

Compliance Statement
Licensed Group Child Care Centers

TO FILE A COMPLAINT, CALL: (262) 446-7800

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
The Nurturing Nook River Point	8647 N Port Washington RD Fox Point, WI 532172203	(414) 352-6115	2000417

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"/>	Operational requirements MET ALL REQUIREMENTS REVIEWED	<input checked="" type="checkbox"/>	Staff MET ALL REQUIREMENTS REVIEWED
<input checked="" type="checkbox"/>	Physical plant and equipment MET ALL REQUIREMENTS REVIEWED	<input checked="" type="checkbox"/>	Program MET ALL REQUIREMENTS REVIEWED
<input checked="" type="checkbox"/>	Transportation NOT APPLICABLE	<input checked="" type="checkbox"/>	Infant and toddler care MET ALL REQUIREMENTS REVIEWED
<input type="checkbox"/>	Care of school-age children	<input type="checkbox"/>	Night care

Licensing Specialist Name	Visit Date	Issue Date
Mark Mitchell	11/11/2019	11/21/2019