

Compliance Statement
Licensed Group 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 The C H I L D Ctr	Facility Address (Street, City, State, Zip Code) River Falls, WI 54022	Telephone Number (715) 425-0656	Facility ID 1008151
------------------------------------	---	------------------------------------	------------------------

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 engaged with children Staff requirements met Appropriate child guidance observed
<input checked="" type="checkbox"/>	Physical plant and equipment No hazards observed Emergency safety drills documented Premise clean and in good repair	<input checked="" type="checkbox"/>	Program Variety of child-selectable activities Meals and rest requirements met Daily outdoor time
<input checked="" type="checkbox"/>	Transportation N/A	<input checked="" type="checkbox"/>	Infant and toddler care Partial review of infant rules met Individual attention provided Individual rest/feeding schedule
<input type="checkbox"/>	Care of school-age children	<input checked="" type="checkbox"/>	Night care N/A

Licensing Specialist Name April Callihan	Visit Date 6/13/2024	Issue Date 6/13/2024
---	-------------------------	-------------------------