

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 St Lawrence Child Care	Facility Address (Street, City, State, Zip Code) 551 10Th AVE N Wisc Rapids, WI 544952567	Telephone Number (715) 422-0990	Facility ID 1003174
---	--	------------------------------------	------------------------

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 Partial review of reporting requirements and children's records.	<input checked="" type="checkbox"/>	Staff Partial review of staff records and qualifications.
<input checked="" type="checkbox"/>	Physical plant and equipment Review of protective measures, fire protection and emergency plans and drills.	<input checked="" type="checkbox"/>	Program Review of child guidance, meals and snacks and health.
<input checked="" type="checkbox"/>	Transportation N/A	<input checked="" type="checkbox"/>	Infant and toddler care Partial review of daily programming and diapering and toileting.
<input type="checkbox"/>	Care of school-age children N/A	<input checked="" type="checkbox"/>	Night care N/A

Licensing Specialist Name Tiisha Harrell	Visit Date 1/29/2025	Issue Date 2/6/2025
---	-------------------------	------------------------