

		<p>extensive and costly renovations to their homes in order to meet the Commercial Building Codes.</p> <p>Section 66.1017, Wis. Stats., currently exempts some family child care centers from local zoning ordinances. Specifically the statute states: "No municipality may prevent a family day care home from being located in a zoned district in which a single-family residence is a permitted use. No municipality may establish standards or requirements for family day care homes different from the licensing standards established under s. 48.65, Stats. This subsection does not prevent a municipality from applying to a family day care home the zoning regulations applicable to other dwellings in the zoning district in which it is located. This statute currently allows most family child care centers to be exempt from local municipal zoning regulations. This exemption does not apply to centers licensed to care for more than 8 children which means that family child care centers who wish to care for more than 8 children must meet the local zoning ordinances or obtain conditional use permits to operate."</p> <p>The Department already has licensed several small group child care centers (under HFS 46, Licensing Rules for Group Child Care Centers) that are located in a provider's home, meet the Commercial Building Codes and comply with zoning requirements of the local municipality. The Department believes that existing rules can accommodate those licensees who wish to care for a few more children eliminating the need for a new category of care.</p>
4. General	Supports changing the name of the rule from "Day Care Centers" to "Child Care Centers." (21, 22, 23, 52)	No response required.
5. General	Supports background checks for child care providers. (95)	No response required.
6. General	Opposes requiring additional documentation requirements. (114)	<p>The Department has reviewed the documentation required in the revisions to the rules and has modified several rules to lessen the requirements for documentation. Specifically, the Department has proposed modifying s. HFS 45.06(1)(b) and HFS 46.06(11) (b) 6. to eliminate the requirement that licensees need to document sealing CCA-treated lumber on playgrounds. The Department has also modified s. HFS 45.04(3)(d) and HFS 46.04(3)(f) to eliminate the requirement that licensees must submit a plan of correction for violations of the licensing rules. Furthermore, the Department is modifying s. HFS 45.10(4)(a) to remove the requirement that the licensee must document that providers have obtained training in the evacuation of sleeping children in centers</p>

		<p>providing care between the hours of 9 PM and 5 AM. The Department believes that these changes will reduce the amount of documentation required of family child care licensees and will not hinder the Department's ability to ensure that children receive safe care.</p>
7. General	<p>Provide all licensed child care centers with a copy of the revised rules before the effective date. (46, 48, 57, 115)</p>	<p>The Department agrees and it will do so before the effective date of the rules.</p>
8. General	<p>Provide an orientation on the final revisions. (46, 115)</p>	<p>The Department is planning to offer at least one orientation session on the revised rules in each region of the state and will consider the needs of the child care community in the development of orientation tools and sessions.</p>
9. General	<p>Believes revisions to the current rules will dramatically increase cost of running a business. (107)</p>	<p>The Department is cognizant of costs of running a child care business, but disagrees with the commenter. The Department has researched the proposed revisions to ensure that the potential costs incurred to meet the requirements are not out of line. For example, general liability insurance is not required for family child care providers unless the licensee wishes to give dogs and cats living in the household free and unrestrained access to the children. If licensees that have cats and dogs restrict the animals access to children during the child care day, liability insurance is not required. Additionally, the Department has determined that liability insurance specific to cats and dogs is available to child care providers beginning at approximately \$50 per year for coverage depending on the amount and type of coverage chosen.</p> <p>A 2001 study on the number of child care providers who are trained in Cardiopulmonary Resuscitation (CPR) indicated that approximately 1/3 of all licensed child care centers had taken CPR or had encouraged or required staff working with children to have a current certificate of completion for CPR training. The Department is working with outside agencies to develop and implement additional resources for making CPR training readily available to providers. Certificates are good for at least 2 years. The range of fees for CPR training varies widely depending on the source of the training and the type of certification obtained.</p> <p>Other requirements that may require some expense for child care centers including entry-level training and continuing education have not been increased or revised. Research has shown that the professional development of child care providers is the key to offering quality child</p>

		care experiences to young children. The Department believes low or no cost continuing education training is readily available through a variety of sources and that there are T.E.A.C.H. Early Childhood Wisconsin scholarships available for those providers who wish to obtain credit-based training.
10. General	Include form numbers with the rules that require Department forms. (101)	Where appropriate, form titles and numbers are indicated throughout the rule and in Appendix E of the rules.
11. General	Translate rules into Hmong. (50)	The Department agrees and will translate the rules into Spanish and Hmong after the rule promulgation process is complete.
12. General	Requests centers licensed by the state be eligible for state health insurance coverage. (15)	These proposed rule changes address licensing requirements. State health insurance programs, such as BadgerCare, have their own eligibility provisions in statute and administrative rule, and are, therefore, outside the scope of the changes to HFS 45 and 46 the Department is proposing.
13. HFS 46 General	Clarify whether a center must pay for employees continuing education and Registry certificates (3)	These proposed rule changes address licensing requirements. What expenses a center reimburses its employees for is outside the scope of the changes to the rule the Department is proposing.
14. HFS 45.03(6) HFS 46.03(10m)	Clarify the term "emergency" to be more definitive. (21, 22, 23, 46)	No change. The list of emergencies identified in the definition is illustrative and not intended to include every circumstance that may constitute an emergency. The Department believes it best to give the center some discretion regarding what constitutes an emergency.
15. HFS 45.03(11) HFS 46.03(11)(g)	Opposes the statement "exercise unsound judgement" in the definition of fit and qualified because it is vague. (46)	No change. The Department believes the definition is clear as written. Given that the exercise of judgment is situational, it would be impossible to specify what represents "sound judgment" in all cases.
16. HFS 45.03(15) HFS 46.03(14)	Modify definition of inclement weather so that it is not limited to certain weather circumstances. (46, 105)	No change. This list included is meant to be illustrative and not inclusive. The Department believes it best to give the center some discretion regarding what constitutes inclement weather.
17. HFS 45.03(32) HFS 46.03(29m)	Modify proposed definition of Sudden Infant Death Syndrome. (46)	No change. The Department believes it best to adopt the definition of Sudden Infant Death Syndrome provided by the Infant Death Center of Wisconsin.
18. HFS 45.03(35)	Include an appendix with information about the US Occupational Safety and Health Administration (OSHA)	The Department has added a note to the rule that identifies a toll-free telephone number that licensees can call to get information on the

	requirements relating to blood borne pathogens. (27)	OSHA requirements.
19. HFS 45.04(2)(e)9.	Opposes requirement that centers have a written policy that identifies any religious programming that may occur at a center. (99)	No change. The Department believes that including any religious practices or programming that a center implements in the written policy shared with parents helps ensure that parents and caregivers share an understanding of the type of programming at the center.
20. HFS 45.04(2)(f)	Clarify whether the requirement for orientation needs to be a written plan. (58, 59, 60, 61, 62, 63, 77, 78, 79, 82, 83, 86, 88, 92, 93, 94, 98)	The Department has added the word "written" to the rule to clarify that a written orientation plan must be submitted to the department and has included a note that cross references HFS 45.05(2)(a) and (b), which specify whether the orientation documentation must be written or verbal.
21. HFS 45.04(2)(g)	Clarify whether licensees must state actual insurance amounts in their written policy to parents. (58, 59, 60, 61, 62, 63, 77, 78, 82, 83, 84, 86, 88, 92, 93, 94, 98, 111, 112, 128)	The Department has modified the rule to clarify that licensees need only indicate whether or not they have liability insurance on their business without requiring that licensees reveal the amounts of the coverage.
22. HFS 45.04(2)(k)	Clarify whether the requirement that licensees meet with a representative of the Department means that this meeting must be at the licensing office. (58, 59, 60, 61, 62, 63, 77, 78, 79, 82, 83, 86, 88, 92, 93, 94, 98)	No change. The Department feels that where such meetings take place will be determined by the reason and nature of the meeting. The rule as written allows the Department discretion in determining when and where such meetings are held.
23. HFS 45.04(3)(a) HFS 46.04(3)(a)	Clarify under what circumstances a licensee must report a child's contact with a medical professional. (85)	The Department has modified the rule to say that any death of a child in the care of the center or any accident that results in an injury requiring professional medical treatment must be reported to the Department.
24. HFS 45.04(3)(c) HFS 46.04(3)(L)	Opposes the requirement that a licensee contact the Department prior to any remodeling or new construction in a child care center. (54, 123, 128)	No change. The Department must insure that any changes to the facility will not affect the care of children. All work associated with these changes must meet required building codes.
25. HFS 45.04(3)(f) HFS 46.04(3)(i)	Clarify under what circumstances the Department must be notified if a child leaves the premises of a center. (1, 21, 22, 23, 99)	No change. The Department believes the rule is clear as written insofar as it specifies "any" (all) incidents that are without the knowledge of the center.
26. HFS 45.04(3)(g) HFS 46.04(3)(k)	Clarify whether the Department should be notified regarding any contact with law enforcement officials even minor incidents such as a traffic ticket. (21, 22, 23, 49, 129)	No change. The Department believes that any contact with law enforcement has the potential to impact the care of children and should be reported to enable the Department to make a decision on whether follow-up action is necessary.
27. HFS 45.04(3)(h) HFS 46.04(3)(h)	Clarify what constitutes a change in room usage that must be reported to the Department. (1, 21, 22, 23, 128)	The Department has modified the rule to include examples of changes in room uses. Examples given include changing the way rooms are used by children or using rooms that were not previously approved for use.

<p>28. HFS 45.04(3)(i) HFS 46.04(3)(j)</p>	<p>Clarify whether an employee discharged because he or she inappropriately disciplined a child must be reported to the child protective services agency. (3)</p>	<p>No change. The Department believes that the licensee must make the determination of when inappropriate discipline of a child by an employee of a child care center must also be reported to the child protective services agency. Section HFS 45.04(8) and 46.04(8) require a licensee or provider who knows or has reason to suspect that a child has been abused or neglected to contact the appropriate authorities. The rules also require that each provider and substitute receive training in the child abuse and neglect laws, the identification of abuse and neglect and the center's procedure for reporting suspected abuse and neglect. The Department believes that the training required under these rules will provide guidance to licensees and providers on what constitutes child abuse or neglect and when it is appropriate to contact the child protective services agency.</p>
<p>29. HFS 45.04(3)(j) HFS 46.04(3)(l)</p>	<p>Define a change in program services that would require the Department be notified prior to the change. (128)</p>	<p>The rule has been clarified to give examples of program services such as changes in transportation or food services, and seasonal closing.</p>
<p>30. HFS 45.04(4)(b)</p>	<p>Opposes requirement that parents be given a copy of the summary of the licensing rule and requests the rule be changed to allow a copy of the summary of the rules available at the center. (58, 59, 60, 61, 62, 63, 77, 78, 79, 82, 83, 86, 88, 92, 93, 94, 98)</p>	<p>No change. The Department believes that parents as consumers of licensed child care need to be informed of the protections offered to children from the licensing rules. Supplying parents with a summary of the licensing rules will serve to educate and inform parents of the rules a licensee agrees to follow when a license is issued. Because parents are in centers on a daily basis when dropping off and picking up their children they will be better able to notice when a licensing violation may occur. Having a summary of the rules provided to the parent will allow the parent to have ready access to information about what to expect in their child's care setting. This summary of the rules developed by the Department also includes information on how to alert the Department when a parent has concerns about the care provided.</p>
<p>31. HFS 45.04(5)(b)&(c) HFS 46.04(5)(a)</p>	<p>Opposes requirement for background checks every 4 years. (121)</p>	<p>No change. The rule reflects the statutory requirements for caregiver background checks found in s. 48.685(3) of the Wisconsin statutes.</p>
<p>32. HFS 45.04(5)(b)&(c) HFS 46.04(5)(b)&(c)</p>	<p>Clarify time frames for background checks. (2)</p>	<p>The Department has modified the rule to reflect the statutory requirements for caregiver background checks found in s. 48.685(3) of the statutes. Licensees are responsible for knowing and acting in accordance with state laws regarding caregiver background checks.</p>
<p>33. HFS 45.04(5)(c)</p>	<p>Clarify why complete background checks are not required before an employee begins work. (21, 22, 23)</p>	<p>No change. Existing Wisconsin statutory requirements for caregiver background checks do not require such checks to be completed before</p>

HFS 46.04(5)(a)3.		an employee begins work. The Department believes it important to maintain consistency among requirements under the law.
34. HFS 45.04(5)(d)	Develop a new form to document hours worked by an employee or substitute. (58, 59, 60, 61, 62, 63, 77, 78, 79, 82, 83, 86, 88, 92, 93, 94, 98)	No change. There are many standardized time reporting forms readily available and the Department believes a new form is not necessary.
35. HFS 45.04(5)(e)	Clarify how often a provider must have a physical exam. (12)	No change. The rule states that a physical examination must be completed within 12 months prior or 30 days after the person becomes licensed or begins working with children. No subsequent physical exam is required under the rule.
36. HFS 45.04(6)(a)1. HFS 46.04 (6)(a)	Modify the wording in the rule that requires child enrollment information be on file at the center "prior to the child's first day" to "by or on the child's first day". (21, 22, 23, 46)	No change. The Department believes that it is necessary to have enrollment information (including information on contacting parents, a child's health history and consent for emergency medical consent on file before the child is left at the center for care. Modifying the rule as suggested by this commenter could be interpreted to mean that the child could be in care without this information as long as it was provided by the end of that first day of attendance. Requiring the information be on file prior to the child's first day of attendance allows a parent to bring the enrollment information to the center at the same time as the child on the first day of attendance.
37. HFS 45.04(6)(b)	Opposes the requirement that the center record birth dates of children in care on the attendance forms. (58, 59, 60, 61, 62, 63, 77, 78, 79, 82, 83, 86, 88, 92, 93, 94, 98, 107, 123)	No change. In addition to verifying which children are present in a center at any given time, attendance records also are used to verify that the center is in compliance with staff to child ratios. The Department believes the addition of a child's birth date to these records instead of in the child's file will help licensees and the Department insure that the appropriate staff-to-child ratios are adhered to. Attendance records are also used by other agencies (such as W-2 agencies administering child care subsidies and the Child and Adult Care Food Program) that may need to know the dates of birth for children listed on the attendance record.
38. HFS 45.04(6)(c)	Opposes requirement that every injury a child might receive including bumps, bruises, scratches or bites be logged in the medical log book. (99, 128)	No change. The medical log book is a formal record relating to injuries received by a child while in attendance at a center. Recording all injuries in a log book provides a permanent record should the injury turn out to be more serious than originally suspected. All child care providers are mandated reporters of suspected child abuse. Therefore, logging any injury observed on a child may provide an indication that child abuse is occurring.

39. HFS 45.04(8)(b)	Opposes requirement for training in child abuse and neglect identification and reporting procedures every 2 years. (97)	No change. Because child care providers are mandated reporters of suspected child abuse and neglect, the Department believes that training every 2 years in identification of suspected abuse and reporting procedures is necessary to ensure that all providers are very aware of these signs.
40. HFS 45.04(8)(b)	Supports requirement for training in child abuse and neglect identification and reporting procedures. (27)	No response necessary.
41. HFS 45.04(8)(b)	Clarify who will provide training in child abuse and neglect identification and reporting. Describe how the training is going to be available and what will it cost. (58, 59, 60, 61, 62, 63, 77, 78, 79, 82, 83, 86, 88, 92, 93, 94, 98, 115)	No change. Training in child abuse and neglect identification and reporting procedures is currently readily available at no or low cost from county departments of social or human services and law enforcement agencies.
42. HFS 45.05(1)(b)	Require family child care providers to have a high school diploma. (97)	No change. Licensed family child care providers are required to be at least 18 years old and to complete competency-based early childhood specific entry level training as well as annual continuing education in caring for children. The courses identified in the rule as meeting the requirement for entry-level training were specifically designed to train child care providers in topics that related to the care of children. Students in these courses must demonstrate that they understand the information presented and have the skills necessary to provide safe care to children. The Department does not currently require providers to have a high school education and the Department believes that ensuring providers have specific competency-based training in the care of young children is more relevant than a high school diploma.
43. HFS 45.05(1)(b) HFS 46.05(1)(d)	Clarify which non-credit courses meet entry level training requirements. (4, 8,9)	The Department has added notes where appropriate in HFS 45 and 46 that provides the names of the Department-approved courses that can be taken to meet entry level training requirements.
44. HFS 45.05(1)(b)3.	Opposes requirement that substitute care providers meet the entry level training requirements within 6 months of providing care, especially if substitutes are used very occasionally. (12, 58, 59, 60, 61, 62, 63, 77, 78, 79, 82, 83, 86, 88, 92, 93, 94, 98, 112, 113, 114, 115, 116, 125, 126,128, 130)	The Department agrees and has modified the rule to indicate that a substitute must have obtained the entry-level training required under the rule after they have worked in a program for 240 hours.
45. HFS 45.05(1)(b)3.	Opposes requirements that substitutes, volunteers and any person used to meet staff to child ratios are required	No change. The Department believes that all persons providing care on a regular basis to children should meet the entry-level training

	to have the same qualifications as the primary caregiver. (12, 17, 26, 95, 96, 129)	requirements. The courses required for entry level training are designed to give any person caring for children a basic understanding of child development and to provide information on what is required of a provider under the licensing rules. The Department believes that substitutes, volunteers and other persons used to meet the staff to child ratios need the same information as the primary provider when working with young children. Therefore the Department is requiring all persons working with children and used to meet the staff to child ratio to have the same training.
46. HFS 45.05(1)(b)4.	Include training specific to working with children with special needs in the continuing education requirements. (13)	No change. The list of types of continuing education training is illustrative and the Department believes that providers must be able to choose the training that is most relevant to the children in the care of that particular center. There are many types of special needs that a child might have, such as health problems, behavioral challenges, mental health issues and other types of special needs. Allowing licensees discretion in choosing the type of continuing education obtained will allow a provider to customize the training to meet the specific needs of the children enrolled in the center.
47. HFS 45.05(1)(b)4. HFS 46.05(2)(c)7.	Clarify the number of hours that can be used for continuing education that result from independent reading or video watching. (3)	The Department has modified the rule to include the number of hours that may be spent doing independent reading or video watching to meet continuing education requirements.
48. HFS 45.05(1)(b)5. HFS 46.05(2)(c)6.	Supports addition of requirement for CPR training for all person in contact with children. (21, 22, 23, 27, 58, 59, 60, 61, 62, 63, 77, 78, 79, 82, 83, 86, 88, 89, 92, 93, 94, 95, 98, 113, 115)	No response necessary.
49. HFS 45.05(1)(b)5. HFS 46.05(2)(c)6.	Clarify which agencies may provide a certificate of completion for CPR training. (18)	No change. The Department did not specify those training agencies authorized to provide CPR training to allow licensees a range of choices.
50. HFS 45.05(1)(b)5. HFS 46.05(2)(c)6.	Opposes requiring current CPR training for all persons who have regular contact with children. (18, 91)	No change. In order to protect children in care, the Department believes that all persons who have regular contact with children should be trained in CPR.
51. HFS 45.05(2)(a)	Clarify how often employees, volunteers and substitutes should receive orientation. (58, 59, 60, 61, 62, 63, 77, 78, 79, 82, 83, 86, 88, 92, 93, 94, 98)	No change. The Department believes the rule clearly indicates that orientation is only required prior to beginning work. Licensees are encouraged to review orientation items periodically to make sure that all persons working with children are reminded of the center's policies and procedures, but such reviews are not required. The Department will

		allow a review of the orientation materials to be counted towards the continuing education hours required should the licensee wish to require a review.
52. HFS 45.05(2)(a)	Opposes the requirement that substitutes document that they have received an orientation to the program before caring for children. (99)	No change. The Department believes that persons providing care in the absence of the regular provider need to have information that will allow them to provide care and supervision to the children. Documentation of this orientation is necessary in order to ensure that that an orientation took place.
53. HFS 45.05(2)(a)	Supports the requirement that all substitutes document they have received an orientation to the program before caring for children. (129)	No response necessary.
54. HFS 45.05(2)(a)&(b)	Supports requiring employees, substitutes, volunteers and emergency back-up providers to have an orientation to the program. (115, 128, 129)	No response necessary.
55. HFS 45.05(2)(a)&(b) HFS 46.05(2)(a)12.	Clarify whether the requirement for training in SIDS risk reduction procedures must be an extensive 2-hour training or just a review of a center's SIDS risk reduction procedures. (110)	No change. The rule as written allows the licensee to determine what constitutes training in SIDS risk reduction procedures. The licensing rules are being modified to include SIDS risk reduction methods including placing children under one year of age to sleep on their backs, prohibitions on stuff animals and other soft items in a child's crib, requirements that mattresses fit tightly and that coverings in the crib do not obstruct a child's ability to breathe. Centers are required to address the specific procedures they will use to reduce the risk of SIDS in their health policies and to review these procedures with all staff before the staff begins to work with children.
56. HFS 45.05(2)(b)	Clarify whether emergency back-up providers may receive an oral orientation or whether the orientation can be a written document shared at the time the emergency back-up provider is needed. (58, 59, 60, 61, 62, 63, 77, 78, 79, 82, 83, 86, 88, 92, 93, 94, 98, 99)	No change. The rule as written allows for either a written or oral orientation of emergency back-up providers. However, the rule also requires that emergency back-up providers know the name, age and arrival and departure information for each child in care at the time the emergency back-up provider is present. The written orientation plan required under s. HFS 45.04(2)(f) must address how the licensee will insure that this information is shared with emergency back-up providers.
57. HFS 45.05(3)(i)	Opposes the requirement for sight and sound during meals in a family child care center. (27, 52, 58, 59, 60, 61, 62, 63, 77, 78, 79, 82, 83, 86, 88, 92, 93, 94, 97, 98, 116, 128)	The Department believes that children need close supervision during times when children are eating, but the Department is sensitive to the commenters' concerns about the difficulties associated with one person supervising all children through sight and sound in a home setting.

		<p>Therefore, the Department has deleted the rule that requires sight and sound supervision during meals and proposed a new rule that requires close supervision to guide children's behavior, prevent harm and ensure safety.</p>
<p>58. HFS 45.05(3)(i)</p>	<p>Opposes the requirement for sight and sound supervision of children under 5 years of age while outside. (12, 27, 97, 111, 116, 128)</p>	<p>The Department believes that children need close supervision when they are playing outside, however, the Department is sensitive to the commenters' concerns about the difficulties associated with one person supervising children when some children may be outside and others inside a home-based center. Therefore, the Department has deleted the rule that requires sight and sound supervision while children under age 5 are outside. The Department has proposed a new rule that requires a provider to be outside with the children if the children are not playing inside the permanent enclosure (fenced area) on a playground on the premises, if a fence is required because hazards are nearby. By adding this requirement, the Department believes that the licensee can ensure that children are either playing in a safe enclosed area on the premises or supervised by a provider who is outside with them when they are outside an enclosed area.</p>
<p>59. HFS 45.05(3)(i) and (j)</p>	<p>Supports requirement for sight and sound supervision of children during meals and while children under 5 years of age while outside. (129)</p>	<p>The Department agrees that close supervision is necessary during times when children are eating or children under age 5 are outside. However, the Department is also sensitive to other commenters' concerns about the difficulties associated with one person supervising children in a home setting. Therefore, the Department has deleted the rules that require sight and sound supervision during meals and when children under age 5 are outside and proposed new rules to address these concerns while protecting children in care. One of the new rules requires that each child be closely supervised by a provider to guide children's behavior and activities, prevent harm and ensure safety. The other new rule requires children to play inside an enclosed area on the premises unless an enclosure is not required or the center has been granted an exemption to use play space that is off the premises.</p>
<p>60. HFS 45.05(4)(b) and Table 45.05</p>	<p>Supports having lower staff to child ratios if there are children with special needs present in the family child care center. (47)</p>	<p>No change. The Department believes placement in child care for children with special needs must be evaluated on a case-specific basis and in conjunction with the parent and medical professionals. The licensing rules do not preclude lower staff to child ratios should a situation require additional staff resources.</p>
<p>61. HFS</p>	<p>Add requirement that there must be at least 2 child care</p>	<p>No change. The staff to child ratios for one child care provider are</p>

45.05(4)(b) and table 45.05	providers be available to care for 8 children, regardless of age. (122)	consistent with the American Academy of Pediatrics standards found in the <u>Caring for Our Children: National Health and Safety Performance Standards, Second Edition, 2002</u> . While the department encourages licensees to reduce staff to child ratios, the department believes that requiring additional providers in a family child care setting would substantially increase the costs associated with running a program.
62. HFS 45.05(4)(b) and table 45.05	Modify the staff to child ratio table to lower the age to kindergarten of the maximum number of additional school age children who may in care when more children under age 2 are present. (108, 199)	No change. The Department believes that changing the age of a school age child to age 5 and enrolled in kindergarten will reduce the ability of one provider to adequately supervise all children during those periods when there are between 2 and 4 children under age 2 in care.
63. HFS 45.05(4)(b) and Table 45.05	Supports staff to child ratios as included in rule. (14)	No response necessary.
64. HFS 45.05(4)(b) and Table 45.05	Modify the staff to child ratios to allow more infants and toddlers to be included when there is only one provider available. (11, 12, 15, 47, 75, 101, 199)	No change. The Department concurs with the research that indicates that lower staff to child ratios and lower maximum group sizes are predictors of higher quality childcare. Research into early brain development also indicates that the amount and quality of interactions between an infant and his/her caregiver is critical for maximal brain development. The Department believes the current staff-to-child ratios ensure that children receive adequate supervision and attention by a child care provider.
65. HFS 45.05 Table 45.05	Modify the staff to child ratio chart to indicate that the maximum capacity of a family child care center is 8, regardless of whether there are 2 providers present. (13)	The Department has added a note to the chart that references s. HFS 45.03 (9) and 45.05 (4)(a), which specify that there may never be more than 8 children in care. The Department has also moved the second sentence under s. HFS 45.05(4)(b) to a separate rule and added a note that provides an example of when 2 providers might be necessary to help clarify the rule.
66. HFS 45.06(1)(a)	Clarify how often a licensee must submit a statement from a building inspector indicating a building that is not a 1 or 2 family residence conforms with the applicable Wisconsin Commercial Building Codes. (129)	No change. This rule reflects current Wisconsin Commercial Building Codes that require family child care centers (that are not located in a 1 or 2 family dwelling) to conform with the applicable building codes. The inspection report is required prior to initial licensure. Subsequently, a report would be required only if there are any structural changes to a building after the initial license is issued.
67. HFS 45.06(1)(b)3.	Supports requiring air circulation when the indoor temperature reaches 80 degrees. (129)	No response necessary.

68. HFS 45.06(2)(g)	Clarify when protective railings are necessary if there are differences in elevations. (97)	No change. Examples of situations that might require protective railings (open sides of stairways, elevated platforms, walks, balconies, mezzanines) are currently included in the draft rule. This list is illustrative and not intended to include all examples of when protective railings should be in place.
69. HFS 45.06(2)(h) HFS 46.06(2)(h)	Opposes the rule that prohibits smoking on the premises of a center. (46, 111)	No change. The rule is consistent with the statutory requirements under s. 101.123, Stats., for clean indoor air.
70. HFS 45.06(2)(h) HFS 46.06(2)(h)	Clarify what constitutes premises when determining where smoking is prohibited. (7, 21, 22, 23)	The Department has added a note in the rules referencing the definition of "premises" under s. HFS 45.03(25) and 46.03(25). In the definitions "premises" means the tract of land on which the center is located, including all buildings and structures on that land.
71. HFS 45.06(2)(h) HFS 46.06(2)(h)	Supports prohibiting smoking on the premises of a center. (7, 21, 22, 23)	No response necessary.
72. HFS 45.06(7)(b)3.	Opposes requirement for openable windows with screens in every room. (58, 59, 60, 61, 62, 63, 77, 78, 79, 82, 83, 86, 88, 92, 93, 94, 98)	The Department did not intend to require that each room in a family child care center that is accessible to children had to have openable windows with screens. Therefore, the Department and has modified the rule to say that windows capable of being opened in areas of the center that are accessible to children must have screens.
73. HFS 45.06(11)(b)	Clarify what type of ground cover is acceptable in outdoor play space. (14)	No change. The rule does not specify a particular kind of ground cover that is required on outdoor play spaces to allow the licensee to choose the preferred ground cover preferred. The rule does prohibit playground equipment from being placed over concrete or asphalt.
74. HFS 45.06(11)(b)3 HFS 46.06(1)(b)6	Supports the requirement that all wooden outdoor structures constructed with CCA treated lumber on the premises of a center and accessible to children be sealed every 2 years. (129)	No response necessary.
75. HFS 45.06(11)(b)3 HFS 46.06(1)(b)6	Clarify why structures built with CCA treated lumber must be sealed every 2 years. (6)	No change. This requirement is based on research conducted by the U.S. Environmental Protection Agency. According to the EPA, effective 12/31/03, no wood treater or manufacturer may treat wood with CCA for most residential uses. The EPA has determined that children who play on structures built with CCA treated lumber may be exposed to arsenic that was used in the manufacture of CCA-treated lumber. The EPA indicates that while it is premature to reach conclusions about the

		<p>potential for CCA-treated structures to contribute to cancer risks to children, they recommend the use of sealants to help lower exposure to CCA. Therefore, the Department is requiring that all structures on playground built with CCA treated lumber be sealed every 2 years. The requirement that centers document such sealing was removed from the rule to reduce documentation requirements. Structures built with treated lumber manufactured after 12/31/03 will not be required to be sealed if licensees can demonstrate that the lumber was not treated with CCA preservative. The EPA believes and the Department concurs that there is no reason to remove or replace CCA-treated structures or surrounding soils.</p>
76. HFS 46.06(12)(a)	Opposes any prohibition of swimming pools on the premises of a center. (91, 190)	<p>The rules do not prohibit the presence of swimming pools on the premises of a child care center. Section HFS 45.06(12)(a) does prohibit children in the care of a center from using a swimming pool on the premises of a center. It also spells out protections that must be in place if a center is located on the premises of a center.</p>
77. HFS 45.06(12)(a)	Clarify what constitutes a wading pool vs. swimming pool. (1, 2)	<p>No change. Wading pools are defined in HFS 45.03(37) as shallow pools having sides 15 inches or less in height, capable of being dumped to change water and used primarily for small children.</p>
78. HFS 45.06(12)(a) HFS 46.06(12)(a)	Opposes requirements that prohibit children from using a swimming pool on the premises of a child care program. (72,100,102,119, 191,192, 193, 194, 195, 196, 197, 198)	<p>No change. The Department believes that the use of a swimming pool on the premises of a licensed child care center may result in injuries or drowning and may hinder the supervision of children in care. The Department has prohibited the use of above ground swimming pools by children in care by rule since 1989. This rule revision prohibits the use of in-ground pools by children in care and is consistent with the certified child care programs. Centers may use a public pool or beach that provides opportunities for children to swim in other locations regulated by local and state authorities. The revisions also allow the use of wading pools by children in care.</p>
79. HFS 45.06(12)(a) HFS 46.06(12)(a)	Requests that swimming pools in YMCA's be exempt from the prohibition on using pools on the premises of a center. (49)	<p>No change. Sections HFS 45.02(2) and 46.02(2) allow for exceptions to a rule when a center satisfactorily demonstrates to the Department that granting the exception will not jeopardize the health, safety and welfare of any child served by the center. The Department will work with YMCA's and other programs that wish to use a pool on the premises to determine what protections must be in place in order to grant an exception and adequately protect the children in care.</p>

<p>80. HFS 45.06(12)(a) HFS 46.06(12)(a)</p>	<p>Clarify that only pools on the premises of a center may not be used by the children in care. (46)</p>	<p>The Department agrees and has made this modification.</p>
<p>81. HFS 45.06(12)(c)3</p>	<p>Opposes the proposed staff to child ratios when children are swimming. (99, 114, 116, 129)</p>	<p>No change. The Caring for Our Children, National Health and Safety Performance Standards, Second edition, 2002 from the American Academy of Pediatrics, were used as a guideline in the development of this rule. The rationale for the ratios recommended in the National Health and Safety Performance Standards indicates that "the circumstances surrounding drowning and water-related injuries of young children suggest that requirements and environmental modifications will reduce the risk for this type of injury. Essential elements are close continuous supervision" and other modifications to the physical environment. The modifications to the physical environment recommended have been addressed in s. HFS 45.06(12)(a) and 46.06(12)(a). The Department believes that lower staff-to-child ratios when children are swimming will help assure that children are closely supervised with an adult readily available in the event the child has difficulty in the water.</p>
<p>82. HFS 45.07(2)(b)</p>	<p>Clarify when time outs may be used with children over age 3. (5)</p>	<p>No change. The Department allows licensees to determine those circumstances when a child may be placed in a time-out.</p>
<p>83. HFS 45.07(2)(c)3. HFS 46.07(2)(e)3.</p>	<p>Opposes the addition of the word "holding" to the actions prohibited in the guiding children's behavior rule. (2, 16, 21, 22, 23, 46, 74, 87, 89, 91, 106, 110, 120)</p>	<p>The Department has changed the word "holding" to the term "physical restraint" and added a definition of physical restraint to clarify the rule.</p>
<p>84. HFS 45.07(3)(e)</p>	<p>Opposes the prohibition of trampolines in areas accessible to children and the use of trampolines by children in care. (52, 72, 97, 119, 193)</p>	<p>No change. The Consumer Products Safety Commission (CPSC) has recommended that young children not use trampolines and the Department believes this rule is consistent with the CPSC guidelines.</p>
<p>85. HFS 45.07(5)(d)</p>	<p>Opposes requirement for written weekly menus. (12, 52, 55, 80, 99, 111, 112, 128)</p>	<p>The Department agrees and has modified the rule to require that the licensee keep a written record of meals and snacks served to children.</p>
<p>86. HFS 45.07(5)(h) HFS 46.07 (5)(a)9.</p>	<p>Clarify what medical conditions require authorization from the child's physician for a special diet. Does a food allergy constitute a medical condition which would require authorization from the child's physician? (12, 21, 22, 23)</p>	<p>The Department has modified the requirement in the rule to make it clear that special diets related to a medical condition, but not a food allergy, require physicians instructions. The Department has added another rule that specifies that diets for children with food allergies may be requested by parents without requiring physician authorization.</p>

87. HFS 45.07(6)(a)1	Opposes requirement that a parent who has symptoms of illness or communicable disease may not be in contact with the children in care. (27, 46)	No change. The Department believes that parents and anyone else who has symptoms of an illness or communicable disease may spread that illness to children and should be excluded from a center.
88. HFS 45.07(6)(c)2.b. HFS 46.05(1)(j)4.b	Clarify who in the Department has the authority to require an examination by a physician or mental health professional. (12, 21, 22, 23)	No change. In order to protect the children in care, there may be circumstances when an examination by a physician or mental health professional is necessary. Department licensing management staff consult with legal counsel to determine when such an examination may be required.
89. HFS 45.07(6)(a)2.b. HFS 46.05(1)(j)4.b.	Questions why the Department has the right to require an examination if a person's behavior gives the Department concern for the safety of children. (21, 22, 23)	No change. In order to protect the children in care, there may be circumstances when an examination by a mental health professional is necessary. Section 48.67 of the statutes states in part that the Department shall promulgate rules establishing minimum requirements for issuing licenses. It further states, in part, that the rules shall be designed to protect and promote the health, safety and welfare of children in the care of licenses. Section 48.70 (1) of the statutes states, in part, that each license shall state the name of the license, premises, etc., and "such additional information and special conditions as the department may prescribe." The language in those statutes, read together, provides broad authority for the Department to promulgate rules that it determines best protects and promotes the health, safety and welfare of children. A rule that requires a mental health exam of a person whose behavior gives reasonable concern for safety of children falls within the Department's statutory authority to prescribe special conditions for licensure. The examination is confidential and can provide a safety net for the applicant as well as the Department.
90. HFS 45.07(6)(d)	Define a mildly ill child. (58, 59, 60, 61, 62, 63, 77, 78, 79, 82, 83, 86, 88, 92, 93, 94, 98, 126)	No change. "Mildly ill" is defined in section HFS 45.03(20) as a child who has a common, temporary illness that is non-progressive in nature and is not listed on the communicable disease chart in appendix A of ch. HFS 145.
91. HFS 45.07(6)(d)	Opposes regulations that will allow mildly ill children to receive care in centers. (99, 128)	No change. These rules come at the request of child care provider groups in an effort meet the needs of working parents. The Department believes that the needs of the child care provider, the parent and the child can be met if the restrictions specified in paragraph (d) are adhered to.
92. HFS 45.07(6)(d)	Opposes requirements that regulate when and how children who are mildly ill can be in care. (99)	No change. Section HFS 45.07(6)(a), (b) and (c) prohibit the care of children who are ill. For the benefit of centers, parents and children, the

		Department has specified conditions under which children who are mildly ill can receive care in the child care setting.
93. HFS 45.07(6)(e)1.	Clarify when communicable diseases must be reported to local health departments. (10)	No change. The Department believes the rule is clear as written insofar as it states that notification should be given when (as soon as) a child is determined to have a reportable communicable disease.
94. HFS 45.07(6)(e)2.	Clarify when children who were ill can be allowed to return to child care. (121)	No change. The Department has already issued guidance on this question and describes in the note following subdivision 2. how to obtain additional guidance from the Division of Public Health on readmitting children.
95. HFS 45.07(6)(f)1.a. HFS 46.07(6)(f)1.a.	Opposes the prohibition on blanket authorizations for medications. (2, 5, 21, 22, 23, 56)	No change. The Department believes that parents should specifically authorize the use of medication prior to the medications dispensing. Blanket authorizations allow the center to determine when medication is appropriate for a child rather than the parent. This rule does not preclude a parent, in consultation with a center, to authorize the center to administer over the counter medication to a child if, for instance the child starts to run a fever and it will take the parent a while to get to the center to pick up the child. The rule says that there can not be a standing order for medication unless it is for a specified condition and period of time.
96. HFS 45.07(6)(f)2. HFS 46.07(7)(b)	Clarify what type of written documentation is necessary for the application of sunscreen or insect repellent. (12)	No change. The Department believes the rule is clear as written and has given licensees the discretion regarding what type of written authorization to use.
97. HFS 45.06(6)(f)2. HFS 46.07(7)(b)2.	Requests that the recording of the application of diapering creams, powders and ointments be addressed in this section. (3)	No change. The recording of the application of diapering creams, powders and ointments are addressed in the sections relating to diapering of children.
98. HFS 45.07(6)(g)	Opposes the requirement that towels and wash cloths must be individual to each child. (47)	No change. Shared towels and wash cloths can transmit germs and dirt between children, and the Department believes that such potential transmission vehicles be eliminated to the extent possible.
99. HFS 45.07(7) HFS 46.07(7)	Opposes rules relating to pets in child care centers. (27, 52, 54, 57, 65, 66, 67, 68, 69, 70, 71, 97, 99, 111, 117)	No change, except as noted under the Department's responses to other comments pertaining to sub. (7). The Department believes that these requirements are necessary to protect children when pets are present in child care centers.
100. HFS 45.07(7)	Clarify whether pets already present in a child care	No change. The Department believes that in order to protect children in

HFS 46.07(7)	center will be grandfathered in. (21, 22, 23)	care, all centers that choose to have pets in the center must follow the proposed rules. The Department is not proposing to "grandfather" in centers that currently have pets but will consider requests to an exception to a specific rule under s. HFS 45.02(2) and 46.02(2) if the licensee can demonstrate to the satisfaction of the Department that health, safety and welfare of the children in care will not be jeopardized by granting the exception.
101. HFS 45.07(7)(b) HFS 46.07(7)(b)	Define what is considered a risk to children relative to the presence of pets in a center. (46, 58, 59, 60, 61, 62, 63, 77, 78, 79, 82, 83, 86, 88, 92, 93, 94, 98)	No change. The definition of risk may be different depending on the type of pet at the center. The Department believes that licensees must use their discretion when determining whether a particular animal poses any risk to children.
102. HFS 45.07(7)(b) HFS 46.07(7)(b)	Supports the requirement that states that pets that pose a danger should not be accessible to children. (128)	No response necessary.
103. HFS 45.07(7)(c) HFS 46.07(7)(c)	Opposes requirement for prior notification to parents of the number and types of pets on the premises of a child care center. (123)	No change. The Department believes that parents must have information related to the presence of pets on the premises of a child care center to enable them to determine whether that placement is appropriate for the child.
104. HFS 45.07(7)(c) HFS 46.07(7)(c)	Allow parents and providers to decide if pets should be around the children. (72, 102, 119, 190, 192, 193, 194, 195, 196, 197, 198)	No change. The Department agrees that parents and providers need to decide whether a placement of a child in a facility with pets is appropriate. The rule, as written, gives parents and providers the discretion to have pets around children.
105. HFS 45.07(7)(c) HFS 46.07(7)(c)	Clarify how are parents to be made aware of pets on the premises. (58, 59, 60, 61, 62, 63, 77, 78, 79, 82, 83, 86, 88, 92, 93, 94, 98)	No change. The rule as written requires providers to inform parents of the number and types of pets in the facility as well the type of access the children will have with the pets and for parents to acknowledge in writing receipt of this information.
106. HFS 45.07(7)(d) HFS 46.07(7)(d)	Opposes the prohibition of large parrots as well as reptiles and amphibians in areas of the center accessible to children. (104, 114)	The Department has modified the rule to say only that certain pets may not be accessible to children instead of prohibiting the animals altogether.
107. HFS 45.07(7)(e)	Opposes requirement for sight and sound supervision of children when pets are in areas of the center accessible to children. (111)	No change. The Department believes that child care providers need to be close by to prevent injuries when children and pets are in the same area.
108. HFS 45.07(7)(f)	Opposes requirement that prohibits pet feeding dishes in kitchen or food preparation, storage or service areas.	No change. Research supports that animals such as cats and dogs can become aggressive when eating. The Department believes this rule is

HFS 46.07(7)(f)	(26, 84, 107, 113, 123, 126)	necessary to protect the children from animals who may be protective of their feeding dishes and food.
109. HFS 45.07(7)(f) HFS 46.07(7)(f)	Opposes requirement that prohibits pet feeding dishes and litter boxes in areas of the center accessible to children. (14, 26, 113, 124)	No change. The Department believes that pet feeding dishes and litter boxes must not be accessible to children in order to keep the center clean and sanitary as well as protect children from danger.
110. HFS 45.07(7)(g) HFS 46.07(7)(g)	Opposes requirement that outdoor play areas be free of animal excrement. (116)	No change. Animal excrement is a source of bacteria and germs that may cause illness. The Department believes this requirement protects the health of children in care.
110. HFS 45.07(7)(h) HFS 45.07(7)(h)	Define a certificate of liability insurance specifically covering the presence of dogs and cats. (107, 126)	The rule has been modified to specify that a current certificate of liability insurance should be that issued by an insurance carrier.
111. HFS 45.07(7)(h)	Opposes requirement that a current certificate of insurance be on file with the licensing agency if pets are present in areas of the center accessible to children. (46, 81, 107, 123)	No change. The Department does not require any liability insurance for programs licensed as family child care centers under HFS 45. This rule is designed to ensure that child care providers and consumers are protected if an injury occurs as the result of a pet being accessible to children.
112. HFS 45.08(2) HFS 46.08(2)(b)3	Clarify which forms are required when transporting children. Does the current transportation permission form include emergency medical permission or is another form necessary? (21, 22, 23, 116)	Using the forms in their current version would require that both the transportation permission form and the child enrollment form be carried in the vehicle when children are transported. The Department is in the process of reviewing all current forms and looking at designing one form that would contain all the information required under this rule. If a new form is developed, or an existing form modified, the Department will notify licensees of these changes at the time the rule is implemented.
113. HFS 45.08(6)(b) HFS 46.08(4)(d)	Modify rule to allow a twelve year old child to use front seat of a vehicle equipped with passenger side air bags. (21, 22, 23)	To make the rule consistent with National Highway Traffic Safety Administration recommendations, the Department has added language that allows a child over the age 12 to ride in the front seat of a vehicle.
114. HFS 45.09(1)(b) HFS 46.09(1)(b)	Supports requiring providers to have SIDS training. (27, 128)	No response necessary.
115. HFS45.09(2)(a)	Clarify how quickly a provider must respond to a crying child. (14)	No change. The Department believes in specifying "promptly," the rule is clear as written.
116. HFS 45.09(2)(c) HFS 46.09(2)(c)	Opposes requirement that written authorization from a physician is necessary to place an infant to sleep on his/her back. (2, 128)	No change. The rule is consistent with the American Academy of Pediatric's Caring for Our Children – National Performance Standards for Health and safety in Child Care, Second Edition, 2002

		recommendations for sleep positions for infants. This requirement is also consistent with ch. DWD 55 rules that govern smaller certified child care homes.
117. HFS 46.09(3)(d)	Opposes requirement that children under age 12 months be fed only breast milk or formula and not cow's milk. (6)	No change. The rule is consistent with U.S. Department of Agriculture Child and Adult Care Food Program requirements referenced in Appendix C.
118. HFS 45.09(3)(h)	Opposes requirement that infants under 6 months of age be offered drinking water throughout the day. (123)	The Department has modified the rule to specify that infants over the age of 6 months and toddlers shall be offered drinking water throughout the day, unless requested by parents to provide drinking water to younger children. Sections HFS 45.09(1)(c) and (3)(a) require parents and providers to document individual feeding plans for each infant or toddler.
119. HFS 45.09(4)(b)	Clarify whether a disinfectant purchased at a store can be used in place of bleach and water to clean and disinfect diaper changing surfaces. (46, 58, 59, 60, 61, 62, 63, 77, 78, 82, 83, 86, 88, 92, 93, 94, 95)	The Department has modified the rule to include disinfectants made with a quaternary ammonia product or commercially prepared disinfectants containing bleach or quaternary ammonia products as other acceptable disinfecting agents for diaper changing surfaces.
120. HFS 45.09(4)(i)	Opposes requirement that infants and toddlers be required to have their hands washed with soap and running water if it is not developmentally appropriate for a child to stand at a sink to wash hands. (123)	The Department agrees and has added additional language to the rule that allows infants to have their hands washed with a wet fabric or paper wash cloth.
121. HFS 45.11(2)(b) HFS 46.11(1)(c)	Opposes requirement that permits the department to refuse to issue a license or continue an existing license if another center operated by the same licensee is in substantial non-compliance with the rules or has outstanding fines or forfeitures. (46, 90)	No change. Licensees that have difficulty maintaining compliance with the licensing rules in one program often exhibit the same type of difficulty in other programs operated by the same licensee. This language allows the Department to use its discretion to deny a license application or refuse to continue an existing license if the licensee has a history of non-compliance with licensing rules or unpaid fines or forfeitures with another program operated by the same licensee.
122. HFS 45.11(5)(b) HFS 46.11 (5)(b)	Opposes requirement that child care center licensees due for a continuation review must submit a completed application for a license. (73)	No change. This is a statutory requirement under s. 48.66(2), Stats., and a way for the Department to ensure that information currently on file with the Department is current.
123. Appendices B and C in HFS 45 and HFS 46	Update the appendices with the most recent Child and Adult Care Food Program Meal Pattern Requirements. (109)	The Department agrees and has modified the appendices.

124. HFS 46.03(8m)	Clarify why a course for credit must be worth at least 2 credits. (21, 22, 23)	No change. The requirement that a course for credit be worth at least 2 credit is consistent with the hour requirement for non-credit courses. The Wisconsin Technical College System equates 18 hours of classroom time with each credit earned; therefore a 2-credit course is equivalent to 36 hours of class time.
125. HFS 46.03(30) and HFS 46.05(4)(e)	There appears to be a contradiction in the rule between the definition of supervision and the supervision rules that apply when children are napping. (21, 22, 23, 46, 76)	The Department agrees and has removed the words "while awake and asleep" from the definition of supervision and clarified section HFS 46.05(4)(e) to indicate that sight or sound supervision is acceptable while children are sleeping but sight and sound supervision is required for awake children.
126. HFS 46.04(2)(g)	Opposes requirement for liability insurance for group child care centers. (46)	The existing administrative rules require all group child care licensees to hold general liability insurance because the Department deems doing so to be an important protection for children and parents using the child care center. Therefore, the Department has not elected to eliminate or lessen this requirement.
127. HFS 46.04(3)(g)	Opposes requirement that licensees take an action on an employee with a pending criminal charge. Licensees may not know of pending charges unless the employee tells them. (46)	No change. The rule as written is consistent with the statutory requirements for caregiver background checks expressed in ch. HFS 12.
128. HFS 46.04(6)(a)1.	Modify requirement for a statement from the parent about an infant or toddlers regular sleep position because in other rules infants are required to be placed to sleep on their backs. (46)	The Department agrees and has removed the deleted the proposed language change from the rulemaking order.
129. HFS 46.05	Clarify how volunteers may be used in a center. (85)	No change. The Department believes the current rules in conjunction with the proposed revisions provide sufficient guidance on the use of volunteers in a program.
130. HFS 46.05(1)	Opposes requirement that staff be mentally and emotionally capable because it is too vague. (46)	No change. The Department believes it important to ensure that child care center caregivers are capable of adequately caring for children.
131. HFS 46.05 Table 46.05 – C	Clarify whether completion of a child care apprentice program meets the qualifications for a child care teacher. (21, 22, 23)	The Department agrees and has added an additional way of meeting entry-level training requirements by completion of an approved child care apprenticeship program.
132. HFS 46.05(4)	Change the staff to child ratios for children under age 2 years in the Group Child Care Rules. (64)	The Department believes that the existing staff-to-child ratios in s. HFS 46.05(4) are appropriate as currently stated in Table 46.05-D.

133. HFS 46.05(1)(j)3.	Add HFS 145 as an appendix to HFS 46. (46)	No change. HFS 145 is readily available from other sources and need not be repeated in this rule.
134. HFS 46.05(2)(c)6.	Opposes requirement for a current certificate for completion of CPR training within 6 months of starting to work with children in group child care centers. (21, 22, 23, 91)	No change. The Department believes that it is reasonable to require CPR training within 6 months of beginning to work with children. The Department is working with various agencies to develop and distribute CPR instruction in a variety of methods to facilitate this effort.
135. HFS 46.06(2)(k)	Delete requirements related to hot tubs in a group child care center. (21, 22, 23)	No change. The Department believes there may be circumstances when there are hot tubs on the premises of a group child care center and therefore this rule is necessary to protect children in these settings.
136. HFS 46.06(9)(f)	Clarify requirements that require all frozen foods be thawed as directed. (104)	The Department agrees and has modified the rule to say that <i>potentially hazardous</i> food should be thawed as directed.
137. HFS 46.06(9)(f)	Clarify how long previously prepared food can be frozen before thawing and serving. (10)	No change. Different foods maintain their nutritional value at varying times after freezing.
138. HFS 46.06(10)(b)	Clarify whether urinals can be counted in place of toilets required under the rules. (46)	No change. The Department believes the rule is clear as written.
139. HFS 46.06(1)(b)5. And 9.	Items #5 and #9 in this section relating to energy absorbing surfaces on playgrounds appear to be identical in the rule. (21, 22, 23)	The Department agrees and has corrected the error.
140. HFS 46.06(1)(b)5.	Opposes requiring 9 inches of energy absorbing material under climbing equipment on playgrounds. (118)	The Department did not choose to eliminate this existing requirement because the Department believed that doing so would result in a reduction in children's safety requirements and place children at risk contrary to the mandate of the minimum requirements of the rules to protect and promote the health, safety and welfare of children in care.
141. HFS 46.07(6)(k)5.	Clarify whether centers can develop and use their own child enrollment form or whether they must use a form provided by the Department. (21, 22, 23)	Subdivision 5. specifies that the Department's form must be used, and the Department has amended the note following subdivision 5. to indicate that only the reverse side of the CFS 62 and 62A form must be completed.
142. HFS 46.07(6)(f)2.	Extend the timeline for review of authorizations for the application of insect repellent and sunscreen to 6 months. (46)	The Department agrees and has modified the rule to increase the length of time between reviews from three months to six months.
143. HFS	Clarify whether licensed contract motor carriers need to	The Department agrees and has modified the rule to indicate that all

46.08(7)(a)	be in safe driving condition. This rule appears to indicate they do not need to be. (46)	center provider vehicles must be in safe driving conditions. The Department is adding language that says that licensed contract motor carrier vehicles must comply with applicable standards for those vehicles.
144. HFS 46.08(7)(b)	Clarify whether parent owned vehicles used to transport children must have first aid kits. (46)	No change. The definition of a center provided vehicle exempts parent owned vehicles from this requirement.
145. HFS 46.09(1)(f)	Clarify when a building inspection report authorizing children under 2 to receive care on a floor other than the first or ground level is required. (6)	No change. The Department believes the rule is clear as written.