

**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 Imagination Station Early Learning Center Llc	Facility Address (Street, City, State, Zip Code) 431 Harvey DR Plymouth, WI 530731041	Telephone Number (920) 891-5145	Facility ID 2007686
--	--	------------------------------------	------------------------

**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"/>	<b>Operational requirements</b> OK	<input checked="" type="checkbox"/>	<b>Staff</b> OK
<input checked="" type="checkbox"/>	<b>Physical plant and equipment</b> OK	<input checked="" type="checkbox"/>	<b>Program</b> OK
<input checked="" type="checkbox"/>	<b>Transportation</b> NA	<input checked="" type="checkbox"/>	<b>Infant &amp; toddler care</b> ON
<input checked="" type="checkbox"/>	<b>Licensee not providing care 50% of hours</b> NA	<input checked="" type="checkbox"/>	<b>Night Care</b> NA

Licensing Specialist Name Clint Smith	Visit Date 3/25/2025	Issue Date 3/25/2025
--	-------------------------	-------------------------