

**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>Kce Champions Llc At Fair Park | Facility Address (Street, City, State, Zip Code)<br>West Bend, WI 53090 | Telephone Number<br>(262) 335-4166 | Facility ID<br>1010620 |
|---|---|------------------------------------|------------------------|

**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>terms, administration, reports, parents, child records, confidentiality, report abuse or neglect | <input checked="" type="checkbox"/> | <b>Staff</b><br>staff records, qualifications, development, supervision and grouping |
| <input checked="" type="checkbox"/> | <b>Physical plant and equipment</b><br>building, protective measures, fire, water, kitchen, outdoor, emergency                      | <input checked="" type="checkbox"/> | <b>Program</b><br>planning, child guidance, equipment, health                        |
| <input checked="" type="checkbox"/> | <b>Transportation</b><br>n/a  | <input checked="" type="checkbox"/> | <b>Infant and toddler care</b><br>n/a  |
| <input checked="" type="checkbox"/> | <b>Care of school-age children</b><br>supervision, meals and snacks, modifications, staff,  | <input checked="" type="checkbox"/> | <b>Night care</b><br>n/a   |

|  |                         |                         |
|--|-------------------------|-------------------------|
| Licensing Specialist Name<br>Amanda Holz | Visit Date<br>5/28/2024 | Issue Date<br>6/13/2024 |
|--|-------------------------|-------------------------|