

**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<br>B-G Club - Oshkosh | Facility Address (Street, City, State, Zip Code)<br>571 Monroe ST Oshkosh, WI 549014644 | Telephone Number<br>(920) 233-1414 | Facility ID<br>420458 |
|-------------------------------------|---|------------------------------------|-----------------------|

**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>   | <input type="checkbox"/>            | <b>Staff</b>                          |
| <input checked="" type="checkbox"/> | <b>Physical plant and equipment</b>   | <input checked="" type="checkbox"/> | <b>Program</b>                        |
| <input checked="" type="checkbox"/> | <b>Transportation</b><br>checked the bus on the field trip for alarm - alarm was in working order | <input checked="" type="checkbox"/> | <b>Infant and toddler care</b><br>N/A |
| <input checked="" type="checkbox"/> | <b>Care of school-age children</b>  | <input checked="" type="checkbox"/> | <b>Night care</b><br>N/A              |

|   |                         |                        |
|---|-------------------------|------------------------|
| Licensing Specialist Name<br>Jill Kellner | Visit Date<br>8/16/2024 | Issue Date<br>9/3/2024 |
|---|-------------------------|------------------------|