

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 Ahlers Family Child Care	Facility Address (Street, City, State, Zip Code) West Bend, WI 53090	Telephone Number (262) 338-0418	Facility ID 230007
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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, reports, parents, child records, confidentiality, report abuse or neglect	<input checked="" type="checkbox"/>	Staff records, qualifications, development
<input checked="" type="checkbox"/>	Physical plant and equipment building, protective measures, water, fire, exits, outdoor, emergency, food	<input checked="" type="checkbox"/>	Program program, child guidance, equipment, rest, health
<input checked="" type="checkbox"/>	Transportation n/a	<input checked="" type="checkbox"/>	Infant & toddler care
<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 11/12/2025	Issue Date
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