DEPARTMENT OF CHILDREN AND FAMILIES
Division of Early Care and Education
DCF-F (CFS-785) (R. 03/2009)

COMPLIANCE STATEMENT – CHILD CARE CENTERS

STATE OF WISCONSIN

TO FILE A COMPLAINT CALL:

Use of form: This form is used by the licensing specialist to indicate to child care and day camp facilities that there were no violations of the administrative rules observed during the licensing visit. Completion of this form meets the requirements ch. 48, Wis. Stats.

Instructions: The licensing specialist checks the administrative code areas that were observed to have no rule violations. The licensing specialist may also reference the administrative code number(s) that were monitored. The licensee shall post a copy of the Compliance Statement near the license in accordance with s.48.657, Wis. Stats.

Name – Facility	Address – Facility (Street, City, State, Zip Code)	Telephone Number	Facility ID	Date – Licensing Visit
La Petite	1821 Woodburn Rd. Waukesha, WI 53188	262-524-9566	225241	9-28-19

NO ADMINISTRATIVE CODE VIOLATIONS WERE OBSERVED ON THIS LICENSING VISIT.

The following checked items indicate the topic areas of the administrative code that were monitored on this visit.

☐ **Terms of License / Administration / Reports**	☐ **Emergencies / Fire Protection / Exiting**	☐ **Rest Periods / Night Care**
☐ **Parent Information / Children's Records**	☐ **Sanitation / Water / Washrooms and Toilet Facilities**	☐ **Health**
☐ **Confidentiality / Reporting Child Abuse**	☒ **Indoor Space / Furnishings / Equipment**	☐ **Pets and Animals**
☐ **Responsibilities and Qualifications of Staff / Staff Development / Staff Records**	☐ **Kitchens / Meals and Snacks**	☒ **Transportation / Driver / Vehicle / Capacity**
☐ **Staffing and Grouping / Supervision**	☐ **Outdoor Space / Outdoor Hazards / Swimming Areas**	☐ **Requirements for Infant / Toddler Care**
☐ **Building / Protective Measures / Indoor Hazards**	☐ **Program Planning and Scheduling / Child Guidance**	☐ **Requirements for School-Age Care**

Name – Licensing Specialist (Type / Print)	SIGNATURE – Licensing Specialist	Telephone Number	Date Signed (mm/dd/yyyy)
Joel Marquez			9-5-19
SIGNATURE – Licensee or Designee			Date Signed (mm/dd/yyyy)
			9-9-19

Distribution: Original – Licensing Specialist
Copy – Licensee