**DEPARTMENT OF CHILDREN AND FAMILIES**
Division of Early Care and Education

# Compliance Statement
## Licensed Family Child Care Centers

TO FILE A COMPLAINT, CALL: (262) 446-7800

**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 |
|---|---|---|---|
| Dreams Are Us | 4932 N 20Th ST Milwaukee, WI 532095713 | (414) 999-7357 | 2007580 |

**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.

| | | | |
|---|---|---|---|
| ☐ | **Operational requirements**<br>Provider has an understanding and asks questions regarding compliance. | ☐ | **Staff**<br>NA. |
| ☐ | **Physical plant and equipment**<br>Maintains homes indoor/outdoor area in good condition. | ☐ | **Program**<br>Daily routines reflect goals and expectations of families and planning for sucess. |
| ☐ | **Transportation**<br>NA. | ☐ | **Infant & toddler care**<br>NA. |
| ☐ | **Licensee not providing care 50% of hours**<br>NA. | ☐ | **Night Care**<br>NA. |

| Licensing Specialist Name | Visit Date | Issue Date |
|---|---|---|
| Tammy Saffold | 9/10/2026 | 9/11/2026 |