

**Compliance Statement**  
**Licensed Family Child Care Centers**

TO FILE A COMPLAINT, CALL: (715) 930-1148

**Use of Form** Completion of this form meets the requirements of ch. 48, Wis. Stats., and provides the licensee with a summary of the results of the licensing visit.

**Instructions - Licensing Specialist** When no violations are observed during a visit, check the sections of the administrative code monitored. If you didn't monitor the entire section, you may also reference the specific subsections, paragraphs, and subdivisions that were completed.

**Instructions - Licensee** Post the Compliance Statement near the license in accordance with s.48.657, Wis. Stats. Please take a few minutes to complete the DCF customer satisfaction survey and tell us about your visit experience. The survey takes approximately 5 minutes to complete. It is voluntary and anonymous, and there is no penalty for not responding. Follow this link to provide your feedback: <https://www.surveymonkey.com/r/LicenseFeedback>. If you don't have Internet access, contact your licensing office for a paper version of the survey.

|                         |  |                  |             |
|-------------------------|--|------------------|-------------|
| Facility Name           | Facility Address (Street, City, State, Zip Code) | Telephone Number | Facility ID |
| Seventh Heaven Day Care | 88 E 6Th ST Buffalo City, WI 546227346           | (608) 248-3019   | 1002196     |

**NO ADMINISTRATIVE CODE VIOLATIONS WERE OBSERVED DURING THIS LICENSING VISIT.**

The following checked items indicate the sections and / or partial sections of the administrative code that were monitored on this visit.

|                                     |  |                                     |   |
|-------------------------------------|--|-------------------------------------|---|
| <input checked="" type="checkbox"/> | <b>Operational requirements</b><br>License and monitoring results posted<br>Attendance current and accurate<br>Children's records complete | <input checked="" type="checkbox"/> | <b>Staff</b><br>Staff record requirements met<br>Provider engaged with the children<br>Supervision and ratios met       |
| <input checked="" type="checkbox"/> | <b>Physical plant and equipment</b><br>No hazards observed<br>Emergency drills practiced<br>Center clean and in good repair                | <input checked="" type="checkbox"/> | <b>Program</b><br>Variety of activities available<br>Daily outdoor time provided<br>Appropriate child guidance observed |
| <input checked="" type="checkbox"/> | <b>Transportation</b><br>N/A   | <input checked="" type="checkbox"/> | <b>Infant &amp; toddler care</b><br>Infant and toddler rule requirements met  |
| <input checked="" type="checkbox"/> | <b>Licensee not providing care 50% of hours</b><br>N/A   | <input checked="" type="checkbox"/> | <b>Night Care</b><br>N/A  |

|                           |            |            |
|---------------------------|------------|------------|
| Licensing Specialist Name | Visit Date | Issue Date |
| April Callihan            | 5/3/2022   | 5/3/2022   |