

Compliance Statement
Licensed Group Child Care Centers

TO FILE A COMPLAINT, CALL: (920) 785-7811

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 Ymca Sch Age - Wilder School	Facility Address (Street, City, State, Zip Code) 2590 Robinson AVE Green Bay, WI 543115532	Telephone Number (920) 391-2460	Facility ID 420529
-----------------------------------------------	-----------------------------------------------------------------------------------------------	------------------------------------	-----------------------

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 Reports Parents Children's Reports	<input checked="" type="checkbox"/>	Staff Staff Records Qualifications Staff Development
<input checked="" type="checkbox"/>	Physical plant and equipment Building Protective Measures Fire Protection/Emergency Plan and Drills	<input checked="" type="checkbox"/>	Program Program Planning Child Guidance Equipment/Furnishings Meals/Snacks
<input checked="" type="checkbox"/>	Transportation N/A	<input checked="" type="checkbox"/>	Infant and toddler care N/A
<input checked="" type="checkbox"/>	Care of school-age children SA Admin/SA Director/SA Program Leader/SA Group Leader Supervision SA Meals/Snacks	<input checked="" type="checkbox"/>	Night care N/A

Licensing Specialist Name Cassandra Debauche	Visit Date 3/19/2025	Issue Date 3/20/2025
-------------------------------------------------	-------------------------	-------------------------