

Compliance Statement
Licensed Family Child Care Centers

TO FILE A COMPLAINT, CALL: (715) 930-1148

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 Seventh Heaven Day Care	Facility Address (Street, City, State, Zip Code) 88 E 6Th ST Buffalo City, WI 546227346	Telephone Number (608) 248-3019	Facility ID 1002196
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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 License and monitoring results posted Attendance current and accurate Children's records complete	<input checked="" type="checkbox"/>	Staff Staff requirements met Provider engaged with children Staff-to-child ratios met
<input checked="" type="checkbox"/>	Physical plant and equipment Safety drills documented Premise clean and in good repair Radon and water results good	<input checked="" type="checkbox"/>	Program Indoor/outdoor programming Variety of child-selectable activities Rest and meal requirements met
<input checked="" type="checkbox"/>	Transportation N/A	<input checked="" type="checkbox"/>	Infant & toddler care Individual attention provided Individual rest/feeding schedule Clean floor space for crawling
<input checked="" type="checkbox"/>	Licensee not providing care 50% of hours N/A	<input checked="" type="checkbox"/>	Night Care N/A

Licensing Specialist Name April Callihan	Visit Date 1/29/2025	Issue Date 1/29/2025
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