

**Compliance Statement**  
**Licensed Group 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 Woodson Ymca Child Development Ctr	Facility Address (Street, City, State, Zip Code) 707 N 3Rd ST Wausau, WI 544034703	Telephone Number (715) 841-1825	Facility ID 620338
---	---	------------------------------------	-----------------------

**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> Reviewed: Administration; Reports to DCF/Parents; Children Records; Reporting Abuse/Neglect	<input checked="" type="checkbox"/>	<b>Staff</b> Reviewed: Some Staff Records; Qualifications; Staff Development; Supervision; Grouping
<input checked="" type="checkbox"/>	<b>Physical plant and equipment</b> Reviewed: Building; Protective Measures; Fire; Kitchens; Toilets; Outdoor Space; Swimming; Drills	<input checked="" type="checkbox"/>	<b>Program</b> Reviewed: Program Planning; Child Guidance; Equipment/Furnishings; Meals/Snacks; Health
<input checked="" type="checkbox"/>	<b>Transportation</b> Reviewed: Safety Restraints; Capacity/Supervision	<input checked="" type="checkbox"/>	<b>Infant and toddler care</b> Reviewed: General; Daily Programming; Diapering/Toileting
<input checked="" type="checkbox"/>	<b>Care of school-age children</b> N/A	<input checked="" type="checkbox"/>	<b>Night care</b> N/A

Licensing Specialist Name Bonnie Davis	Visit Date 7/21/2025	Issue Date 7/22/2025
---	-------------------------	-------------------------