## **DEPARTMENT OF CHILDREN AND FAMILIES**

Division of Early Care and Education

## **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.

**Specialist** 

Instructions - Licensing 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	
A Child's Imagination Inc		Neenah, WI 54956		(920) 729-6153	1005645	
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.						
<b>&gt;</b>	Operational requirements OK		<u>&lt;</u>	Staffing Not Checked This Vis	sit	
>	Physical plant and equipment OK		>	Program Not Checked This Vis	sit	
<u>&lt;</u>	Transportation OK		< <	Infant and toddler car Ok	e	
<b>Y</b>	Care of school-age children OK		>	Night care N/A		
Licensing Specialist Name  Visit Date  Issue Date						

**Ruth Sprangers** 

8/23/2019

8/22/2019