

Compliance Statement  
Licensed Family Child Care Centers

TO FILE A COMPLAINT, CALL: (715) 361-7700

**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
Good Times Again Daycare	700 Sommers ST Stevens Point, WI 544812246	(715) 343-0264	630047

**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> Administration Reports Parents	<input checked="" type="checkbox"/>	<b>Staff</b> Staff Record Qualifications - CPR Training, Child Abuse and Neglect Training Staff Development
<input checked="" type="checkbox"/>	<b>Physical plant and equipment</b> Protective Measures Fire Protection Exits	<input checked="" type="checkbox"/>	<b>Program</b> Schedule/Curriculum Child Guidance Equipment/Furnishings Rest Period
<input checked="" type="checkbox"/>	<b>Transportation</b> NA	<input checked="" type="checkbox"/>	<b>Infant &amp; toddler care</b> General Requirements Daily Program Feeding Diapering/Toileting
<input checked="" type="checkbox"/>	<b>Licensee not providing care 50% of hours</b> NA	<input checked="" type="checkbox"/>	<b>Night Care</b> NA

Licensing Specialist Name	Visit Date	Issue Date
Heather Struck	3/22/2023	3/28/2023