

**Compliance Statement**  
**Licensed Group Child Care Centers**

TO FILE A COMPLAINT, CALL: (608) 422-6765

**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 |
| Kiddie Korner Of Lodi Inc | Lodi, WI 53555                                   | (608) 592-7813   | 1005444     |

**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"/> | Staffing                |
| <input type="checkbox"/>            | Physical plant and equipment | <input checked="" type="checkbox"/> | Program                 |
| <input type="checkbox"/>            | Transportation               | <input type="checkbox"/>            | Infant and toddler care |
| <input type="checkbox"/>            | Care of school-age children  | <input type="checkbox"/>            | Night care              |

|                           |            |            |
|---------------------------|------------|------------|
| Licensing Specialist Name | Visit Date | Issue Date |
| Chelsey Thill             | 9/6/2019   | 9/10/2019  |