

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 Wee Care Day Care	Facility Address (Street, City, State, Zip Code) 13502 W Froemel RD Hayward, WI 548434187	Telephone Number (715) 634-4716	Facility ID 1012849
------------------------------------	--	------------------------------------	------------------------

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 Reviewed: Administration; Some Reports; Child Records; Reporting Abuse/Neglect; Confidentiality	<input checked="" type="checkbox"/>	Staff Reviewed: Some Staff Records; Qualifications; Staff Development
<input checked="" type="checkbox"/>	Physical plant and equipment Reviewed: Protective Measures; Fire; Exits; Outdoor/Swimming Area; Emergency Drills; Food Prep.	<input checked="" type="checkbox"/>	Program Reviewed: Health
<input checked="" type="checkbox"/>	Transportation Reviewed: Safety Restraints; Vehicle Safety Alarm	<input checked="" type="checkbox"/>	Infant & toddler care Reviewed: General Requirements; Daily Programming; Diapering/Toileting
<input checked="" type="checkbox"/>	Licensee not providing care 50% of hours N/A	<input checked="" type="checkbox"/>	Night Care N/A

Licensing Specialist Name Bonnie Davis	Visit Date 8/13/2024	Issue Date 8/14/2024
---	-------------------------	-------------------------