

**Compliance Statement**  
**Licensed Group Child Care Centers**

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 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<br>Ymca Olson | Facility Address (Street, City, State, Zip Code)<br>Verona, WI 53593 | Telephone Number<br>(608) 444-4437 | Facility ID<br>1013580 |
|-----------------------------|----------------------------------------------------------------------|------------------------------------|------------------------|

**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>     | <input checked="" type="checkbox"/> | <b>Staff</b>                         |
| <input checked="" type="checkbox"/> | <b>Physical plant and equipment</b> | <input checked="" type="checkbox"/> | <b>Program</b>                       |
| <input checked="" type="checkbox"/> | <b>Transportation</b><br>NA         | <input checked="" type="checkbox"/> | <b>Infant and toddler care</b><br>NA |
| <input checked="" type="checkbox"/> | <b>Care of school-age children</b>  | <input checked="" type="checkbox"/> | <b>Night care</b><br>NA              |

|                                                     |                         |                         |
|-----------------------------------------------------|-------------------------|-------------------------|
| Licensing Specialist Name<br>Sara Bossingham Obrien | Visit Date<br>9/24/2024 | Issue Date<br>10/1/2024 |
|-----------------------------------------------------|-------------------------|-------------------------|