

Compliance Statement
Licensed Group Child Care Centers

TO FILE A COMPLAINT, CALL: (262) 446-7800

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 After School - Merton	Facility Address (Street, City, State, Zip Code) N68W28450 Sussex RD Merton, WI 53056	Telephone Number (608) 445-8051	Facility ID 1013451
--	--	------------------------------------	------------------------

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 Met all Health and Safety Requirements	<input checked="" type="checkbox"/>	Staff Met all Health and Safety Requirements
<input checked="" type="checkbox"/>	Physical plant and equipment Met all Health and Safety Requirements	<input checked="" type="checkbox"/>	Program Met all Health and Safety Requirements
<input checked="" type="checkbox"/>	Transportation NONE	<input checked="" type="checkbox"/>	Infant and toddler care NONE
<input type="checkbox"/>	Care of school-age children Met all Health and Safety Requirements	<input type="checkbox"/>	Night care

Licensing Specialist Name Charlene Langsdorf	Visit Date 12/2/2024	Issue Date
---	-------------------------	------------