

COMPLIANCE STATEMENT –  
 CHILD CARE CENTERS

TO FILE A COMPLAINT CALL: 920 924 4620

**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>Lisa's Countryside</i>	Address – Facility (Street, City, State, Zip Code) <i>W 3499 Yunker Road Cambria</i>	Telephone Number	Facility ID <i>1010820</i>	Date – Licensing Visit <i>12/14/17</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 checked="" type="checkbox"/> <u>Terms of License / Administration / Reports</u>	<input checked="" type="checkbox"/> <u>Emergencies / Fire Protection / Exiting</u>	<input checked="" type="checkbox"/> <u>Rest Periods / Night Care</u>
<input checked="" type="checkbox"/> <u>Parent Information / Children's Records</u>	<input checked="" type="checkbox"/> <u>Sanitation / Water / Washrooms and Toilet Facilities</u>	<input type="checkbox"/> Health
<input type="checkbox"/> Confidentiality / Reporting Child Abuse	<input checked="" type="checkbox"/> <u>Indoor Space / Furnishings / Equipment</u>	<input type="checkbox"/> Pets and Animals
<input type="checkbox"/> Responsibilities and Qualifications of Staff / Staff Development / Staff Records	<input type="checkbox"/> Kitchens / Meals and Snacks	<input type="checkbox"/> Transportation / Driver / Vehicle / Capacity <i>N/A</i>
<input checked="" type="checkbox"/> <u>Staffing and Grouping / Supervision</u>	<input type="checkbox"/> Outdoor Space / Outdoor Hazards / Swimming Areas	<input type="checkbox"/> Requirements for Infant / Toddler Care
<input checked="" type="checkbox"/> <u>Building / Protective Measures / Indoor Hazards</u>	<input type="checkbox"/> Program Planning and Scheduling / Child Guidance	<input type="checkbox"/> Requirements for School-Age Care

Name – Licensing Specialist (Type / Print) <i>Beth Landaul</i>	SIGNATURE – Licensing Specialist <i>Beth Landaul</i>	Telephone Number	Date Signed (mm/dd/yyyy) <i>12/14/17</i>
SIGNATURE – Licensee or Designee <i>Beth Landaul</i>		Date Signed (mm/dd/yyyy) <i>12-14-17</i>	

Distribution: Original – Licensing Specialist  
 Copy – Licensee