DEPARTMENT OF CHILDREN AND FAMILIES
Division of Early Care and Education

Compliance Statement
Licensed Family Child Care Centers

TO FILE A COMPLAINT, CALL: (715) 930-1148

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
Kahler Care	W488 Albany L Mondovi, WI 547557898	(715) 279-1385	1013205

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** License and monitoring results posted Attendance current and accurate Children's records complete	☑	**Staff** Staff requirements met Provider engaged with children Staff-to-child ratios met
☑	**Physical plant and equipment** No hazards observed Fire and safety drills documented Premise clean and in good repair	☑	**Program** Appropriate child guidance Variety of child-selectable activities Good handwashing observed
☑	**Transportation** N/A	☑	**Infant & toddler care** Partial review of infant rules met Individual attention provided Individual rest/feeding schedule
☑	**Licensee not providing care 50% of hours** N/A	☑	**Night Care** N/A

Licensing Specialist Name	Visit Date	Issue Date
April Callihan	6/11/2026	6/11/2026