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
Kjs Klubhouse Child Care Center	3408 N 41St ST Milwaukee, WI 532163641	(414) 477-6160	2008197

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** Provider has managed program regulatory requirements.	☑	**Staff** NA.
☑	**Physical plant and equipment** Provider maintains a clean and safe environment.	☑	**Program** Daily routines and practices align with goals, learning, and experiences for children.
☑	**Transportation** NA.	☑	**Infant & toddler care** Provider has a designated area in the home that is specifically for Infants and Toddlers.
☑	**Licensee not providing care 50% of hours** NA.	☑	**Night Care** NA.

Licensing Specialist Name	Visit Date	Issue Date
Tammy Saffold	2/23/2026	