

**COMPLIANCE STATEMENT –
 CHILD CARE CENTERS**

TO FILE A COMPLAINT CALL: *920-785-7812*

Use of form: This form is used by the licensing specialist to indicate to child care and day camp facilities that there were no violations of the administrative rules observed during the licensing visit. Completion of this form meets the requirements ch. 48, Wis. Stats.

Instructions: The licensing specialist checks the administrative code areas that were observed to have no rule violations. The licensing specialist may also reference the administrative code number(s) that were monitored. The licensee shall post a copy of the Compliance Statement near the license in accordance with s.48.657, Wis. Stats.

Name – Facility <i>Tree of Wonders FCC</i>	Address – Facility (Street, City, State, Zip Code) <i>406 Hayler St Neenah WI 54856</i>	Telephone Number <i>920-238-5113</i>	Facility ID <i>2003749</i>	Date – Licensing Visit <i>2-26-19</i>
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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 type="checkbox"/> Terms of License / Administration / Reports	<input type="checkbox"/> Emergencies / Fire Protection / Exiting	<input checked="" type="checkbox"/> Rest Periods / Night Care
<input type="checkbox"/> Parent Information / Children's Records	<input type="checkbox"/> Sanitation / Water / Washrooms and Toilet Facilities	<input checked="" type="checkbox"/> Health
<input type="checkbox"/> Confidentiality / Reporting Child Abuse	<input type="checkbox"/> Indoor Space / Furnishings / Equipment	<input checked="" type="checkbox"/> Pets and Animals <i>1 dog</i>
<input type="checkbox"/> Responsibilities and Qualifications of Staff / Staff Development / Staff Records	<input type="checkbox"/> Kitchens / Meals and Snacks	<input checked="" type="checkbox"/> Transportation / Driver / Vehicle / Capacity <i>only uses city bus</i>
<input type="checkbox"/> Staffing and Grouping / Supervision	<input type="checkbox"/> Outdoor Space / Outdoor Hazards / Swimming Areas	<input checked="" 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	<input checked="" type="checkbox"/> Requirements for School-Age Care

Name – Licensing Specialist (Type / Print) <i>Jill Kelle</i>	SIGNATURE – Licensing Specialist <i>Jill Kelle</i>	Telephone Number <i>920-785-7808</i>	Date Signed (mm/dd/yyyy) <i>2-26-19</i>
SIGNATURE – Licensee or Designee <i>ASUN</i>		Date Signed (mm/dd/yyyy) <i>2-26-19</i>	

Distribution: Original – Licensing Specialist
 Copy – Licensee