

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 Diane's Daycare | Facility Address (Street, City, State, Zip Code) N3111 Old Co Rd B Shell Lake, WI 54871 | Telephone Number (715) 645-0578 | Facility ID 1012873 |
|----------------------------------|--|------------------------------------|------------------------|

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 Operational requirements monitored on this visit were in compliance. | <input type="checkbox"/> | Staff N/A |
| <input checked="" type="checkbox"/> | Physical plant and equipment Physical plant and equipment requirements monitored on this visit were in compliance. | <input type="checkbox"/> | Program N/A |
| <input type="checkbox"/> | Transportation N/A | <input type="checkbox"/> | Infant & toddler care N/A |
| <input type="checkbox"/> | Licensee not providing care 50% of hours N/A | <input type="checkbox"/> | Night Care N/A |

| | | |
|--|-------------------------|-------------------------|
| Licensing Specialist Name Emily Johnson | Visit Date 1/30/2024 | Issue Date 1/31/2024 |
|--|-------------------------|-------------------------|