

Compliance Statement
Licensed Family Child Care Centers

TO FILE A COMPLAINT CALL: 608-518-4016

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 Perry's Playhouse | Facility Address (Street, City, State, Zip Code) 1851 River Road, Sparta, WI 54656 | Telephone Number 608-633-2871 | Facility ID 1013838 |
|------------------------------------|---|----------------------------------|------------------------|

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"/> Operational Requirements Recent change in hours to 6:30-5:30. Children and staff records complete. Attendance current and accurate. Reviewed reporting requirements, parent notification and confidentiality rules. Provider completed Mandated Reporter on-line training 6/20/17. | <input checked="" type="checkbox"/> Staffing Licensee and substitute provider meet all educational requirements. Orientation of substitute provider on file. Nine children enrolled. Six in care at time of visit. |
| <input checked="" type="checkbox"/> Physical Plant and Equipment No hazards observed. Documentation of fire and tornado drill completed. Home maintained in sanitary condition. Two exits on child care level clear of obstructions. Outdoor play space meets all requirements. | <input checked="" type="checkbox"/> Program Variety of indoor and outdoor equipment accessible to children. Pack and Play used for rest time for younger children. Mats with sleeping bag or blankets for older children. Snack served at time of visit met USDA guidelines. Family pets current on rabies vaccinations. Walking fieldtrips only. |
| <input type="checkbox"/> Transportation Center does not transport. | <input checked="" type="checkbox"/> Infant and Toddler Care Under two intake form on file. Daily programming, feeding and diapering rules met. |
| <input type="checkbox"/> Licensee Not Providing Care At Least 50% of the Licensed Hours of Operation NA | <input type="checkbox"/> Night Care NA |

| | | |
|--|---------------------------------------|--|
| Licensing Specialist Name Rita Miller | Visit Date (mm/dd/yyyy) 05/23/2018 | Issued Date (mm/dd/yyyy) 05/24/2018 |
|--|---------------------------------------|--|