

Compliance Statement
Licensed Family Child Care Centers

TO FILE A COMPLAINT, CALL: (715) 361-7700

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	Facility Address (Street, City, State, Zip Code)	Telephone Number	Facility ID
Tlc Day Care And Preschool	617 Thalacker AVE Wisc Rapids, WI 544946553	(715) 423-4255	1006299

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 Partial Review	<input type="checkbox"/>	Staff
<input checked="" type="checkbox"/>	Physical plant and equipment Partial Review	<input checked="" type="checkbox"/>	Program Partial Review
<input type="checkbox"/>	Transportation	<input type="checkbox"/>	Infant & toddler care
<input type="checkbox"/>	Licensee not providing care 50% of hours	<input type="checkbox"/>	Night Care

Licensing Specialist Name	Visit Date	Issue Date
Kimberly Gachnang	1/19/2022	2/1/2022