

Compliance Statement
Licensed Group 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
Family Development Center	1640 W River DR Stevens Point, WI 544813430	(715) 343-7153	620280

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 Reports, Children's Records	<input checked="" type="checkbox"/>	Staff Staff Records, Qualifications, Staff Development
<input checked="" type="checkbox"/>	Physical plant and equipment Protective Measures, Fire Protection, Kitchens, Outdoor Space, Emergency Plans/Drills	<input checked="" type="checkbox"/>	Program Supervision, Child Guidance, Meals/Snacks, Health
<input checked="" type="checkbox"/>	Transportation NA	<input checked="" type="checkbox"/>	Infant and toddler care NA
<input checked="" type="checkbox"/>	Care of school-age children NA	<input checked="" type="checkbox"/>	Night care NA

Licensing Specialist Name	Visit Date	Issue Date
Heather Struck	1/31/2024	2/21/2024