

**Compliance Statement  
Licensed Group 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 sections of the administrative code monitored. If you didn't monitor the entire section, you may also reference the specific subsections, paragraphs, or 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 Chippewa Falls CESA #11 Head Start	Facility Address (Street, City, State, Zip Code) 2820 E. Park Ave., Chippewa Falls WI 54729	Telephone Number	Facility ID 1009552
-----------------------------------------------------	------------------------------------------------------------------------------------------------	------------------	------------------------

**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"/> <b>Operational Requirements</b> - Ctr has complied with law and licensing rules - Ctr is aware of reporting requirements to the Dept. - Parents notified of communicable diseases when necessary - Ctr aware of rules regarding communicable disease exclusions, reporting and readmission - Staff mtgs held twice per month - License continuation materials submitted at time of continuation	<input checked="" type="checkbox"/> <b>Staffing</b> - Substitues meet minimum age and training requirements - Ctr meets rules regarding volunteers, substitutes and student teacher , in and out of ratio
<input checked="" type="checkbox"/> <b>Physical Plant and Equipment</b> - Staff aware of responsibilities during emergencies - Exit lights lit - Fire drills practiced monthly - No unvented space heaters - No lead-based, toxic finishing materials used - Toilet rooms & fixtures in sanitary condition -	<input checked="" type="checkbox"/> <b>Program</b> - Med logs reviewed by director every 6 mo. - Med logs maintained as required - Daily documentation of injuries & medication admin. - Parent auth for med use - Bodily secretions wiped w/handwashing following - Use of universal precautions for blood spills - Use of disposable gloves - Diapering procedure for children over age 2 - First aid procedures followed - Meds stored out of reach - Individual attention provided - Program provides balance of individual/group activities, indoor/outdoor activities, active/quiet activities - Menu changes noted - Properly clothes children
<input checked="" type="checkbox"/> <b>Transportation</b> - When field trips occur, contracted vehicles contains vehicles safety alarm - Additional adult supervision provided for 3 or more children with a disability and when more than 10 children under age 5 yrs are present	<input type="checkbox"/> <b>Infant and Toddler Care</b> N/A
<input type="checkbox"/> <b>Care of School Age Children</b> N/A	<input type="checkbox"/> <b>Night Care</b> N/A

Licensing Specialist Name Heather M. Ruf	Visit Date (mm/dd/yyyy) 12/13/17	Issued Date (mm/dd/yyyy) 12/13/17
---------------------------------------------	-------------------------------------	--------------------------------------