

**Compliance Statement
Child Care Centers**

TO FILE A COMPLAINT CALL: (715) 930-1107

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 Teddy Bear Totland	Address – Facility (Street, City, State, Zip Code) 914 Therbrook St., Chippewa Falls WI 54729	Telephone Number	Facility ID 530806	Date – Licensing Visit 9/7/17
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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.

RECEIVED
SEP 18 2017
STATE OF WISCONSIN
DEPT OF CHILDREN & FAMILIES

<input checked="" type="checkbox"/> Terms of License / Administration / Reports - Providers familiar with reporting procedures	<input type="checkbox"/> Emergencies / Fire Protection / Exiting	<input type="checkbox"/> Rest Periods / Night Care
<input checked="" type="checkbox"/> Parent Information / Children's Records - License & monitoring results posted - Current and accurate attendance records - Summary of licensing rules provided to parents at enrollment	<input type="checkbox"/> Sanitation / Water / Washrooms and Toilet Facilities	<input checked="" type="checkbox"/> Health - Medication labeled & in original container - Parent authorization for meds - Injuries & illnesses documented in med log - Meds stored safely
<input type="checkbox"/> Confidentiality / Reporting Child Abuse	<input type="checkbox"/> Indoor Space / Furnishings / Equipment	<input checked="" type="checkbox"/> Pets and Animals - Feeding areas out of childcare space - Dogs supervised - Compliance w/local ordinances - Pets inaccessible when/if necessary
<input type="checkbox"/> Responsibilities and Qualifications of Staff / Staff Development / Staff Records	<input checked="" type="checkbox"/> Kitchens / Meals and Snacks - Meals/snacks offered every 3 hrs - Meals meet USDA requirements - Second portions offered - Records kept of food served	<input type="checkbox"/> Transportation / Driver / Vehicle / Capacity
<input checked="" type="checkbox"/> Staffing and Grouping / Supervision - Staff & children do not exceed 12 hr care limit - Close supervision provided - Max numbers of children in care of ctr and provider, not exceeded	<input type="checkbox"/> Outdoor Space / Outdoor Hazards / Swimming Areas	<input checked="" type="checkbox"/> Requirements for Infant / Toddler Care - Infants put to sleep on their backs - Bottle fed babies held for feedings - Brst milk not heated in microwave
<input type="checkbox"/> Building / Protective Measures / Indoor Hazards	<input type="checkbox"/> Program Planning and Scheduling / Child Guidance	<input type="checkbox"/> Requirements for School-Age Care

Name – Licensing Specialist Heather M. Ruf	Date Signed (mm/dd/yyyy) 9/7/17
SIGNATURE – Licensee or Designee 	Date Signed (mm/dd/yyyy) 9/11/17