

**Compliance Statement  
Licensed Family 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 sections of the administrative code monitored. If you didn't monitor the entire section, you may also reference the specific subsections, paragraphs, and subdivisions 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 Heidi's Haven	Facility Address (Street, City, State, Zip Code) 11571 W Bechtel Rd., Radisson, WI 54867-4501	Telephone Number 715-945-3357	Facility ID 1015741
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**NO ADMINISTRATIVE CODE VIOLATIONS WERE OBSERVED ON 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> Children's Records	<input checked="" type="checkbox"/> <b>Staffing</b> Supervision, Staffing and Grouping
<input checked="" type="checkbox"/> <b>Physical Plant and Equipment</b> Fire protection, outdoor, water	<input checked="" type="checkbox"/> <b>Program</b> Health, pets
<input type="checkbox"/> <b>Transportation</b> N/A	<input type="checkbox"/> <b>Infant and Toddler Care</b>
<input type="checkbox"/> <b>Licensee Not Providing Care At Least 50% of the Licensed Hours of Operation</b> N/A	<input type="checkbox"/> <b>Night Care</b> N/A

Licensing Specialist Name Kim Pinchard	Visit Date (mm/dd/yyyy) 10/22/2018	Issued Date (mm/dd/yyyy) 10/23/2018
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