

## Ordering Information – Child Care Licensing Inquiry Packets

**Use of form:** Use of this form is voluntary; however, if the requested information is not provided, the department may be unable to process your request. Personal information you provide may be used for secondary purposes [Privacy Law, s.15.04(1)(m), Wisconsin Statutes].

**Instructions:** To order an Inquiry Packet containing the information that you will need to begin planning your program, follow the steps below. **Note:** A copy of the licensing rule book is part of the inquiry packet and will not need to be ordered separately.

1. Determine the type of program you want to open.

Day Camp – DCF 252	A child care program that provides care and supervision to 4 or more children age 3 and older in a seasonal program oriented to the out-of-doors for less than 24 hours a day.
Family Child Care – DCF 250	A child care program that provides care and supervision for less than 24 hours a day for at least 4 and not more than 8 children who are not related to the provider.
Group Child Care – DCF 251	A child care program that provides care and supervision for less than 24 hours a day for 9 or more children who are not related to the provider.

2. Complete the “Request for Child Care Licensing Inquiry Packets” section at the bottom of this page. Please make sure to include the name of the county where care will be provided as additional materials may need to be included in the packet depending on your location.
3. Make cashier’s check or money order payable to the “**Department of Children and Families.**” Do not send cash or a personal check.
4. Verify that you have selected the correct packet type before submitting your order. We will not grant refunds or exchanges.
5. Mail the completed request form and payment to:  
**DEPARTMENT OF CHILDREN AND FAMILIES  
2187 N STEVENS ST STE C  
RHINELANDER WI 54501**

### REQUEST FOR CHILD CARE LICENSING INQUIRY PACKETS

Name	County where care will be provided
Mailing Address (Street, City, State, Zip Code)	Telephone Number (     )
Email Address	
Primary Language <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other (Specify):	

	Type of Packet	Number of Packets	Amount
Send me:	<input type="checkbox"/> Day Camp Packet (\$25.00 each)	_____	\$ _____
	<input type="checkbox"/> Family Child Care Packet (\$25.00 each)	_____	\$ _____
	<input type="checkbox"/> Group Child Care Packet (\$25.00 each)	_____	\$ _____
		Total Amount	\$ _____