

Compliance Statement
Public School Operated Child Care Program

TO FILE A COMPLAINT, CALL: (608) 422-6765

Use of Form Completion of this form meets the requirements of ch. 48, Wis. Stats., and provides the public school operated child care program with a summary of the results of the monitoring visit.

Instructions - Licensing specialist When no violations are observed during a visit, check the sections and / or partial sections of the administrative code monitored. If you didn't monitor the entire section, you may also reference the specific subsections, paragraphs, or subdivisions completed.

Name - Facility Mscr Afterschool At Hawthorne	Address - Facility (Street, City, State, Zip Code) 3344 Concord AVE Madison, WI 537141101	Telephone Number (608) 204-2507	Facility ID 2100604
--	--	------------------------------------	------------------------

NO ADMINISTRATIVE CODE VIOLATIONS WERE OBSERVED DURING THIS MONITORING 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 NA	<input checked="" type="checkbox"/>	Infant and toddler care NA
<input type="checkbox"/>	Care of School Age Children	<input type="checkbox"/>	

Licensing Specialist Name Sara Bossingham Obrien	Visit Date 10/15/2024	Issue Date 10/18/2024
---	--------------------------	--------------------------