

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 Shel's Heart And Hands Childcare | Facility Address (Street, City, State, Zip Code) Hudson, WI 54016 | Telephone Number (715) 386-8036 | Facility ID 1005976 |
|---|--|------------------------------------|------------------------|

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

| | | |
|--|------------------------|------------------------|
| Licensing Specialist Name Wendy Badzinski | Visit Date 3/6/2025 | Issue Date 3/7/2025 |
|--|------------------------|------------------------|