

## Compliance Statement Public School Operated Child Care Program

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 public school operated child care program with a summary of the results of the monitoring visit.

**Instructions – Licensing Specialist:** When no violations are observed during a visit, check the sections and / or partial sections of the administrative code monitored. If you didn't monitor the entire section, you may also reference the specific subsections, paragraphs, or subdivisions completed.

Name – Facility Washington Co. HS-Rolfs Education	Address – Facility (Street, City, State, Zip Code) 737 S. 3 <sup>rd</sup> Ave., West Bend	Telephone Number 262-335-5471	Facility ID 2003716
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**NO ADMINISTRATIVE CODE VIOLATIONS WERE OBSERVED ON THIS MONITORING 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> Reviewed reports, children's records and reporting abuse.	<input type="checkbox"/> <b>Staff</b>
<input type="checkbox"/> <b>Supervision and Grouping</b>	<input checked="" type="checkbox"/> <b>Physical Plant and Equipment</b> Observed building, outdoor space, protective measures and emergency plans.
<input checked="" type="checkbox"/> <b>Program</b> Observed equipment and furnishings. Reviewed meals/snacks.	<input type="checkbox"/> <b>Transportation</b>
<input checked="" type="checkbox"/> <b>Infant and Toddler Care</b> N/A	<input type="checkbox"/> <b>Care of School Age Children</b>

Licensing Specialist Name Jamie Brandt	Visit Date (mm/dd/yyyy) 1/22/2024	Issued Date (mm/dd/yyyy) 1/24/2024
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