

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 Ymca - Apple Creek | Facility Address (Street, City, State, Zip Code) 2851 E Apple Creek RD Appleton, WI 549138563 | Telephone Number (920) 733-9622 | Facility ID 1014386 |
|-------------------------------------|--|------------------------------------|------------------------|

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 Attendance, medical logbook, and medication logs were reviewed. | <input type="checkbox"/> | Staff Staff to child ratios were met. |
| <input checked="" type="checkbox"/> | Physical plant and equipment Childcare space was monitored. | <input checked="" type="checkbox"/> | Program Preschool programing observed. Infant room observed. 2 and over classroom observed. |
| <input type="checkbox"/> | Transportation | <input checked="" type="checkbox"/> | Infant and toddler care Infant programing observed. |
| <input checked="" type="checkbox"/> | Care of school-age children | <input checked="" type="checkbox"/> | Night care |

| | | |
|---|------------------------|-------------------------|
| Licensing Specialist Name Linda Juckem | Visit Date 5/2/2024 | Issue Date 5/17/2024 |
|---|------------------------|-------------------------|