

Compliance Statement
Licensed Family 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.

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|-------------------------------|--|------------------|-------------|
| Facility Name | Facility Address (Street, City, State, Zip Code) | Telephone Number | Facility ID |
| Impressions Family Child Care | 646 Kuborn AVE Kimberly, WI 541361341 | (920) 851-3471 | 431184 |

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 | <input checked="" type="checkbox"/> | Staff |
| <input checked="" type="checkbox"/> | Physical plant and equipment | <input checked="" type="checkbox"/> | Program |
| <input checked="" type="checkbox"/> | Transportation | <input checked="" type="checkbox"/> | Infant & toddler care |
| <input checked="" type="checkbox"/> | Licensee not providing care 50% of hours | <input checked="" type="checkbox"/> | Night Care |

| | | |
|---------------------------|------------|------------|
| Licensing Specialist Name | Visit Date | Issue Date |
| Judith Zanon | 9/3/2021 | 9/7/2021 |