

Compliance Statement
Licensed Family Child Care Centers

TO FILE A COMPLAINT, CALL: (715) 930-1148

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 that were 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 Country Cabin Day Care	Facility Address (Street, City, State, Zip Code) 12335 Fortune RD Tomah, WI 546606551	Telephone Number (608) 343-4130	Facility ID 530918
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NO ADMINISTRATIVE CODE VIOLATIONS WERE OBSERVED DURING 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 Amended hours at time of continuation. License continuation 12/1/18	<input checked="" type="checkbox"/>	Staffing Five children in care at time of visit. Provider current in CPR. Continuing ed. requirement met.
<input checked="" type="checkbox"/>	Physical plant and equipment Fire/tornado drills and monthly smoke detector checks documented. No hazards observed.	<input checked="" type="checkbox"/>	Program Observed group time including story time. Children engaged if individual activities after group time
<input checked="" type="checkbox"/>	Transportation NA	<input checked="" type="checkbox"/>	Infant & toddler care One infant in care. All requirements met.
<input checked="" type="checkbox"/>	Licensee not providing care 50% of hours NA	<input checked="" type="checkbox"/>	Night Care NA

Licensing Specialist Name Rita Miller	Visit Date 12/5/2018	Issue Date 12/5/2018
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