

**Compliance Statement**  
**Licensed Group Child Care Centers**

TO FILE A COMPLAINT, CALL: (608) 422-6765

**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
Wishing Well 2.0 School Age Program	529 W North ST Deforest, WI 535321085	(608) 842-0773	2001246

**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>	<input checked="" type="checkbox"/>	<b>Staff</b> Did not review.
<input checked="" type="checkbox"/>	<b>Physical plant and equipment</b> Partial rule review.	<input checked="" type="checkbox"/>	<b>Program</b>
<input type="checkbox"/>	<b>Transportation</b> Did not review.	<input checked="" type="checkbox"/>	<b>Infant and toddler care</b> N/A
<input type="checkbox"/>	<b>Care of school-age children</b> Did not review.	<input checked="" type="checkbox"/>	<b>Night care</b> N/A

Licensing Specialist Name	Visit Date	Issue Date
Rebecca Hrovat	3/18/2022	3/18/2022