

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 Chippewa Falls CESA #11	Address – Facility (Street, City, State, Zip Code) 2820 E. Park Ave., Chippewa Falls WI 54729	Telephone Number	Facility ID 1009552	Date – Licensing Visit 5/24/17
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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.

<input checked="" type="checkbox"/> Terms of License / Administration / Reports - Reports to Licensing Dept. as required	<input checked="" type="checkbox"/> Emergencies / Fire Protection / Exiting - Fire & tornado drills practiced as required - Exit lights lit - Exits clear of obstructions - Fire extinguishers operable, inspected & labeled	<input type="checkbox"/> Rest Periods / Night Care
<input type="checkbox"/> Parent Information / Children's Records	<input checked="" type="checkbox"/> Sanitation / Water / Washrooms and Toilet Facilities - Bathrooms stocked w/required supplies - Adequate number of toilets & sinks - Drinking water availability - No deteriorating paint	<input checked="" type="checkbox"/> Health - First aid procedures followed - Daily record of injuries - Current auths. for meds on premises - Med/accident log reviewed every 6 mo.
<input checked="" type="checkbox"/> Confidentiality / Reporting Child Abuse - Staff trained in child abuse and neglect reporting	<input checked="" type="checkbox"/> Indoor Space / Furnishings / Equipment - At least 35 sq ft space per child - Adequate indoor storage space	<input type="checkbox"/> Pets and Animals
<input checked="" type="checkbox"/> Responsibilities and Qualifications of Staff / Staff Development / Staff Records - Staff files contain required forms - All staff qualified for their positions - Staff completed CPR and SBS training	<input checked="" type="checkbox"/> Kitchens / Meals and Snacks - Mealtime allows for socialization - Meals meet USDA requirements - Second portions available to children	<input type="checkbox"/> Transportation / Driver / Vehicle / Capacity
<input checked="" type="checkbox"/> Staffing and Grouping / Supervision - Child tracking procedure in place - Staff to child ratios maintained - Group sizes maintained - Qualified lead teacher per group	<input type="checkbox"/> Outdoor Space / Outdoor Hazards / Swimming Areas	<input type="checkbox"/> Requirements for Infant / Toddler Care
<input checked="" type="checkbox"/> Building / Protective Measures / Indoor Hazards - Inside temp maintained - No indoor source of harm noted - Electrical outlets covered - Ext. cords not in use permanently w/appliance	<input checked="" type="checkbox"/> Program Planning and Scheduling / Child Guidance - Child guidance policies followed - Program reflects policies - Regularity in routines - Written program of activities	<input type="checkbox"/> Requirements for School-Age Care

Name – Licensing Specialist Heather M. Ruf	Date Signed (mm/dd/yyyy) 5/25/17
SIGNATURE – Licensee or Designee	Date Signed (mm/dd/yyyy)