

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	Facility Address (Street, City, State, Zip Code)	Telephone Number	Facility ID
Melissa's Family Child Care Center	2900 Bush ST Stevens Point, WI 544814914	(715) 498-1824	1014127

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 Term of License, Administration, Reports, Parents, Children's Records, Confidentiality	<input checked="" type="checkbox"/>	Staff Staff Records, Qualifications, Staff Development
<input checked="" type="checkbox"/>	Physical plant and equipment Protective Measures, Fire Protection, Exits, Outdoor Space, Emergency Plan/Drills, Food Prep/Service	<input checked="" type="checkbox"/>	Program Curriculum, Child Guidance, Equipment/Furnishings, Rest Periods, Health, Pets/Animals
<input checked="" type="checkbox"/>	Transportation NA	<input checked="" type="checkbox"/>	Infant & toddler care General Requirements, Daily Program, Feeding, Diapering
<input checked="" type="checkbox"/>	Licensee not providing care 50% of hours NA	<input checked="" type="checkbox"/>	Night Care NA

Licensing Specialist Name	Visit Date	Issue Date
Heather Struck	11/3/2023	11/15/2023