

**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 Sandy's Daycare	Facility Address (Street, City, State, Zip Code) 8037 County Road B Amherst, WI 544069004	Telephone Number (715) 824-5772	Facility ID 1015241
----------------------------------	--	------------------------------------	------------------------

**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"/>	<b>Operational requirements</b> terms of license, administration, reports, parents, confidentiality	<input checked="" type="checkbox"/>	<b>Staff</b> staff Records, qualifications, staff development
<input checked="" type="checkbox"/>	<b>Physical plant and equipment</b> building, outdoor space, protective measures, fire protection, water, emergency plans and drills	<input checked="" type="checkbox"/>	<b>Program</b> child guidance, equipment and furnishings, rest periods, health, pets and animals, supervision
<input checked="" type="checkbox"/>	<b>Transportation</b> NA	<input checked="" type="checkbox"/>	<b>Infant &amp; toddler care</b> general requirements, daily program, diapering, toileting
<input checked="" type="checkbox"/>	<b>Licensee not providing care 50% of hours</b> NA	<input checked="" type="checkbox"/>	<b>Night Care</b> NA

Licensing Specialist Name Amanda Foley, Heather Struck	Visit Date 6/3/2026	Issue Date
---	------------------------	------------