

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.

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 Feith Family Ozaukee Ymca Child Care	Facility Address (Street, City, State, Zip Code) 465 Northwoods RD Prt Washngtn, WI 530749671	Telephone Number (262) 247-1056	Facility ID 2002143
-------------------------------------------------------	--------------------------------------------------------------------------------------------------	------------------------------------	------------------------

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 reports, report abuse and neglect	<input checked="" type="checkbox"/>	Staff records, and qualifications
<input checked="" type="checkbox"/>	Physical plant and equipment building, protective measures, fire, water, indoor, washroom/toilets, outdoor, swimming, emergency	<input checked="" type="checkbox"/>	Program planning, child guidance, equipment, rest, meals/snacks, health
<input checked="" type="checkbox"/>	Transportation n/a	<input checked="" type="checkbox"/>	Infant and toddler care general, daily, feeding, diapering
<input checked="" type="checkbox"/>	Care of school-age children n/a	<input checked="" type="checkbox"/>	Night care n/a

Licensing Specialist Name Amanda Holz	Visit Date 11/5/2024	Issue Date
------------------------------------------	-------------------------	------------