | 100                                | \$35,000 |                 |  |                                   |
| Gaenslen School*                    | June18 – August 10 | 200                                | \$80,000 | \$40,000        | \$20,000   | \$40,000                          |
| Grantosa Drive School* +            | June18 – July 27   | 100                                | \$30,000 |                 |  |                                   |
| Greenfield Avenue School*           | June18 – August 10 | 100                                | \$30,000 | \$15,000        | \$7,500  | \$15,000                          |
| Gwen T. Jackson School              | June18 – July 27   | 100                                | \$35,000 | \$17,500        | \$7,500  | \$15,000                          |
| Hayes Bi-lingual School*            | June18 – August 10 | 100                                | \$30,000 | \$15,000        | \$8,750  | \$17,500                          |
| Holmes School                       | June18 – July 27   | 100                                | \$35,000 | \$17,500        | \$8,700  | \$17,500                          |
| Hopkins-Lloyd School                | June18 – July 27   | 100                                | \$35,000 | \$17,500        | \$8,750  | \$17,500                          |
| Madison Academic High School – (JT) | June18 – July 27   | 100                                | \$30,000 | \$17,500        | \$6,250  | \$12,500                          |
| Kagel School                        | June18 – July 27   | 100                                | \$35,000 | \$17,500        | \$8,750  | \$17,500                          |
| Keefe School                        | June18 – July 27   | 100                                | \$35,000 | \$17,500        | \$8,750  | \$17,500                          |
| Kluge School                        | June18 – July 27   | 100                                | \$35,000 | \$17,500        | \$8,750  | \$17,500                          |
| LaFollette School                   | June19 – July 28   | 100                                | \$35,000 | \$17,500        | \$8,750  | \$17,500                          |
| Lincoln Avenue School               | June18 – August 10 | 100                                | \$35,000 | \$17,500        | \$8,750  | \$17,500                          |



|  |                    |     |          |          |         |          |
|--|--------------------|-----|----------|----------|---------|----------|
| Lincoln Center of the Arts             | June18 – July 27   | 100 | \$25,000 | \$12,500 | \$6,250 | \$12,500 |
| Longfellow School*                     | June18 – August 10 | 100 | \$30,000 | \$15,000 | \$7,500 | \$15,000 |
| Maple Tree*                            | June18 – August 10 | 100 | \$30,000 | \$15,000 | \$7,500 | \$15,000 |
| Mitchell School*                       | June18 – August 10 | 100 | \$30,000 | \$15,000 | \$7,500 | \$15,000 |
| Milwaukee High School of the Arts (JT) | June 18-July 27    | 100 | \$30,000 | \$17,500 | \$6,250 | \$12,500 |
| North Division High School             | June18 – July 27   | 100 | \$25,000 | \$12,500 | \$6,250 | \$12,500 |
| Obama SCTE* (JT)                       | June18 – July 27   | 100 | \$30,000 | \$15,500 | \$6,250 | \$12,500 |
| Pierce School                          | June19 – Aug 11    | 100 | \$35,000 | \$17,500 | \$8,750 | \$17,500 |
| Riley School                           | June18 – July 27   | 100 | \$35,000 | \$17,500 | \$8,750 | \$17,500 |
| Riverside University High School (JT)  | June18 – July 27   | 100 | \$30,000 | \$17,500 | \$6,250 | \$12,500 |
| Sherman School +                       | June18 – August 10 | 100 | \$35,000 |          |         |          |
| Siefert School                         | June18 – August 10 | 100 | \$35,000 | \$17,500 | \$8,750 | \$17,500 |
| Thurston Woods School*                 | June18 – July 27   | 100 | \$30,000 | \$15,000 | \$7,500 | \$15,000 |
| South Division High School (JT)        | June18 – July 27   | 100 | \$30,000 | \$17,500 | \$6,250 | \$12,500 |
| Townsend Street School                 | June18 – July 27   | 100 | \$35,000 | \$17,500 | \$8,750 | \$17,500 |
| Vieau School*                          | June18 – July 27   | 100 | \$30,000 | \$15,000 | \$7,500 | \$15,000 |
| Wedgewood Park School                  | June18 – July 27   | 100 | \$25,000 | \$12,500 | \$6,250 | \$12,500 |
| Westside I & II Academy                | June18 – July 27   | 100 | \$35,000 | \$17,500 | \$8,750 | \$17,500 |
| Zablocki School +                      | June18 – August 10 | 100 | \$35,000 | \$17,500 | \$8,750 | \$17,500 |

\* Denotes Summer Academy Site. •Denotes Summer Academy Super Site. + Denotes site funded exclusively from Wisconsin Shares with no 50% upfront disbursement and not subject to ADA attendance requirements, however is required to submit cost reports for reimbursement.

(JT) Denotes J-Term site and receives an additional \$5,000 which is dispersed with the initial payment.

**All Final Disbursements will be based on a site's Average Daily Attendance (as per APlus CLC attendance records) from Monday, June 25 – Friday, July 27, 2018.**

**Compensation:**

Fifty percent (50%) of total funds will be disbursed upon MPS's execution of the contract, provided that the Lead Agency has submitted a signed contract, the 2018 CLC Summer Budget, the 2018 CLC Summer Program Proposal, and a Certificate of Insurance which complies with the requirements of the contract. The remaining portion of the total funds will be disbursed at the conclusion of the Summer CLC program, provided MPS receives and approves:

- An "Attendance Summary Report", as retrieved from the attendance tracking system, indicating the program has met the minimum attendance requirements. All attendance must be entered into the attendance tracking system no later than five business days of the last date of the CLC program
- Survey results from the program evaluations administered to participants and parents, entered into the attendance tracking system no later than five business days of the CLC.
- "Summer Cost Reports", which are due no later than the 28<sup>th</sup> of each month.



## *Summer Program Requirements*

### *Elementary & K8 Sites*

|                             |  |
|-----------------------------|--|
| Dates & Hours of Operation: | See Summer Sites Operations Info (approved list) |
| Academic Enrichment:        | Mon.-Thurs. from 9:00 - 11:30a.m.                |
| Recreation Enrichment:      | Mon.-Thurs. from 11:30a.m. - 4:00p.m.            |

### *Middle & High School Sites*

|                             |  |
|-----------------------------|--|
| Dates & Hours of Operation: | See Summer Sites Operations Info (approved list)<br>Mon.-Fri. from 11:00a.m. - 5:00p.m.  |
| EXCEL Program:              | Selected participants at all Middle & High School and selected K-8 sites<br>Mon.-Thurs. from 1:00 - 4:00p.m.<br>June 25-July 19, 2018 (1-2 week camps, as scheduled)<br>Monday, July 23, 2018 – EXCEL Showcase |

**Participant Sign-In/Out Procedures:** For the safety and security of each CLC participant, all parents, guardians or authorized individuals are required to sign-in and sign-out each participant of the program.

1. Each site should have a binder with daily/weekly sign-in/out rosters for all participants that are either located at the main Entrance/Exit desk or with group leaders.
2. All participants must be signed out by a parent, guardian or authorized individual as they are picked up daily.
3. For walkers/bus riders:
  - a. Sites must have an updated list that includes all walkers and bus riders (as designated on signed registration form)
  - b. Each participant must sign themselves out daily upon leaving the CLC. An older sibling could complete this task if the participant is under the age of 8.
4. In the event a participant is not signed out by the end of program time, please follow this protocol:
  - a. Call parent/guardian and emergency contact phone numbers to determine when the participant will be picked up. If contacts could not be reached or are not able to sign out the participant in a reasonable amount of time, call Child Protective Services (CPS) at 220-SAFE. CPS may provide additional contact numbers for the participant or arrange to pick-up the child from the site.
  - b. A CLC staff member must remain with the child until signed out by a parent/guardian, approved individual or CPS.
  - c. A member of the MPS CLC Project Team must be called immediately after CPS has been contacted. (See 2018 Summer Contract.)





**Staff to Participant Ratios:**

|                                |                 |                 |                 |                 |
|--------------------------------|-----------------|-----------------|-----------------|-----------------|
| <b>Youth Ages:</b>             | 3-4 years       | 4-5 years       | 5-6 years       | 6 + years       |
| <b>Staff to Student Ratio:</b> | 1:10            | 1:13            | 1:17            | 1:18            |
| <b>Group Maximum:</b>          | 20 with 2 staff | 24 with 2 staff | 34 with 2 staff | 36 with 2 staff |

**Youth Workers:** While these individuals may serve in an assistance role with CLC groups, they are not to supervise students independently under any circumstance. They do not qualify as a staff member in a classroom of participants. They may assist with activities, bathroom breaks, etc. but should never be responsible for the sole supervision of youth.

**Meal Programs**

- All sites are required to leave a staff member on site during field trip days to service community members who will be accessing the community meals program.
- On days in which sites will be on field trips outside the school building, lunches must be kept in coolers with ice packs at all times.
- MPS Nutrition Services food serve staff is responsible for wiping down and sanitizing cafeteria tables after each meal service (breakfast, lunch, and dinner). CLC/Safe Place staff is not responsible for this.
- MPS engineers or building service helpers are responsible for sweeping and mopping the cafeteria and handling/emptying all garbage bags and containers. CLC/Safe Place staff is not responsible for this.
- Staff and children serving as “special helpers” are welcome to help staff sweep the floor or wipe down tables after meals. However, children are NEVER to handle garbage or mop floors.
- If you, food service managers, or building engineers should have any questions regarding these procedures, please contact MPS Nutrition Services.

**Closings:** All sites will be closed on July 4, 2018, in observance of the July 4<sup>th</sup> holiday. All other closings must be pre-approved by Leighton Cooper. Prior to program end date, CLCs must disseminate CLC summer participant and parent surveys.

**Visitors:** Ensure that the MPS Visitor Procedures are followed during program operation:

- All visitors must sign-in when entering the building and show some form of identification.
- All visitors must wear a visitor pass and be escorted to the requested location.
- Upon exiting the building the pass is returned to the Security Desk and the individual should sign out.

**Shared Facilities:** Summer CLC Programs may be one of many programs operating in an MPS school facility. Thus, it is critical for CLC Site Coordinators and staff, along with Lead Agencies, to work with the many partners in the building to coordinate use of facility space, programming schedules, and entrance and exit of participants from the building. In order to ensure the safety of participants and staff during the operation of all after school programming, CLC Site Coordinators and staff must follow these procedures:



- Provide copy of building permit to principal/administrator, school engineer/building service helpers, school secretary/office staff, and MPS Recreation.
- Provide a daily/weekly schedule of activities to all afterschool partners in the building (principal/administrator, school engineer/building service helpers, school secretary/office staff, MPS Recreation, etc.)
- Update building permit as changes occur. Give updated copies to principal/administrator, school engineer/building service helpers, school secretary/office staff, and MPS Recreation.
- **NOTE:** CLC Site Coordinators, CLC staff, and Lead Agencies are NOT permitted to grant permission of use of any space within the school building to any individual, organization, or group. All MPS Building Permit Requests or questions about the use of MPS facilities by outside entities must be submitted to MPS Recreation. Contact Diane Winter at (414) 475-8572 or [winterdr@milwaukee.k12.wi.us](mailto:winterdr@milwaukee.k12.wi.us).
- All doors to the building must remain closed for the duration of the program to ensure building safety and cleanliness. Propping of doors is never allowed!

**Movie Policy:** Per MPS Recreation policy, afterschool programs are limited to showing a movie no more than once a week and all movies must be G-rated. Movies with a PG or PG-13 rating may be shown only with prior written parent permission. R-rated movies are not permitted to be shown. All movies must have an educational focus and/or be related to an academic or youth development skill.





## *Registration & Data Tracking*

### Registration:

- All participants must complete the Summer CLC Registration Form as provided by MPS. This information must be entered into the **2018 Summer Term** in APlus for all participants.
- Sites may customize the registration form as needed to include specific programming or activity information. This is the extent in which the form can be modified. All sites must use form provided.

### Activity Creation:

- Create an activity for general attendance for all participants named **2018 Summer Recreation**.
- Activities must be created in APlus for **all** activities that take place throughout the summer. These activities must be broken out by grade level or student groups as they are on-site. This includes field trips and special events. This standard for creating individual activities for each on-site group and individual activity is the same as is expected throughout the school year.
- All activities must begin with the word **"Summer."** For example: Summer Book Club 6-8 Grade.
- When creating activities, select one of the following for the Primary Type and Focus:

| Primary Type        | Focus                                |
|---------------------|--------------------------------------|
| Academic Enrichment | Academic Support                     |
| Recreation          | Recreation Enrichment                |
| Snacks/Meals        | Snacks/Meals                         |
| Daily Attendance    | Other (i.e. attendance, bus tickets) |
| Family Education    | Family Events                        |
| Parent Orientation  | Other (i.e. attendance, bus tickets) |
| Tutoring            | Small Group Tutoring                 |

- Ensure the session days and dates offered are complete and accurate in the Session Edit screen.
- Once all activities have been created, view the Activity Summary Report for the Summer CLC Program dates to ensure the report encompasses all summer activities and field trips that are schedule and planned.
- Activities must be created in APlus by **Monday, June 4, 2018**, at the same time the Program Proposal is emailed to your MPS Project Team Representative.

### Attendance Tracking:

- Track a single "front door" attendance in the **2018 Summer Recreation** activity. Specific activity attendance should be tracked consistently in the individual program activities by group in APlus.
- Group sizes (actual ADA) should not exceed 30 participants per activity with two group leaders.
- All attendance must be entered in APlus by the designated date.
- Summer EXCEL attendance must be tracked in specific activities within APlus.

### Parent & Participant Evaluations

- MPS will email evaluation template to site coordinators.
- Sites must collect 40 anonymous Parent Surveys and 50 anonymous Participant Surveys to be entered into APlus within 5 business days of the last date of CLC programs.



## *Important Things to Remember*

### Emergencies

- If an accident or incident occurs requiring **police, fire, CPS or ambulance services**, it must be **immediately** reported to your Supervisor and an MPS Project Team Member. **Note:** You must speak with an individual from MPS (voicemails are not sufficient).
- An Incident Report Form must be completed and forwarded to MPS within 24 hours of the incident. This includes statements from all involved parties, police reports, and other supporting documents.
- In case of emergency call 911. Non-emergency: (414) 933-4444

| District | Address                           | Phone    |
|----------|-----------------------------------|----------|
| (1)      | 749 W. State St., 2 Floor (53233) | 935-7213 |
| (2)      | 245 W. Lincoln Ave. (53207)       | 935-7223 |
| (3)      | 2333 N. 49 St. (53208)            | 935-7233 |
| (4)      | 6929 W. Silver Spring Dr. (53218) | 935-7243 |
| (5)      | 2920 N. 4 St. (53233)             | 935-7253 |
| (6)      | 3006 S. 27 St. (53233)            | 935-7263 |
| (7)      | 3626 W. Fond du Lac Ave. (53208)  | 935-7273 |

### MPS CLC Project Team Cell Phone Numbers:

**Leighton Cooper**  
Cell Phone: (262) 960-0145

**Don Bennett**  
Cell Phone: (414) 334-9687

**Helen Hamilton**  
Cell Phone: (414) 333-6130

**Beth-marie Kurtz**  
(Cell Phone: (414) 550-0436)

**Nicole Johnson**  
Cell Phone: (414) 333-1914

**Lisa Mitchell**  
Cell Phone: (414) 750-9603

### Weather Advisories

- CLCs will follow weather advisory protocol as determined by MPS administration. Sites will be notified of closures through the district's portal and communication by the MPS CLC Project Team.
- Sites should take all necessary steps to keep participants in the coolest areas of the building while utilizing fans and other efficient air flow methods to ensure safety on hot days.

### Rosters: Listed below are methods for tracking summer attendance.

- Use the Daily Site Roster at the door to collect daily attendance as students check in.
- Create individual activity rosters. As youth meet with group leaders at the start of an activity, take attendance for each activity. Rosters can be collected and all data entered into APlus for attendance for that activity.
- Print out a Daily Sign Out to record the time and signature of those leaving early.
- Use a combination of these methods to check attendance at different times during the day to ensure security and safety of youth.



## *Field Trip Reminders*

### Field Trips

- Staff to student ratios should be modified to accommodate smaller ratios. Ratios for K4-K5 groups should not exceed 1:6. Sites may wish to enlist the support of parent volunteers or additional staff to assist during field trips. Children must be supervised at all times.
- All students should be properly identified with t-shirts, name tags, lanyards, or wrist bands, etc.
- Field Trip destinations and return times should be posted at the CLC or Safe Place program entrance (where parents/guardians pick up and drop off each day).
- Permission slips should include the trip location, address and return time to the CLC or Safe Place site for parent/guardian pick-up.
- Emergency information for each participant must be carried by lead instructors while off site.
- Using your daily rosters, staff must take attendance when leaving the CLC or Safe Place site for the field trip destinations, as well as when leaving the field trip site and returning to your CLC or Safe Place. All children must be accounted for before boarding the bus or departing from any field trip location.

### Field Trips Involving Swimming

- Field trips involving recreational swimming at any facility or natural or artificial body of water, such as lakes or oceans, are strictly prohibited without the presence of a certified lifeguard and appropriate MPS supervision. The presence of certified lifeguards must be confirmed prior to approval of the trip. Field trips involving recreational swimming without a certified lifeguard will not be approved under any circumstance.
- It is extremely important that all registration packets include parent/guardian confirmation of their child's swimming level, in addition that all permission slips must include the following statement. **"Please indicate your child's swimming level: expert, intermediate, beginner, cannot swim"** per Milwaukee Public School District policy.
- Refer questions to MPS Benefits and Insurance Services, at (414) 475-8010.

### Summer EXCEL Supervision

- Transportation and EXCEL assignments will be coordinated by MPS and distributed to sites when available. Please contact Helen Hamilton with questions or changes at 475-8569.
- Sites must send adult staff to actively monitor and supervise students attending EXCEL Camps.
- If a student misses the bus for an EXCEL Camp, that child is not permitted to attend the Camp that day. Students must take the bus to participate in an EXCEL Camp.

# CLC Youth Participant Registration Form

Site: \_\_\_\_\_

|                                       |
|---------------------------------------|
| OFFICE USE ONLY                       |
| Site #: _____                         |
| Bus #: _____                          |
| Date entered in computer: ___/___/___ |
| Data Staff Initials: _____            |

| Last Name | First Name | MI | Date of Birth | Age | Student ID# |
|-----------|------------|----|---------------|-----|-------------|
|           |            |    |               |     |             |

Please check one for each of the following.

Gender:  Male  Female  
 Lunch Status:  Free  Full  Reduced  Unknown  
 Address: \_\_\_\_\_  
 Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 School: \_\_\_\_\_ Grade: \_\_\_\_\_  
 Elem. Teacher Name: \_\_\_\_\_  
 Math Teacher Name: \_\_\_\_\_  
 English Teacher Name: \_\_\_\_\_

|  |
|--|
| <b>Ethnicity:</b><br><input type="checkbox"/> African-American<br><input type="checkbox"/> Asian American<br><input type="checkbox"/> Caucasian American<br><input type="checkbox"/> Hispanic American<br><input type="checkbox"/> Native American<br><input type="checkbox"/> Native Hawaiian/Pacific Islander<br><input type="checkbox"/> Other: _____ |
|--|

|  |
|--|
| <b>Primary Language:</b><br><input type="checkbox"/> English<br><input type="checkbox"/> Hmong<br><input type="checkbox"/> Laotian<br><input type="checkbox"/> Spanish<br><input type="checkbox"/> Vietnamese<br><input type="checkbox"/> Other: _____ |
|--|

Lives with:  Both Parents  Father (single parent)  Foster Care  Grandparent(s)  Guardian  Joint Custody  
 Mother (single parent)  Other: \_\_\_\_\_  
 Transportation:  City Bus: Route: \_\_\_\_\_  CLC Bus  Pick-up  Walk Home  Other  
 Special Needs (allergies, medication, diet, etc.): \_\_\_\_\_

## Household Information Page – Fill out only once per family

| Parent/Guardian Last Name | First Name | Home Phone | Work Phone | Relationship |
|---------------------------|------------|------------|------------|--------------|
|                           |            |            |            |              |
|                           |            |            |            |              |

**ADDITIONAL CONTACTS:** List additional contacts for the child(ren) and use the check boxes to indicate if these individuals are authorized to pick up the child(ren) and/or will serve as an emergency contact. Checking the 'Lives With' box indicates that the person listed is a member of the same household. *If no adults are listed below, and no boxes are checked, ONLY THE PARENT(S)/GUARDIANS WILL be able to pick on the student(s).*

| Last Name | First Name | Address | Home Phone | Work Phone | Relationship | Pick up? | Emergency Contact? | Lives With? |
|-----------|------------|---------|------------|------------|--------------|----------|--------------------|-------------|
|           |            |         |            |            |              |          |                    |             |
|           |            |         |            |            |              |          |                    |             |
|           |            |         |            |            |              |          |                    |             |

[ ] Check box if legal restrictions are in effect. List persons not allowed to see student at Site and/or persons not allowed to pick up students per legal restrictions.

| Last Name | First Name | Last Name | First Name |
|-----------|------------|-----------|------------|
|           |            |           |            |

## Parent/Guardian Permission For CLC - Please Read Carefully - Must be signed by Parent/Guardian for participants 18 and under

**PERMISSION:** I hereby grant permission for my child/myself to participate in the above-named Community Learning Center (CLC). In the event of any injury requiring medical attention, I hereby grant permission to the CLC staff (including volunteers) to attend to my son/daughter or myself including seeking medical attention.

**WAIVER:** I/we recognize that unanticipated situations and problems can arise during CLC activities that are not reasonably within the control of the CLC staff (including volunteers). I/we therefore agree to release and hold harmless the Milwaukee Board of School Directors, its agents, officer, employees, and volunteers, from any and all liability, claims, suits, demands, judgments, costs, interest and expense (including attorneys' fees and costs) arising from such activities, including any accident or injury to myself or my child and the costs of medical services.

**PHOTO PERMISSION/RELEASE:** I understand, as parent/legal guardian of the above-named child, that there are times when the local news media, national news media and/or nonprofit organizations partnering with Milwaukee Public Schools (MPS) request the opportunity to videotape, take photographs and/or interview children within the CLC and MPS. By signing this release I also give permission to MPS to make or use pictures, slides, digital images, or other reproductions of me, of my minor child or of materials owned by me or my child, and to put the finished pictures, slides, or images to use without compensation in broadcast productions, publications, on the Web, or other printed or electronic materials related to the role and function of the CLC. I understand that by signing this, I am, on behalf of myself and my child, releasing MPS and its directors, officers, employees and agents, from any future claims as well as from any liability arising from the use of any photograph or other images. This form shall be valid for the duration of the current CLC program. I further give my consent to the CLC program and MPS (in aggregate form) to share the participant's records with each other, for purposes of educational support and assistance. In addition, I understand that the CLC may use the participant's records to evaluate individual progress and improvement, as well as to evaluate the overall impact of the program to obtain continued funding for the program.

**I HEREBY CERTIFY THAT I HAVE READ AND DO UNDERSTAND THE ABOVE INFORMATION:**

PARTICIPANT SIGNATURE OR SIGNATURE OF GUARDIAN IF PARTICIPANT IS UNDER 18: Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# CLC Health History and Emergency Care Plan

## Child Information

|   |  |  |       |  |                         |
|---|--|--|-------|--|-------------------------|
| Name (Last, First, MI)  | Address – Home (street, city)  | Telephone Number   | Email | Birthdate (mm/dd/yyyy)   | First Day of Attendance |
| <b>Gender</b><br><input type="checkbox"/> Female<br><input type="checkbox"/> Male | <b>Ethnicity</b><br><input type="checkbox"/> African-American<br><input type="checkbox"/> Asian American<br><input type="checkbox"/> Caucasian American<br><input type="checkbox"/> Hispanic American<br><input type="checkbox"/> Native American<br><input type="checkbox"/> Native Hawaiian / Pacific Islander<br><input type="checkbox"/> Other _____ | <b>Primary Language</b><br><input type="checkbox"/> English<br><input type="checkbox"/> Hmong<br><input type="checkbox"/> Laotian<br><input type="checkbox"/> Spanish<br><input type="checkbox"/> Vietnamese<br><input type="checkbox"/> Other _____ |       | <b>Lives With</b> (check one)<br><input type="checkbox"/> Both Parents<br><input type="checkbox"/> Father-Single Parent<br><input type="checkbox"/> Foster Care<br><input type="checkbox"/> Grandparents<br><input type="checkbox"/> Guardian<br><input type="checkbox"/> Joint Custody<br><input type="checkbox"/> Mother-Single Mother<br><input type="checkbox"/> Other _____ |                         |
| <b>Name of school child attending during the 2017-2018 school year</b><br>_____   |  |  |       |  |                         |

**Parent or Guardian** – All parents/guardians are permitted to visit during hours and are allowed to pick up the child unless access is prohibited or restricted by a court order. Attach court order, if any.

| Relationship to Child | Name | Address – Home (street, city) | Home/Cell Telephone No. | Name and Address – Place of Employment or where Reachable while child is in Care | Telephone No. |
|-----------------------|------|-------------------------------|-------------------------|--|---------------|
|                       |      |                               |                         |  |               |
|                       |      |                               |                         |  |               |
|                       |      |                               |                         |  |               |

## Additional Contacts

| Relationship to Child | Name | Address – Home (street, city) | Home/Cell Telephone No. | Other Telephone No. | Pick Up                  | Emergency Contact        |
|-----------------------|------|-------------------------------|-------------------------|---------------------|--------------------------|--------------------------|
|                       |      |                               |                         |                     | <input type="checkbox"/> | <input type="checkbox"/> |
|                       |      |                               |                         |                     | <input type="checkbox"/> | <input type="checkbox"/> |
|                       |      |                               |                         |                     | <input type="checkbox"/> | <input type="checkbox"/> |
|                       |      |                               |                         |                     | <input type="checkbox"/> | <input type="checkbox"/> |

Check box if legal restrictions are in effect. List persons not allowed to see student at Site and/or persons not allowed to pick up students per legal restrictions.

|           |            |           |            |
|-----------|------------|-----------|------------|
| Last Name | First Name | Last Name | First Name |
|-----------|------------|-----------|------------|

## Physical or Medical Facility

|      |   |                  |
|------|---|------------------|
| Name | Address (Street, City, State, Zip Code) | Telephone Number |
|------|---|------------------|

## Health History and Emergency Care Plan

|   |  |  |
|---|--|--|
| <input type="checkbox"/> No specific medical condition                              | <input type="checkbox"/> Diabetes  | <input type="checkbox"/> Gastrointestinal or feeding concerns including special diet and supplements |
| <input type="checkbox"/> Asthma   | <input type="checkbox"/> Epilepsy/Seizure Disorder   | <input type="checkbox"/> Any disorder including Cognitively Disable, LD, ADD, ADHD, or Autism        |
| <input type="checkbox"/> Cerebral Palsy/Motor Disorder                              | <input type="checkbox"/> Milk Allergies (if child is allergic to milk, attach a statement from the medical professional indicating the acceptable alternative) |  |
| <input type="checkbox"/> Food allergies – Specify foods _____                       | <input type="checkbox"/> Non-Food allergies – Specify _____  |  |
| <input type="checkbox"/> Other condition(s) requiring special care – Specify. _____ |  |  |

## CLC Health History and Emergency Care Plan

|  |
|--|
| List any serious illnesses the child has had within the last 6 months  |
| Trigger that may cause problems - Specify  |
| Signs or symptoms to watch for – Specify   |
| Steps the child care provider should follow, If prescription or non-prescription medication is necessary, a copy of the <i>Authorization to Administer Medication</i> should be attached to this form. |
| Identify any child care staff to which you give specialized training instructions to help treat symptoms.  |
| When to call parents regarding symptoms or failure to respond to treatment.  |
| When to consider that the condition requires emergency medical care reassessment   |
| Additional information that may be helpful to the child care provider.   |
| <b>Parent/Guardian Permission for CLC      *PLEASE READ CAREFULLY*</b><br><b>MUST BE SIGNED BY PARENT/GUARDIAN FOR PARTICIPANTS 18 AND UNDER</b>   |

**PERMISSION:** I hereby grant permission for my child/myself to participate in the above-named Community Learning Center (CLC). In the event of any injury requiring medical attention, I hereby grant permission to the CLC staff (including volunteers) to attend to my son/daughter or myself including seeking medical attention.

**WAIVER:** I/we recognize that unanticipated situations and problems can arise during CLC activities that are not reasonably within the control of the CLC staff (including volunteers). I/we therefore agree to release and hold harmless the Milwaukee Board of School Directors, its agents, officer, employees, and volunteers, from any and all liability, claims, suits, demands, judgments, costs, interest and expense (including attorneys' fees and costs) arising from such activities, including any accident or injury to myself or my child and the costs of medical services.

**PHOTO RELEASE: PHOTO PERMISSION/RELEASE:** I understand, as parent/legal guardian of the above-named child, that there are times when the local news media, national news media and/or nonprofit organizations partnering with Milwaukee Public Schools (MPS) request the opportunity to videotape, take photographs and/or interview children within the CLC and MPS. By signing this, I understand that and give permission for MPS to allow this with respect to my child. I also understand that by signing this release I give permission to the Milwaukee Public Schools to make or use pictures, slides, digital images, or other reproductions of me, of my minor child or of materials owned by me or my child, and to put the finished pictures, slides, or images to use without compensation in broadcast productions, publications, on the Web, or other printed or electronic materials related to the role and function of the CLC. I understand that by signing this, I am, on behalf of myself and my child, releasing MPS and its directors, officers, employees and agents, from any future claims as well as from any liability arising from the use of any photograph or other images. This form shall be valid for the duration of the current CLC program. **I HEREBY CERTIFY THAT I HAVE READ AND DO**

**UNDERSTAND THE ABOVE INFORMATION:** PARTICIPANT SIGNATURE OR SIGNATURE OF GUARDIAN IF PARTICIPANT IS UNDER 18:

Signature – Parent/Guardian

Date Signed (mm/dd/yyyy)





### 2018 Summer Community Learning Centers Site Observation Tool

Report Completed By: [ ] Date: [ ]

CLC Location: [ ] Time of Arrival: [ ] Time of Departure: [ ] Site Coordinator Present:  Yes  No

Operational Checklist:  Weekly Schedule Posted at Entrance  MPS Visitor Sign-in Log and Badges in use  Student Sign-in/out Sheets (attendance/activity rosters)  Staff clearly identifiable (ID, nametag, staff shirt)

Students in Attendance:  25-50 Students  50-80 Students  More than 80 Students

#### Activities at a Glance

#1 Start time: [ ] End time: [ ]

Activity Name: [ ] Grade Level: [ ] Staff: Student Ratio: [ ]

Activity was:  Academic  Recreation Were staff engaged?  Yes  No Were students engaged?  Yes  No

During this activity...  
Staff were: [ ]  
Participants were: [ ]

#2 Start time: [ ] End time: [ ]

Activity Name: [ ] Grade Level: [ ] Staff: Student Ratio: [ ]

Activity was:  Academic  Recreation Were staff engaged?  Yes  No Were students engaged?  Yes  No

During this activity...  
Staff were: [ ]  
Participants were: [ ]

#3 Start time: [ ] End time: [ ]

Activity Name: [ ] Grade Level: [ ] Staff: Student Ratio: [ ]

Activity was:  Academic  Recreation Were staff engaged?  Yes  No Were students engaged?  Yes  No

During this activity...  
[ ]



|             |  |
|-------------|--|
| Staff were: |  |
|-------------|--|

|                    |  |
|--------------------|--|
| Participants were: |  |
|--------------------|--|

|    |             |           |
|----|-------------|-----------|
| #4 | Start time: | End time: |
|----|-------------|-----------|

|                |  |              |  |                       |  |
|----------------|--|--------------|--|-----------------------|--|
| Activity Name: |  | Grade Level: |  | Staff: Student Ratio: |  |
|----------------|--|--------------|--|-----------------------|--|

|               |                                   |                                     |                     |   |                        |   |
|---------------|-----------------------------------|-------------------------------------|---------------------|---|------------------------|---|
| Activity was: | <input type="checkbox"/> Academic | <input type="checkbox"/> Recreation | Were staff engaged? | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | Were students engaged? | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
|---------------|-----------------------------------|-------------------------------------|---------------------|---|------------------------|---|

During this activity...

|             |  |
|-------------|--|
| Staff were: |  |
|-------------|--|

|                    |  |
|--------------------|--|
| Participants were: |  |
|--------------------|--|

|    |             |           |
|----|-------------|-----------|
| #5 | Start time: | End time: |
|----|-------------|-----------|

|                |  |              |  |                       |  |
|----------------|--|--------------|--|-----------------------|--|
| Activity Name: |  | Grade Level: |  | Staff: Student Ratio: |  |
|----------------|--|--------------|--|-----------------------|--|

|               |                                   |                                     |                     |   |                        |   |
|---------------|-----------------------------------|-------------------------------------|---------------------|---|------------------------|---|
| Activity was: | <input type="checkbox"/> Academic | <input type="checkbox"/> Recreation | Were staff engaged? | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | Were students engaged? | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
|---------------|-----------------------------------|-------------------------------------|---------------------|---|------------------------|---|

During this activity...

|             |  |
|-------------|--|
| Staff were: |  |
|-------------|--|

|                    |  |
|--------------------|--|
| Participants were: |  |
|--------------------|--|

|    |             |           |
|----|-------------|-----------|
| #6 | Start time: | End time: |
|----|-------------|-----------|

|                |  |              |  |                       |  |
|----------------|--|--------------|--|-----------------------|--|
| Activity Name: |  | Grade Level: |  | Staff: Student Ratio: |  |
|----------------|--|--------------|--|-----------------------|--|

|               |                                   |                                     |                     |   |                        |   |
|---------------|-----------------------------------|-------------------------------------|---------------------|---|------------------------|---|
| Activity was: | <input type="checkbox"/> Academic | <input type="checkbox"/> Recreation | Were staff engaged? | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | Were students engaged? | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
|---------------|-----------------------------------|-------------------------------------|---------------------|---|------------------------|---|

During this activity...

|             |  |
|-------------|--|
| Staff were: |  |
|-------------|--|

|                    |  |
|--------------------|--|
| Participants were: |  |
|--------------------|--|

|                   |  |
|-------------------|--|
| Additional Notes: |  |
|-------------------|--|



**MILWAUKEE**  
PUBLIC SCHOOLS

# BUILDING PERMIT FOR SCHOOL FACILITY USE

School Name \_\_\_\_\_

School Number \_\_\_\_\_

Date \_\_\_\_\_

| Date of Activity | Type of Activity | Services Required | Activity Hours |    | Rooms Requested | Financial Services to bill for any expenses incurred by the District | Budget Code |
|------------------|------------------|-------------------|----------------|----|-----------------|--|-------------|
|                  |                  |                   | From           | To |                 |  |             |
|                  | Staff lunch      |                   |                |    |                 |  |             |
|                  |                  |                   |                |    |                 |  |             |
|                  |                  |                   |                |    |                 |  |             |
|                  |                  |                   |                |    |                 |  |             |

**OUTSIDE ORGANIZATION REQUESTS ONLY**

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Department of Recreation and Community Services

**GENERAL SCHOOL USE**

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Principal

80163 – 9/93

Contact Person:  
 Phone Number:  
 Fax Number:

### Health and Safety Checklist – License Exempt Programs – DCF 251

**Use of form:** Section 120.13(14), Wis. Stats., allows for school boards to establish and provide or contract for the provision of day care programs for children without being licensed by the department of children and families; However, those programs are required to meet the standards for licensed day care centers established by the department of children and families (DCF 251 Licensing Rules for Group Child Care Centers). In November of 2014 new federal requirements were signed into law that require annual inspection of license exempt programs as a condition of receiving federal child care subsidy funds. While every administrative rule in Chapter DCF 251 is important to the quality of the program, the department has identified a subset of rules which, if violated, are likely to pose the most serious threat to the health, safety and welfare of children in care. This checklist contains that subset of health and safety rules, and will be used by DCF staff to notify license exempt child care programs of the rules within DCF 251 that will be monitored annually for compliance and to document program compliance and / or areas of deficiency observed during the initial assessment visit.

**Instructions – DCF Staff:** During the initial assessment visit, address each item on the checklist to determine the program’s compliance, or areas of deficiency, with the health and safety rules. If the program is in compliance with the specific rule, check "Met." If a specific rule does not apply to the program, check "N/A" for not applicable. If the program is not in compliance with the specific rule, record your observations in the comments section and describe the area of deficiency.

**Instructions – License Exempt Program:** License exempt child care programs may use this checklist to familiarize themselves with the health and safety rules that will be monitored annually. However, if the program is looking for a self-monitoring tool to ensure compliance with DCF 251 Licensing Rules for Group Child Care Centers in its entirety, they should refer to the department’s form DCF-F-CFS0063 Licensing Checklist – Group Child Care Centers.

“School-age child” means a child 5 years of age or older who is enrolled in a public school or a parochial or other private school.

|                                    |                    |
|------------------------------------|--------------------|
| Name of the License Exempt Program | Facility ID Number |
|------------------------------------|--------------------|

Yes  No This program serves only school-age children (children age 4 and above who are also enrolled in the school district for academic purposes – 4K-12).

Yes  No This program serves school-age children in groups separate from children who are under age 5.

Yes  No This program serves children younger than age 5 who are not enrolled in the school district for academic purposes.

Yes  No This program is located in a building currently in use as a school building.

|  |                         |
|--|-------------------------|
| Licensing Specialist Conducting the Assessment | Initial Assessment Date |
|--|-------------------------|

Name and Title of District Representative Present

| Code Section (Subsection)           | Page | Code Section (Subsection)                           | Page |
|-------------------------------------|------|---|------|
| 251.04 Operational Requirements     | 1    | 251.08 Transportation (if applicable)               | 8    |
| 251.05 Staffing                     | 2    | 251.09 Infant and toddler care (if applicable)      | 10   |
| 251.06 Physical plant and equipment | 4    | 251.095 Care of school-age children (if applicable) | 10   |
| 251.07 Program                      | 6    |   |      |

| DCF 251.04 OPERATIONAL REQUIREMENTS  | Met | N/A | COMMENTS |
|--|-----|-----|----------|
| (2) <b>Administration.</b> A group child care center licensee shall do all of the following:   |     |     |          |
| (2)(a) <b>COMPLIANCE WITH LAWS</b> Comply with all laws governing the facility and its operation.  |     |     |          |
| (2)(n) <b>BACKGROUND INFORMATION DISCLOSURE FORM – CHANGE TO BOARD / HOUSEHOLD</b> Submit to the department by the department's next business day a completed Background Information Disclosure form and appropriate caregiver background check fees when there is a change in the board chairperson or a person aged 12 and above becomes a household member.   |     |     |          |
| (3) <b>Reports</b> The licensee shall report to the department all of the following. If the report is made by telephone, the licensee shall submit a written report to the appropriate regional licensing office within 5 business days of the incident. Fax, e-mail, and letter are acceptable ways of filing a written report:   |     |     |          |
| (3)(a) <b>REPORT – INCIDENT OR ACCIDENT</b> Any death of a child in the care of the center or any incident or accident that occurs while the child is in the care of the center that results in an injury that requires professional medical treatment within 48 hours of the licensee becoming aware of the medical treatment.  |     |     |          |
| (3)(g) <b>REPORT – CONVICTIONS, PENDING CHARGES, OTHER OFFENSES</b> Any known convictions, pending charges or other offenses of the licensee, child care center employees or other person subject to a caregiver background check which could potentially relate to the care of children at the center or activities of the center by the department's next business day.  |     |     |          |
| (3)(j) <b>REPORT – ABUSE, NEGLECT, INAPPROPRIATE DISCIPLINE</b> Any suspected abuse or neglect of a child by an employee or volunteer that was reported under s. DCF 251.04(8)(a) or any inappropriate discipline of a child by an employee or volunteer including any incident that results in a child being forcefully shaken or thrown against a surface, hard or soft, during the child's hours of attendance within 24 hours after the occurrence.  |     |     |          |
| (3)(k)1. <b>REPORT – LAW ENFORCEMENT CONTACT – HARM</b> Any incident involving law enforcement within 24 hours after the occurrence that: Involves a licensee, a household resident or an employee of the center in an incident that causes, or threatens to cause physical or serious emotional harm to an individual, including a child in the care of the center.   |     |     |          |
| (5) <b>Staff Records</b>   |     |     |          |
| (5)(a) <b>STAFF FILE – MAINTENANCE &amp; AVAILABILITY</b> The licensee shall maintain a file on each employee which is available for examination by the licensing representative at the center. An employee's file shall include all of the following: (The form Staff Record Checklist – Group Child Care Centers may be used to check staff records for compliance.)   |     |     |          |
| (5)(a)2. <b>STAFF FILE – BACKGROUND INFORMATION DISCLOSURE FORM</b> A background information disclosure form, completed prior to the employee's first day of employment and every year thereafter, that does not reveal any information which may preclude the person's employment under s.48.685, Stats., or ch. DHS 12. (Use form Background Information Disclosure.)  |     |     |          |
| (5)(a)3. <b>STAFF FILE – CAREGIVER BACKGROUND CHECK RESULTS</b> A complete caregiver background check as specified in s.48.685, Stats., and ch. DHS 12 including the results of any subsequent investigation related to information obtained as part of the background check within 60 days of employment and every year thereafter.   |     |     |          |
| (5)(a)6. <b>STAFF FILE – ORIENTATION &amp; CONTINUING EDUCATION</b> Documentation of orientation and continuing education received under s. DCF 251.05(2). (The forms Staff Orientation Checklist – Group Child Care Ctrs and Staff Continuing Education Record – Child Care Ctrs may be used.)  |     |     |          |
| (5)(a)7. <b>STAFF FILE – SHAKEN BABY SYNDROME PREVENTION TRAINING</b> Documentation of training in shaken baby syndrome prevention taken before beginning work if the person will provide care and supervision to children under age 5.  |     |     |          |
| (6) <b>Children's Records</b>  |     |     |          |
| (6)(a) <b>CHILD RECORD – MAINTENANCE &amp; AVAILABILITY</b> The licensee shall maintain a current written record obtained prior to the child's first day of attendance or subsequent re-enrollment at the center on each child enrolled and shall make the record available to the licensing representative on request. Each record shall include all of the following: (The form <i>Child Record Checklist – Child Care Centers</i> may be used to check multiple children's records for compliance.) |     |     |          |
| (6)(a)6. <b>CHILD RECORD – HEALTH HISTORY</b> Documentation of each child's health history on a form provided by the department. (Use the form Health History and Emergency Care Plan.)  |     |     |          |

| DCF 251.04 OPERATIONAL REQUIREMENTS (continued)   | Met | N/A | COMMENTS |
|---|-----|-----|----------|
| (6)(a)6m. CHILD RECORD – IMMUNIZATION HISTORY Documentation of each child's immunization history. (Department of Health Services' Child Care Immunization Record form may be used.)   |     |     |          |
| (6)(a)8. CHILD RECORD – HEALTH EXAMINATION The health examination report required under s. DCF 251.07(6)(k)3.   |     |     |          |
| <b>(8) Reporting Child Abuse</b>  |     |     |          |
| (8)(a) MANDATED REPORTING – CHILD ABUSE & NEGLECT A licensee, employee or volunteer at a child care center who knows or has reasonable cause to suspect that a child has been abused or neglected as defined in ss.48.02(1) and 48.981(1), Stats., shall immediately contact the county department of social services or human services or a local law enforcement agency, as required by s. 48.981, Stats.   |     |     |          |
| <b>DCF 251.05 STAFFING</b>  |     |     |          |
| <b>(1) Responsibilities and Qualifications Of Staff</b>   |     |     |          |
| (1)(b) SHAKEN BABY SYNDROME PREVENTION TRAINING Except for a volunteer who is not counted in staff-to-child ratios, each child care worker including the administrator, center director, teachers, assistant teachers, and substitutes who provide care and supervision to children under 5 years of age shall receive department-approved training in shaken baby syndrome and impacted babies and appropriate ways to manage crying, fussing or distraught children. The training shall be completed by one of the methods outlined in 251.05(1)(b)1. or 251.05(1)(b)2. (Note: The SBS prevention training component is included in the courses "Introduction to the Child Care Profession" and "Fundamentals of Infant and Toddler Care" if the course was taken after 7/1/05.)  |     |     |          |
| (1)(c) CARDIOPULMONARY RESUSCITATION TRAINING. All employees in regular contact with children shall obtain and maintain a current certificate of completion for infant and child cardiopulmonary resuscitation and automated external defibrillator use from an agency approved by the department within 6 months after beginning to work with children. Volunteers included in determining staff-to-child ratios shall obtain a certificate of completion in infant and child cardiopulmonary resuscitation after volunteering for 240 hours. The time spent obtaining or renewing cardiopulmonary resuscitation training may be counted towards the required continuing education hours.  |     |     |          |
| (1)(d)3. ADMINISTRATOR – ENTRY-LEVEL TRAINING / EXPERIENCE REQUIREMENTS Before a person assumes the position of administrator, the person shall have both of the following:   |     |     |          |
| (1)(d)3.a. ADMINISTRATOR – ENTRY-LEVEL TRAINING / EXPERIENCE – BUSINESS One year of experience as a manager or satisfactory completion of one credit or noncredit department-approved course in business or program administration.   |     |     |          |
| (1)(d)3.b. ADMINISTRATOR – ENTRY-LEVEL TRAINING / EXPERIENCE – EARLY CHILDHOOD One year of experience as a center director or child care teacher in a licensed child care center or kindergarten or satisfactory completion of one non-credit department-approved course or one course for credit in early childhood education or its equivalent.   |     |     |          |
| (1)(e)4. A center director for a program licensed to serve <b>50 or fewer children</b> shall:   |     |     |          |
| (1)(e)4.c. CENTER DIRECTOR / SMALL CENTER – ENTRY-LEVEL EXPERIENCE Have at least 80 full days or 120 half days of experience as a teacher or assistant teacher in a licensed child care center or other approved setting.   |     |     |          |
| (1)(e)4.d. CENTER DIRECTOR / SMALL CENTER – ENTRY-LEVEL TRAINING Prior to beginning to work as a center director have completed at least one of the following training requirements:<br>i. Two non-credit department-approved courses in early childhood education (ECE) and within 1 year of assuming the position, one course in the WI Child Care Administrator Credential or its equivalent. ii. Two courses for credit in ECE and within 1 year of assuming the position, one course in the WI Child Care Administrator Credential or its equivalent. iii. Forty eight credits from an institution of higher education with at least 3 credits in ECE and within 1 year of assuming the position, one course in the WI Child Care Administrator Credential or its equivalent. iv. A certificate from The Registry indicating the person is on Registry Level 12 or above. v. A 01-year child care diploma from an institution of higher education. vi. An associate degree in ECE or child care from an institution of higher education. vii. Child development associate (CDA) credential issued by the council for early childhood professional recognition and within 1 year of assuming the position, one course in the WI Child Care Administrator Credential or its equivalent. viii. A bachelor degree from an institution of higher education in ECE or child development or a license from the WI dept of public instruction to act as a kindergarten, prekindergarten or early childhood (regular or special education) teacher. |     |     |          |

| DCF 251.05 STAFFING (continued)   | Met | N/A | COMMENTS |
|---|-----|-----|----------|
| (1)(e)4.e. CENTER DIRECTOR / SMALL CENTER – SUPERVISION / MANAGEMENT TRAINING Complete at least 10 hours of training in supervision or personnel management within one year of assuming the position of center director, if the director has not previously received that training. The training may be counted as part of the annual continuing education requirement.   |     |     |          |
| (1)(e)5. A center director for a program licensed to serve <b>51 or more</b> children shall:  |     |     |          |
| (1)(e)5.c. CENTER DIRECTOR / LARGE CENTER – ENTRY-LEVEL EXPERIENCE Have at least 2 years of experience as a child care teacher or center director in a licensed child care center or other approved setting.  |     |     |          |
| (1)(e)5.d. CENTER DIRECTOR / LARGE CENTER – ENTRY-LEVEL TRAINING Prior to beginning to work as a center director have completed one of the following training requirements:<br>i. Four non-credit department-approved courses in early childhood education (ECE) or its equivalent and within 3 years of assuming the position the WI Child Care Administrator Credential. Up to two courses in the WI Child Care Administrator may be used to meet the ECE requirement, if taken prior to beginning to work as a center director. ii. Four courses for credit in ECE from an institution of higher education and within 3 years of assuming the position, the WI Child Care Administrator Credential. Up to two courses in the WI Child Care Administrator Credential may be used to meet the ECE requirement, if taken prior to beginning to work as a center director. iii. An associate degree in ECE or child care from an institution of higher education. iv. A bachelor degree in ECE from an institution of higher education or a license from WI department of public instruction to act as a kindergarten, prekindergarten or early childhood (regular or special education) teacher. v. A certificate from The Registry indicating the person is on Registry Level 14 or above. |     |     |          |
| (1)(f)3. CHILD CARE TEACHER – ENTRY-LEVEL EXPERIENCE A person who is a child care teacher shall document at least 80 full days or 120 half days of experience as an assistant child care teacher in a licensed child care center or other approved early childhood setting.   |     |     |          |
| (1)(f)4. CHILD CARE TEACHER – ENTRY-LEVEL TRAINING Prior to assuming the position, a person hired to be a child care teacher shall be qualified by having completed one of the following:<br>a. Two non-credit department-approved courses in early childhood education (ECE). b. Two courses for credit in ECE or its equivalent from an institution of higher education. c. Certificate from The Registry indicating that the person is qualified as a child care teacher. d. Forty-eight credits from an institution of higher education with at least 3 credits in ECE or its equivalent. e. A one-year child care diploma from an institution of higher education. f. An associate degree in ECE or child care from an institution of higher education. g. Child development associate credential issued by the council for early childhood professional recognition. h. Certificate from American Montessori Society, Association Montessori International, or Montessori Accreditation Council for Teacher Education. i. A bachelor degree in education from an institution of higher education or a license from the WI department of public instruction to act as a teacher. j. Certificate from the bureau of apprenticeship standards as a child development specialist.         |     |     |          |
| (1)(g)2. ASSISTANT CHILD CARE TEACHER – QUALIFICATIONS A person hired to be assistant child care teacher shall be qualified in one of the following ways:<br>a. The person shall be at least 18 years old and have satisfactorily completed one noncredit department-approved course in early childhood education (ECE) or completes that training within 6 months after assuming the position. b. The person shall be at least 18 years old and have satisfactorily completed one course for credit in ECE or its equivalent at an institution of higher education, or is enrolled in that course within 6 months after assuming the position. c. The person shall have satisfactorily completed an assistant child care teacher training program approved by the WI department of public instruction.<br><i>* Exception for programs serving only school-age children - 251.095(2)(d) Section DCF 251.05(1)(g)2., relating to training for assistant child care teachers.</i><br><i>* Exception for programs serving only school-age children in a school building – 251.095(3)(a) Section DCF 251.05(1)(g)2., relating to training for assistant child care teachers.</i>  |     |     |          |
| (1)(L)3. CONTACT WITH PERSON – ILLNESS, COMMUNICABLE DISEASE No licensee, employee, volunteer, visitor or parent with symptoms of serious illness or a communicable disease transmitted through normal contact reportable under ch. DHS 145 which presents a safety or health risk to children may be in contact with the children in care.   |     |     |          |

| DCF 251.05 STAFFING (continued)   | Met | N/A | COMMENTS |
|---|-----|-----|----------|
| <b>(2) Staff Development</b>  |     |     |          |
| (2)(a) STAFF ORIENTATION – DEVELOP, IMPLEMENT, DOCUMENT Except as provided under subd. 12., each center shall develop and implement a written orientation program which all new employees, substitutes and regularly scheduled volunteers shall complete and document within their first week at the center. The orientation program shall cover all of the following: (The department's form Staff Orientation Checklist – Group Child Care Centers may be used to document completion.) |     |     |          |
| (2)(a)1. STAFF ORIENTATION – RULES Review of this chapter.  |     |     |          |
| (2)(a)2. STAFF ORIENTATION – POLICIES Review of center policies required under s. DCF 251.04(2)(h) and (i).   |     |     |          |
| (2)(a)3. STAFF ORIENTATION – CONTINGENCY PLANS Review of the center contingency plans required under s. DCF 251.04(2)(i) including fire and tornado evacuation plans and the operation of fire extinguishers.   |     |     |          |
| (2)(a)4. STAFF ORIENTATION – FIRST AID PROCEDURES First aid procedures.   |     |     |          |
| (2)(a)5. STAFF ORIENTATION – JOB RESPONSIBILITIES Job responsibilities in relation to the job description.  |     |     |          |
| (2)(a)6. STAFF ORIENTATION – ILLNESS RECOGNITION, INFECTIOUS DISEASE CONTROL Training in the recognition of childhood illnesses and infectious disease control, including hand washing procedures and universal precautions for handling body fluids.   |     |     |          |
| (2)(a)7. STAFF ORIENTATION – SCHEDULE OF ACTIVITIES Schedule of activities of the center.   |     |     |          |
| (2)(a)8. STAFF ORIENTATION – CHILD ABUSE & NEGLECT LAWS, REPORTING Review of child abuse and neglect laws and center reporting procedures.  |     |     |          |
| (2)(a)9. STAFF ORIENTATION – PROCEDURE FOR TRACKING CHILDREN The procedure for ensuring that all child care workers know the children assigned to their care and their whereabouts at all times including during center-provided transportation.  |     |     |          |
| (2)(a)10. STAFF ORIENTATION – CHILD GUIDANCE TECHNIQUES Child management techniques.  |     |     |          |
| (2)(a)11. STAFF ORIENTATION – SPECIAL HEALTH CARE NEEDS Procedure for sharing information related to a child's special health care needs including any physical, emotional, social or cognitive disabilities with any child care worker who may be assigned to care for that child throughout the day.  |     |     |          |
| (2)(a)12. STAFF ORIENTATION – SIDS RISK REDUCTION Review of procedures to reduce the risk of sudden infant death syndrome prior to an employee's or volunteer's first day of work, if the center is licensed to care for children under one year of age.  |     |     |          |
| (2)(a)13. STAFF ORIENTATION – CHILD ABSENCE WITHOUT PRIOR NOTIFICATION The procedure to contact a parent if a child is absent from the center without prior notification from the parent.   |     |     |          |
| (2)(a)14. STAFF ORIENTATION – MEETING SPECIAL NEEDS Information on any special needs a child enrolled in the center may have and the plan for how those needs will be met.  |     |     |          |
| (2)(c)1. CONTINUING EDUCATION REQUIREMENT – FULL TIME STAFF Each administrator, center director and child care worker who works more than 20 hours a week shall participate in at least 25 hours of continuing education each year. (The form Staff Record Checklist – Group Child Care Centers may be used to check staff records for compliance. The form Staff Continuing Education Record – Child Care Centers may be used to record continuing education.)                           |     |     |          |
| (2)(c)2. CONTINUING EDUCATION REQUIREMENT – PART TIME STAFF Each administrator, center director and child care worker who works 20 or fewer hours a week shall participate in at least 15 hours of continuing education each year.  |     |     |          |
| <b>(3) Supervision</b>  |     |     |          |
| (3)(a) SUPERVISION – TEACHER PER GROUP OF CHILDREN At least one child care teacher shall supervise each group of children.  |     |     |          |
| (3)(c) CLOSE SUPERVISION OF CHILDREN Each child shall be closely supervised by a child care worker who is within the sight and sound of the children to guide the children's behavior and activities, prevent harm and assure safety.   |     |     |          |
| (3)(f) CHILD TRACKING PROCEDURE The center shall implement a procedure to ensure that the number, names and whereabouts of children in care are known to assigned child care workers at all times.  |     |     |          |



| DCF 251.05 STAFFING (continued)   |                        |   |  | Met | N/A | COMMENTS |
|---|------------------------|---|--|-----|-----|----------|
| <b>(4) Staffing and Grouping</b>  |                        |   |  |     |     |          |
| (4)(a) GROUP SIZE – MAXIMUM The maximum number of children in a group may not exceed the number specified in Table 251.05-D.  |                        |   |  |     |     |          |
| (4)(b) STAFF-TO-CHILD RATIOS – MINIMUM The ratio of child care workers to children may not be less than the minimum number of child care workers to children specified in Table 251.05-D.   | <b>Age of Children</b> | <b>Minimum Number of Child Care Workers to Children</b> | <b>Maximum Number of Children in a Group</b> |     |     |          |
|   | Birth to 2 years       | 1:4   | 8  |     |     |          |
|   | 2 years to 2 ½ years   | 1:6   | 12   |     |     |          |
|   | 2 ½ years to 3 years   | 1:8   | 16   |     |     |          |
|   | 3 years to 4 years     | 1:10  | 20   |     |     |          |
|   | 4 years to 5 years     | 1:13  | 24   |     |     |          |
|   | 5 years to 6 years     | 1:17  | 34   |     |     |          |
|   | 6 years and over       | 1:18  | 36   |     |     |          |
| <b>DCF 251.06 PHYSICAL PLANT AND EQUIPMENT</b>  |                        |   |  |     |     |          |
| <b>(1) Building</b>   |                        |   |  |     |     |          |
| (1)(a) COMMERCIAL BUILDING CODE – COMPLIANCE, INSPECTION REPORT The building in which a center is located shall comply with applicable state and local building codes. The licensee shall maintain a report of inspection of the building, which specifies that the building meets the WI commercial building codes for use as a group child care center.<br><br>* DCF 251.095(3) Exceptions for programs serving only school-age children in school buildings. Section DCF 251.06(1)(a) on maintaining a building inspection report. |                        |   |  |     |     |          |
| <b>(2) Protective Measures</b>  |                        |   |  |     |     |          |
| (2)(a) POTENTIAL SOURCE OF HARM ON PREMISES The indoor and outdoor premises shall be free of hazards including any recalled products.   |                        |   |  |     |     |          |
| (2)(b) ELECTRICAL OR HOT SURFACE PROTECTION Steam radiators, fireplaces, wood burning stoves, electric fans, electric outlets, electrical heating units and hot surfaces, such as pipes, shall be protected by screens or guards so that children cannot touch them.<br><br>* Exception for programs serving only school-age children - 251.095(2)(a) Section DCF 251.06(2)(b) but only in regard to protection of electrical outlets   |                        |   |  |     |     |          |
| (2)(c) POTENTIALLY DANGEROUS ITEMS ON PREMISES Firearms, ammunition and other potentially dangerous items may not be kept on the premises.  |                        |   |  |     |     |          |
| (2)(d) ACCESS TO MATERIALS POTENTIALLY HARMFUL TO CHILDREN Materials harmful to children, including power tools, flammable or combustible materials, insecticides, matches, drugs and other articles hazardous or poisonous to children shall be in properly marked containers and stored in areas inaccessible to children.  |                        |   |  |     |     |          |
| (2)(g) STAIRS, WALKS, RAMPS, PORCHES – SAFETY Stairs, walks, ramps and porches shall be maintained in a safe condition and free from the accumulation of water, ice or snow.  |                        |   |  |     |     |          |
| (2)(j) POWER TOOLS Children may not be allowed in an area where power tools are in use.<br><br><input type="checkbox"/> Yes <input type="checkbox"/> No Is there a hot tub on the premises?   |                        |   |  |     |     |          |
| (2)(k) HOT TUB – COVERED OR FENCED A hot tub located in a room or area accessible to children shall have a visible, locked, rigid cover or be enclosed by a locked fence at least 4 feet tall. The lock shall be installed so that the lock is inaccessible to children.  |                        |   |  |     |     |          |
| <b>(3) Emergencies</b>  |                        |   |  |     |     |          |
| (3) EMERGENCIES – WRITTEN PLANS Each center shall have a written plan for responding to a fire, a tornado, a tornado warning, a missing child or other emergency. A center shall do all of the following:   |                        |   |  |     |     |          |

| DCF 251.06 PHYSICAL PLANT AND EQUIPMENT (continued)   | Met | N/A | COMMENTS |
|---|-----|-----|----------|
| (3)(a) EMERGENCIES – POST & PRACTICE WRITTEN PLANS Post the fire evacuation and tornado plan and practice implementing the fire evacuation plan monthly. Tornado drills shall be conducted monthly from April through October.  |     |     |          |
| (3)(b) EMERGENCIES – STAFF RESPONSIBILITIES Make sure that all staff members know what their duties are if there is a fire, tornado, a tornado warning, missing child or other emergency.   |     |     |          |
| <b>(4) Fire Protection</b>  |     |     |          |
| (4)(a) FIRE EXTINGUISHERS – OPERABLE, INSPECTED, LABELED Each fire extinguisher on the premises of a center shall be operable at all times, inspected once a year by a qualified person and bear a label indicating its present condition and date of the last inspection.  |     |     |          |
| * DCF 251.095(3) Exceptions for programs serving only school-age children in school buildings. Section DCF 251.06(4)(a) on fire extinguishers.  |     |     |          |
| (4)(d) EXITS & PASSAGEWAYS – UNOBSTRUCTED, MINIMUM WIDTH Exits and exit passageways shall have a minimum clear width of three feet and be unobstructed by furniture or other objects.   |     |     |          |
| (4)(e) EXTENSION CORD USE An extension cord may not be used permanently with an appliance.  |     |     |          |
| (4)(f) ELECTRICAL OUTLET LIMIT No more than two electrical appliances may be plugged into any one wall outlet.  |     |     |          |
| (4)(g) BASEMENT & FURNACE ROOM DOORS The door to the basement and furnace room shall be closed.   |     |     |          |
| (4)(h) STORAGE AREAS UNDER STAIRS Areas under stairs may not be used for storage.   |     |     |          |
| (4)(i) EXIT LIGHTS All exit lights shall be lit at all times.   |     |     |          |
| (4)(j) FIRE ALARMS & SMOKE DETECTORS – MAINTENANCE, DRILLS, TESTING Fire alarms, alarm systems and smoke detectors shall be maintained in good working order. Fire alarms and smoke detectors shall be used to conduct monthly fire evacuation drills. Fire alarms and smoke detectors shall be tested weekly and a record kept of the test results. (The department's form <i>Fire Safety and Emergency Response Documentation – Group Child Care Centers</i> may be used to document compliance.)                                     |     |     |          |
| * DCF 251.095(3) Exceptions for programs serving only school-age children in school buildings. Section DCF 251.06(4)(j) on testing smoke detectors and fire alarms.   |     |     |          |
| <b>(5) Sanitation</b>   |     |     |          |
| (5)(a) CONDITION OF PREMISES The premises shall be free from litter, clean and in good repair.  |     |     |          |
| (5)(b)1. DETERIORATING PAINT There shall be no flaking or deteriorating paint on exterior or interior surfaces in areas accessible to children.   |     |     |          |
| (5)(b)2. LEAD-BASED PAINT, TOXIC FINISHING MATERIALS No lead-based paint or other toxic finishing material may be used.   |     |     |          |
| <b>(8) Furnishings</b>  |     |     |          |
| (8)(g) SAFE SLEEP SURFACE – CHILD UNDER 12 MONTHS OF AGE A safe, washable crib or playpen shall be provided for use of each child less than 12 months old who naps or sleeps. A crib or playpen shall be washed and disinfected between changes in occupancy. All cribs must meet the Consumer Products Safety Commission federal safety standards. Documentation can consist of a certificate of compliance from the manufacturer or a label attached to the crib indicating that the date of manufacture was June 28, 2011, or later. |     |     |          |
| <b>(11) Outdoor Play Space</b>  |     |     |          |
| <input type="checkbox"/> Yes <input type="checkbox"/> No The outdoor play space is on the premises of the center  |     |     |          |
| (11)(a) OUTDOOR PLAY SPACE – REQUIREMENT A center shall have outdoor play space if children are present for more than three hours per day or if outdoor play is included in the center program.   |     |     |          |
| (11)(b) OUTDOOR PLAY SPACE – REQUIRED FEATURES Except when an exemption is requested and is approved by the department under par. (c), a center shall comply with all of the following requirements for outdoor play space:   |     |     |          |

| DCF 251.06 PHYSICAL PLANT AND EQUIPMENT (continued)  | Met | N/A | COMMENTS |
|--|-----|-----|----------|
| <p>(11)(b)5. OUTDOOR PLAY SPACE – ENERGY-ABSORBING SURFACES An energy-absorbing surface, such as loose sand, pea gravel or pine or bark mulch, in a depth of at least nine inches is required under climbing equipment, swings and slides and in a fall zone of four feet beyond and whenever play equipment is four feet or more in height. Shredded rubber and poured surfacing shall be installed to the manufacturer's specifications based on the height of the equipment.</p> <p>* Per commentary, school age programs located in school buildings, including 4-year-old kindergarten programs, do not need 9 inches of energy absorbing material under and around the playground equipment.</p> |     |     |          |
| <p>(11)(b)6. OUTDOOR PLAY SPACE – POTENTIAL SOURCE OF HARM The outdoor play space shall be well drained and shall be free of hazards such as uncovered wells, cisterns and unused appliances. Structures such as playground equipment, railings, decks and porches accessible to children that have been constructed with CCA treated lumber shall be sealed with an exterior oil-based sealant or stain. Wood containing creosote, including railroad ties, may not be accessible to children.</p>  |     |     |          |
| <p>(11)(b)7. OUTDOOR PLAY SPACE – ENCLOSURE The boundaries of the outdoor play space shall be defined by a permanent enclosure not less than 4 feet high to protect the children. Fencing, plants or landscaping may be used to create a permanent enclosure.</p> <p>* Exception for programs serving only school-age children - 251.095(2)(c) Section DCF 251.11(b)7. Concerning a permanent enclosure of outdoor space. If hazards exist, such as traffic or bodies of water, the boundaries of outdoor play space shall be made known to the children.</p>  |     |     |          |
| <p>(11)(b)8. OUTDOOR PLAY SPACE – PROHIBITED SURFACES Concrete and asphalt are prohibited under climbing equipment, swings and slides.</p>   |     |     |          |
| <b>(12) Swimming Areas</b>   |     |     |          |
| <input type="checkbox"/> Yes <input type="checkbox"/> No There is a swimming pool or beach on the premises.  |     |     |          |
| <p>(12)(a) ON PREMISES SWIMMING POOL OR BEACH – USE &amp; ENCLOSURE Above-ground and in-ground swimming pools, and beaches on the premises may not be used by children in care. Swimming pools shall be enclosed by a 6-foot fence with a self-closing, self-latching door. Spaces between the vertical posts of the fence shall be 4 inches or less. Access to a beach shall be restricted by a 6-foot fence.</p>   |     |     |          |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Use of an on-premises wading pool is part of the center's programming.  |     |     |          |
| <p>(12)(b) WADING POOL A wading pool on the premises may be used if the water is changed and the pool is disinfected daily. Supervision and staff-to-child ratio requirements under 251.05(3) and (4) shall be met.</p>  |     |     |          |
| <b>DCF 251.07 PROGRAM</b>  |     |     |          |
| <b>(2) Child Guidance</b>  |     |     |          |
| <p>(2)(b) POLICY – CHILD GUIDANCE Each child care center shall have a written policy which provides for positive guidance, redirection and the setting of clear-cut limits for the children. The policy shall be designed to help a child develop self-control, self-esteem and respect for the rights of others.</p>  |     |     |          |
| <p>(2)(c) TIME-OUT – TIME LIMIT If a center uses time-out periods to deal with unacceptable behavior, time-out periods may not exceed five minutes and the procedure shall be included in the center's child guidance policy.</p>  |     |     |          |
| <p>(2)(d) TIME-OUT – USE WITH CHILDREN UNDER AGE 3 Use of time-out periods is prohibited for children under three years of age.</p>  |     |     |          |
| <p>(2)(e) CHILD GUIDANCE – PROHIBITED ACTIONS Actions that may be psychologically, emotionally or physically painful, discomfoting, dangerous or potentially injurious are prohibited. Examples of prohibited actions include all of the following:</p>  |     |     |          |
| <p>(2)(e)1. PROHIBITED ACTIONS – CORPORAL PUNISHMENT Spanking, hitting, pinching, shaking, slapping, twisting, throwing or inflicting any other form of corporal punishment.</p>   |     |     |          |
| <p>(2)(e)5. PROHIBITED ACTIONS – CRUEL, AVERSIVE, FRIGHTENING, HUMILIATING ACTIONS Actions that are cruel, aversive, frightening or humiliating to the child.</p>  |     |     |          |
| <b>(3) Equipment</b>   |     |     |          |
| <p>(3)(a) INDOOR &amp; OUTDOOR EQUIPMENT – SAFETY Indoor and outdoor play equipment shall be safe. The equipment shall be:</p>   |     |     |          |

| DCF 251.07 PROGRAM (continued)   | Met | N/A | COMMENTS |
|--|-----|-----|----------|
| <b>(5) Meals and Snacks</b>  |     |     |          |
| (5)(a)9. SPECIAL DIETS – MEDICAL CONDITION A special diet, based on a medical condition, excluding food allergies, but including nutrient concentrates and supplements, may be served only upon written instruction of a child’s physician and upon request of the parent.   |     |     |          |
| (5)(a)9m. SPECIAL DIETS – FOOD ALLERGY A special diet based on a food allergy may be served upon the written request of the parent.  |     |     |          |
| (5)(a)10. SHARING INFORMATION ABOUT FOOD & OTHER ALLERGIES Cooks, staff members, child care workers and substitutes having direct contact with the children shall be informed about food allergies and other allergies of specific children.   |     |     |          |
| <b>(6) Health</b>  |     |     |          |
| (6)(a)1. OBSERVATION – SYMPTOMS OF ILLNESS Each child upon arrival at a center shall be observed by a staff person for symptoms of illness and injury. For an apparently ill child, the procedure under par. (c) shall be followed.  |     |     |          |
| (6)(b) ISOLATION AREA A center shall have an isolation area for the care of children who appear to be ill. If the area is not a separate room, it shall be separated from space used by other children by a partition, screen or other means.  |     |     |          |
| (6)(c) Ill child procedure. The following procedures shall apply when a child with an illness or condition, such as vomiting or diarrhea, having the potential to affect the health of other persons is observed in the child care center:   |     |     |          |
| (6)(c)1. ILL CHILD – ISOLATION The child shall be isolated.  |     |     |          |
| (6)(e)1. COMMUNICABLE DISEASE – EXCLUSIONS A child with a reportable communicable disease specified in ch. DCF 145 may not be admitted to or be permitted to remain in a child care center during the period when the disease is communicable.   |     |     |          |
| (6)(e)2. COMMUNICABLE DISEASE – REPORTING When it is determined that a person in contact with children or a child enrolled in a child care center has a reportable communicable disease under ch. DCF 145, such as German measles, infectious hepatitis, measles, mumps, or meningitis, the local public health officer, the department and the parents of exposed children shall be notified. |     |     |          |
| (6)(e)3. COMMUNICABLE DISEASE – READMISSION An employee, volunteer or a child may be readmitted to the group child care center if there is a statement from a physician that the condition is no longer contagious or if the person has been absent for a period of time equal to the longest usual incubation period for the disease as specified by the department.                          |     |     |          |
| (6)(f) Medications. 1. Center staff may give prescription or non-prescription medication, such as pain relievers, teething gels or cough syrup, to a child only under the following conditions:  |     |     |          |
| (6)(f)1.a. MEDICATION ADMINISTRATION – PARENT AUTHORIZATION A written authorization that includes the child's name and birthdate, name of medication, administration instructions, medication intervals and length of the authorization dated and signed by the parent is on file. Blanket authorizations that exceed the length of time specified on the label are prohibited.                |     |     |          |
| (6)(f)1.b. MEDICATION ADMINISTRATION – CONTAINERS & LABELING Medication is in the original container and labeled with child's name and the label includes the dosage and directions for administration.  |     |     |          |
| (6)(f)1.c. MEDICATION ADMINISTRATION – DOCUMENTING IN LOG BOOK A written record, including type of medication given, dosage, time, date and the name or initials of the person administering the medication, shall be made in the center medical log book on the same day that the medication is administered.   |     |     |          |
| (6)(f)3. MEDICATION – STORAGE Medication shall be stored so that it is not accessible to the children.   |     |     |          |
| (6)(f)4. MEDICATION – REFRIGERATION Medication requiring refrigeration shall be kept in the refrigerator in a separate, covered container clearly labeled "medication".  |     |     |          |
| (6)(f)5. MEDICATION ADMINISTRATION – AS LABELED & AUTHORIZED All medication for a child in care shall be administered by the center as directed on the label and as authorized by the parent.  |     |     |          |
| (6)(f)6. CURRENT AUTHORIZATIONS FOR MEDICATIONS ON PREMISES No medication intended for use by a child in the care of the center may be kept at the center without a current medication administration authorization from the parent.   |     |     |          |

| DCF 251.07 PROGRAM (continued)  | Met | N/A | COMMENTS |
|---|-----|-----|----------|
| (6)(g)1. WIPING BODILY SECRETIONS Bodily secretions such as runny noses, eye drainage and coughed up matter shall be wiped with a disposable tissue used once and placed in a plastic-lined container. Whoever does the wiping shall wash his or her hands immediately.   |     |     |          |
| (6)(g)2. CLEANING BODILY SECRETIONS ON SURFACES Bodily secretions on surfaces shall be washed with soap and water and disinfected with a bleach solution of one tablespoon bleach to one quart of water, made fresh daily. Hands shall be washed immediately.   |     |     |          |
| (6)(h)1. USE OF UNIVERSAL PRECAUTIONS Center staff shall adopt universal precautions when exposed to blood and blood-containing body fluids and injury discharges of all children.  |     |     |          |
| (6)(h)2. HANDWASHING AFTER EXPOSURE TO BLOOD All persons exposed to blood or blood-containing body fluids and tissue discharges shall wash their hands immediately with soap and warm running water.  |     |     |          |
| (6)(h)3. USE OF DISPOSABLE GLOVES Single use disposable gloves shall be worn if there is contact with blood-containing body fluids or tissue discharges. Hands shall be washed with soap and water after removal of gloves. Gloves shall be discarded in plastic bags.  |     |     |          |
| (6)(h)4. DISINFECTING SURFACES AFTER CONTACT WITH VOMIT, URINE, FECES For spills of vomitus, urine, feces, blood or other body fluids, center staff shall clean and disinfect the floors, walls, bathrooms, tabletops, toys, kitchen countertops and diaper changing tables.  |     |     |          |
| (6)(i)1. WASHING CHILD'S HANDS & FACE A child's hands shall be washed with soap and warm running water before meals and snacks and after toileting or diapering. A child's hands and face shall be washed after meals.  |     |     |          |
| (6)(i)2. ADULT HANDWASHING Persons working with children shall wash their hands with soap and warm running water before handling food, and after assisting with toileting and after wiping bodily secretions from a child with a disposable tissue.   |     |     |          |
| (6)(i)6. HAND WASHING OUTDOORS & ON FIELD TRIPS If running water is not immediately available when outdoors or on field trips, soap and water-based wet wipes may be used. When running water becomes available, hands must be washed immediately with soap and running water.  |     |     |          |
| (6)(i)7. USE OF HAND SANITIZERS Disinfecting hand sanitizers may not replace the use of soap and water when washing hands.  |     |     |          |
| (6)(j)4. FIRST AID PROCEDURES First aid procedures shall be followed for serious injuries.  |     |     |          |
| (6)(j)6. CLEANING & PROTECTING SUPERFICIAL WOUNDS Superficial wounds shall be cleaned with soap and water only and protected with a bandaid or bandage.   |     |     |          |
| (6)(j)8. DAILY RECORD OF INJURIES A daily record of injuries shall be kept in the medical log book.   |     |     |          |
| (6)(k)1. HEALTH EXAMINATION – CHILDREN UNDER AGE 2 Each child under two years of age shall have an initial health examination not more than six months prior to nor later than three months after being admitted to a center, and a follow-up health examination at least once every six months thereafter.   |     |     |          |
| (6)(k)2. HEALTH EXAMINATION – CHILDREN OVER AGE 2 Each child 2 years of age and older shall have an initial health examination not more than one year prior to nor later than 3 months after being admitted to the center, and a follow-up health examination at least once every 2 years thereafter. School-age children are not required to have a health exam. |     |     |          |
| (6)(k)3. HEALTH EXAMINATION – DOCUMENTATION The health examination report shall be on a form provided by the department and shall be signed and dated by a physician, physician assistant or HealthCheck provider.  |     |     |          |
| (6)(k)5. HEALTH HISTORY INFORMATION A child's health history on a form prescribed by the department completed by the child's parent shall be on file at the center by the first day of attendance. Information contained on the health history form shall be shared with any child care worker assigned to care for the child.                                    |     |     |          |
| (6)(L) IMMUNIZATION DOCUMENTATION The center shall maintain a record of immunizations for each child to document compliance with s. 252.04 Stats., and ch. DCF 144.   |     |     |          |

| DCF 251.08 TRANSPORTATION   | Met | N/A | COMMENTS |
|---|-----|-----|----------|
| The program <input type="checkbox"/> provides regularly-scheduled transportation, <input type="checkbox"/> provides transportation for field trips, <input type="checkbox"/> does not transport.  |     |     |          |
| <b>(2) General</b>  |     |     |          |
| (2)(a) CENTER RESPONSIBILITY FOR CHILD DURING TRANSPORTATION The center shall be responsible for a child between the time the child is placed in a vehicle until the child reaches his or her destination and is released to a person responsible for the child.  |     |     |          |
| (2)(b) EMERGENCY INFORMATION IN VEHICLE The following emergency information shall be carried in the vehicle for each child transported:   |     |     |          |
| (2)(b)1. EMERGENCY INFORMATION IN VEHICLE – PARENT CONTACT An address and telephone number where a parent or other adult can be reached in an emergency.  |     |     |          |
| (2)(b)2. EMERGENCY INFORMATION IN VEHICLE – PHYSICIAN CONTACT The name, address, and telephone number of the child's physician or medical facility.   |     |     |          |
| (2)(b)3. EMERGENCY INFORMATION IN VEHICLE – EMERGENCY MEDICAL CONSENT Written consent from the child's parent for emergency medical treatment.  |     |     |          |
| (2)(c) SMOKING IN VEHICLE Smoking is prohibited in the vehicle while children are being transported.  |     |     |          |
| (2)(d) REPORTING VEHICLE ACCIDENTS The center administrator shall submit a copy of any accident report to the department within five days after the occurrence of an accident involving a vehicle transporting children.  |     |     |          |
| <b>(3) Driver</b>   |     |     |          |
| (3)(a) DRIVER – QUALIFICATIONS The driver of a center-provided vehicle shall be or have all of the following:   |     |     |          |
| (3)(a)1. DRIVER QUALIFICATIONS – MINIMUM AGE At least 18 years of age.  |     |     |          |
| (3)(a)2. DRIVER QUALIFICATIONS – LICENSE A valid WI operator's license for the type of vehicle driven.  |     |     |          |
| (3)(a)3. DRIVER QUALIFICATIONS – EXPERIENCE At least one year of experience as a licensed driver.   |     |     |          |
| (3)(b) DRIVER RECORD – OBTAIN & REVIEW The licensee shall obtain a copy annually of the driving record for each driver of a center-provided vehicle and shall place the record in the staff file. The licensee shall review each driving record to ensure that the driver has no accidents or traffic violations that would indicate that having children ride with the driver could pose a threat to the children. |     |     |          |
| (3)(c) DRIVER RECORD – PROHIBITIONS A driver whose driving record poses a threat to the children may not transport children.  |     |     |          |
| <b>(4) Vehicle.</b> (a) A vehicle used to transport children shall be:  |     |     |          |
| (4)(a)1. VEHICLE REQUIREMENTS – REGISTRATION Registered in Wisconsin.   |     |     |          |
| (4)(a)2. VEHICLE REQUIREMENTS – INTERIOR CONDITION Clean, uncluttered and free of obstructions on the floors, aisles and seats.   |     |     |          |
| (4)(b)1. CAR SAFETY SEAT– CHILD UNDER AGE 1 OR UNDER 20 POUNDS Each child who is under 1 year of age or who weighs less than 20 pounds shall be properly restrained in a rear-facing individual child car safety seat when being transported in a vehicle as specified in s. 347.48 Stats.  |     |     |          |
| (4)(b)2. CAR SAFETY SEAT – CHILD AGE 1 TO 4 OR 20 TO 40 LBS Each child who is at least 1 year of age but less than 4 years of age or who weighs at least 20 pounds but less than 40 pounds shall be properly restrained in a forward-facing individual child car safety seat when being transported in a vehicle as specified in s. 347.48 Stats.   |     |     |          |
| (4)(b)3. BOOSTER SEAT RESTRAINT – CHILD AGE 4 TO 8 OR UNDER 80 LBS OR 4'9" Each child who is at least 4 years of age but less than 8 years, weighing not more than 80 pounds or taller than 4 feet 9 inches shall be properly restrained in a shoulder-positioning child booster seat when being transported in a vehicle as specified in s. 347.48 Stats.  |     |     |          |
| (4)(b)4. SEAT BELT USE Each child who is not required to be transported in an individual child car safety seat or booster seat when being transported in a vehicle shall be properly restrained by a seat belt. Each adult shall be properly restrained by a seat belt. Seat belts may not be shared.   |     |     |          |
| (4)(d) VEHICLE – FRONT SEAT USE Children under age 13 may not ride in the front seat.   |     |     |          |

| DCF 251.08 TRANSPORTATION (continued)  | Met | N/A | COMMENTS |
|--|-----|-----|----------|
| <b>(5) Vehicle Capacity and Supervision</b>  |     |     |          |
| (5)(a) VEHICLE – UNATTENDED CHILDREN Children may not be left unattended in a vehicle.   |     |     |          |
| (5)(b) VEHICLE – ADDITIONAL ADULT SUPERVISION When children are transported in a vehicle, there shall be at least one adult supervisor in addition to the driver in either of the following circumstances:   |     |     |          |
| (5)(b)1. VEHICLE SUPERVISION – 3 OR MORE CHILDREN UNDER 2 OR WITH DISABILITY There are more than 3 children who are either under 2 years of age or have a disability which limits their ability to respond in an emergency.  |     |     |          |
| (5)(b)2. VEHICLE SUPERVISION – MORE THAN 10 CHILDREN UNDER 5 There are more than ten children under five years of age in the vehicle.  |     |     |          |
| (5)(c) RELEASING A CHILD AFTER TRANSPORTATION After transporting a child to his or her destination, an adult shall wait until the child enters the building or is in the custody of an adult designated by the parent, unless otherwise authorized by the parent of a school-age child.  |     |     |          |
| (5)(d) VEHICLE CAPACITY A seat in the vehicle shall be provided for each child. In a vehicle not required to have seat belts, the manufacturer shall determine the capacity of the vehicle.  |     |     |          |
| (5)(e) TRANSPORTATION – PROCEDURE TO ENSURE CHILDREN EXIT VEHICLE The center shall develop and implement a procedure to ensure that all children exit the vehicle after being transported to a destination.  |     |     |          |
| <b>(6) Regularly Scheduled Transportation.</b> (a) When regularly scheduled transportation is provided by a center, the center shall maintain the following information in writing at the center and in each vehicle:  |     |     |          |
| (6)(a)1. TRANSPORTATION – LIST OF CHILDREN TRANSPORTED ON FILE A list of children transported.   |     |     |          |
| (6)(a)2. TRANSPORTATION – ROUTE & STOPS ON FILE The transportation route and scheduled stops.  |     |     |          |
| (6)(a)3. TRANSPORTATION – AUTHORIZED PERSON TO RECEIVE CHILD ON FILE The name and address of the person authorized to receive a child if the child is dropped off at a place other than the child's residence.   |     |     |          |
| (6)(a)4. TRANSPORTATION – PROCEDURE IF NO ONE HOME TO RECEIVE CHILD ON FILE Procedures to be followed when parent or designated authorized adult is not home to receive child.   |     |     |          |
| (6)(b) TRANSPORTATION – PROCEDURE FOR CHILDREN WITH DISABILITIES The center shall maintain written safety precautions to be followed and implemented when transporting children with disabilities or children who have a limited ability to respond in an emergency.   |     |     |          |
| (6)(c) TRANSPORTATION – CONTRACTED / CHARTERED VEHICLE CONTACT When transportation services are contracted or chartered, the name, address and telephone number of the contracting firm and the name of a representative of the firm who may be contacted after hours shall be on file at the center.  |     |     |          |
| <b>(7) Center Vehicles</b>   |     |     |          |
| (7)(a) VEHICLE – CONDITION, INSPECTION REPORT A center-provided vehicle shall be in safe operating condition. Except for licensed contract motor carrier vehicles, the licensee shall provide the department with evidence of the vehicle's safe operating condition at 12-month intervals on a form the department provides. Licensed contract motor carrier vehicles shall comply with all applicable standards for those vehicles.  |     |     |          |
| (7)(b) VEHICLE – FIRST AID KIT A center-provided vehicle, other than a licensed contract motor carrier, shall be equipped with a first aid kit.  |     |     |          |
| <b>(8) Child Care Vehicle Safety Alarm</b>   |     |     |          |
| (8)(a) VEHICLE SAFETY ALARM – INSTALLED A vehicle shall be equipped with a child safety alarm that prompts the driver to inspect the vehicle for children before exiting if all of the following conditions apply.<br>1. The vehicle is owned or leased by a licensee or a contractor of a licensee. 2. The vehicle has a seating capacity of 6 or more passengers plus the driver. The seating capacity of the vehicle shall be determined by the manufacturer. 3. The vehicle is used to transport children in care. |     |     |          |

| DCF 251.08 TRANSPORTATION (continued)   | Met | N/A | COMMENTS |
|---|-----|-----|----------|
| (8)(b) VEHICLE SAFETY ALARM – PROMPTS INSPECTION OF VEHICLE No person may shut off a child safety alarm unless the driver first inspects the vehicle to ensure that no child is left unattended in the vehicle.   |     |     |          |
| (8)(c) VEHICLE SAFETY ALARM – WORKING ORDER The child safety alarm shall be in good working order each time the vehicle is used for transporting children to or from a center.  |     |     |          |
| <b>DCF 251.09 ADDITIONAL REQUIREMENTS FOR INFANT AND TODDLER CARE</b>   |     |     |          |
| <input type="checkbox"/> Yes <input type="checkbox"/> No The program provides care for children under age two years.  |     |     |          |
| <b>(1) Applicability and General Requirements.</b> (a) Group child care centers providing care and supervision to infants and toddlers shall comply with the additional requirements of this section.   |     |     |          |
| (1)(j) INFANT & TODDLER – CRIB MATTRESSES & COVERINGS Cribs and playpens shall contain a tight fitting mattress and any mattress covering shall fit snugly over the mattress. Water beds may not be used by children under age two.   |     |     |          |
| (1)(k) INFANT & TODDLER – BEDDING Sheets or blankets used to cover the child shall be tucked tightly under the mattress and shall be kept away from the child's mouth and nose.   |     |     |          |
| (1)(L) INFANT & TODDLER – SOFT MATERIALS IN CRIBS Children under one year of age may not sleep in a crib or playpen that contains soft materials such as sheepskins, pillows, fluffy blankets, bumper pads or stuffed animals.  |     |     |          |
| <b>(2) Daily Program</b>  |     |     |          |
| (2)(bm) INFANT & TODDLER – SLEEP POSITION Each child under age one shall be placed to sleep on his or her back in a crib unless otherwise specified in writing by the child's physician. The child shall be allowed to assume the position most comfortable to him / her when able to roll over unassisted.   |     |     |          |
| <b>(4) Diapering and Toileting</b>  |     |     |          |
| (4)(a) INFANT & TODDLER – WORKER DIAPERING / TOILETING RESPONSIBILITIES Child care workers shall do all of the following:   |     |     |          |
| (4)(a)3. INFANT & TODDLER – DIAPER CHANGING SURFACE DISINFECTION Change each child on an easily cleanable surface which is cleaned with soap and water and a disinfectant solution after each use with a chlorine bleach solution of one tablespoon bleach to one quart of water, made fresh daily, or a quaternary ammonia product prepared in accordance with label directions.   |     |     |          |
| (4)(a)9. INFANT & TODDLER – HANDWASHING WHEN DIAPERING Wash hands with soap and running water before and after each diapering or assistance with toileting routines. For children under one year, hands may be washed with soap and a fabric or paper washcloth.  |     |     |          |
| <b>DCF 251.095 EXCEPTIONS &amp; ADDITIONAL REQUIREMENTS FOR SCHOOL-AGE CARE</b>   |     |     |          |
| Note: There are some exceptions to the requirements for programs serving school-age children (including children age 4 and above who are enrolled in a public school). Please see the licensing rules for these exceptions found in DCF 251.095(2) and (3).   |     |     |          |
| <b>(4) Additional Requirements For Group Child Care Centers Serving School-Age Children</b>   |     |     |          |
| (4)(b)2. SCHOOL-AGE CARE – CENTER DIRECTOR, CHILD CARE TEACHER A center director or child care teacher of a center serving only school-age children shall meet the requirements of DCF 251.05(1)(e) or (f), as appropriate, or shall substitute for those requirements department-approved experience, credits or approved courses in elementary education, physical education, child guidance, recreation or other department-approved training. |     |     |          |
| (4)(b)3. SCHOOL-AGE CARE – ASSISTANT CHILD CARE TEACHER Each assistant child care teacher shall meet the requirements in DCF 251.05(1)(g) or shall have satisfactorily completed at least 10 hours of training approved by the department in care of school-age children within 6 months after assuming position.   |     |     |          |