

**Compliance Statement**  
**Licensed Group Child Care Centers**

TO FILE A COMPLAINT, CALL: (715) 361-7700

**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	Facility Address (Street, City, State, Zip Code)	Telephone Number	Facility ID
Child Care Ctrs Of Marshfield Site1	803 N Peach AVE Marshfield, WI 544492328	(715) 384-4854	620398

**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	<input type="checkbox"/>	Staff
<input checked="" type="checkbox"/>	Physical plant and equipment	<input checked="" type="checkbox"/>	Program
<input checked="" type="checkbox"/>	Transportation	<input type="checkbox"/>	Infant and toddler care
<input type="checkbox"/>	Care of school-age children	<input type="checkbox"/>	Night care

Licensing Specialist Name	Visit Date	Issue Date
Kimberly Gachnang	10/2/2019	10/11/2019