

**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.

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|--|--|------------------------------------|-----------------------|
| Facility Name<br>Neenah-Menasha Ymca Child Dev Ctr | Facility Address (Street, City, State, Zip Code)<br>Neenah, WI 54956 | Telephone Number<br>(920) 886-2160 | Facility ID<br>420513 |
|--|--|------------------------------------|-----------------------|

**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><br>OK     | <input checked="" type="checkbox"/> | <b>Staff</b><br>OK                                       |
| <input checked="" type="checkbox"/> | <b>Physical plant and equipment</b><br>OK | <input checked="" type="checkbox"/> | <b>Program</b><br>NOT CHECKED THIS VISIT                 |
| <input checked="" type="checkbox"/> | <b>Transportation</b><br>N/A              | <input type="checkbox"/>            | <b>Infant and toddler care</b><br>NOT CHECKED THIS VISIT |
| <input checked="" type="checkbox"/> | <b>Care of school-age children</b><br>N/A | <input checked="" type="checkbox"/> | <b>Night care</b><br>N/A                                 |

|   |                          |                          |
|---|--------------------------|--------------------------|
| Licensing Specialist Name<br>Ruth Sprangers | Visit Date<br>10/17/2024 | Issue Date<br>10/28/2024 |
|---|--------------------------|--------------------------|