

Compliance Statement
Licensed Family Child Care Centers

TO FILE A COMPLAINT, CALL: (920) 785-7811

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 Kari's Korner Family Child Care Center	Facility Address (Street, City, State, Zip Code) 602 Hillcrest ST West Bend, WI 530954118	Telephone Number (262) 335-9510	Facility ID 1003844
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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 terms, administration, reports, parents, child records, confidentiality, reporting child abuse	<input checked="" type="checkbox"/>	Staff definition, staff records, qualifications of staff, staff development, supervision and grouping
<input checked="" type="checkbox"/>	Physical plant and equipment building, protective measures, emergency, fire, water, exits, food, outdoor,	<input checked="" type="checkbox"/>	Program planning, scheduling, child guidance, equipment, rest, health,
<input checked="" type="checkbox"/>	Transportation n/a	<input checked="" type="checkbox"/>	Infant & toddler care applicability, qualifications, daily program, feeding, diapering
<input checked="" type="checkbox"/>	Licensee not providing care 50% of hours n/a	<input checked="" type="checkbox"/>	Night Care n/a

Licensing Specialist Name Amanda Holz	Visit Date 9/4/2024	Issue Date 10/14/2024
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