

**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<br>Little All Stars | Facility Address (Street, City, State, Zip Code)<br>N6511 N Loomis RD Porterfield, WI 541599417 | Telephone Number<br>(715) 927-0906 | Facility ID<br>2006879 |
|-----------------------------------|---|------------------------------------|------------------------|

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

|   |                         |                         |
|---|-------------------------|-------------------------|
| Licensing Specialist Name<br>Jody Beyer | Visit Date<br>10/4/2024 | Issue Date<br>10/4/2024 |
|---|-------------------------|-------------------------|