

Compliance Statement Child Care Centers

TO FILE A COMPLAINT CALL: 715-361-7714

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 administrative code areas and, if required, reference the specific code numbers monitored.

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.

Name – Facility Heidi's Haven	Address – Facility (Street, City, State, Zip Code) 11571 W Bechtel Rd., Radisson, WI 54867-4501	Telephone Number 715-945-3357	Facility ID 1015741	Date – Licensing Visit 04/09/2018
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NO ADMINISTRATIVE CODE VIOLATIONS WERE OBSERVED ON THIS LICENSING VISIT.

The following checked items indicate the topic areas of the administrative code that were monitored on this visit.

<input checked="" type="checkbox"/> Terms of License / Administration / Reports Reports	<input type="checkbox"/> Emergencies / Fire Protection / Exiting	<input checked="" type="checkbox"/> Rest Periods / Night Care (No Night Care)
<input checked="" type="checkbox"/> Parent Information / Children's Records Parent Info	<input type="checkbox"/> Sanitation / Water / Washrooms and Toilet Facilities	<input type="checkbox"/> Health
<input type="checkbox"/> Confidentiality / Reporting Child Abuse	<input type="checkbox"/> Indoor Space / Furnishings / Equipment	<input type="checkbox"/> Pets and Animals
<input checked="" type="checkbox"/> Responsibilities and Qualifications of Staff / Staff Development / Staff Records CE	<input checked="" type="checkbox"/> Kitchens / Meals and Snacks	<input type="checkbox"/> Transportation / Driver / Vehicle / Capacity N/A
<input type="checkbox"/> Staffing and Grouping / Supervision	<input type="checkbox"/> Outdoor Space / Outdoor Hazards / Swimming Areas (No Swimming)	<input type="checkbox"/> Requirements for Infant / Toddler Care
<input type="checkbox"/> Building / Protective Measures / Indoor Hazards	<input checked="" type="checkbox"/> Program Planning and Scheduling / Child Guidance Health	<input type="checkbox"/> Requirements for School-Age Care

Name – Licensing Specialist
Kim Pinchard

Date Signed (mm/dd/yyyy)
04/11/2018

SIGNATURE – Licensee or Designee

Date Signed (mm/dd/yyyy)