

**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 Little Hands And Busy Feet Daycare	Facility Address (Street, City, State, Zip Code) N5500 870Th ST Elk Mound, WI 547399398	Telephone Number (715) 879-4758	Facility ID 1015483
---	--	------------------------------------	------------------------

**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> License and monitoring results posted Attendance current and accurate Children's records complete	<input checked="" type="checkbox"/>	<b>Staff</b> Staff requirements met Provider engaged with children Staff-to-child ratios met
<input checked="" type="checkbox"/>	<b>Physical plant and equipment</b> No hazards observed Emergency safety drills documented Premise clean and in good repair	<input checked="" type="checkbox"/>	<b>Program</b> Balance of indoor/outdoor programming Appropriate child guidance observed Health requirements met
<input checked="" type="checkbox"/>	<b>Transportation</b> Transportation rules that were reviewed were met	<input checked="" type="checkbox"/>	<b>Infant &amp; toddler care</b> Partial review of infant rules met Individual attention provided Individual rest/feeding schedule
<input checked="" type="checkbox"/>	<b>Licensee not providing care 50% of hours</b> N/A	<input checked="" type="checkbox"/>	<b>Night Care</b> N/A

Licensing Specialist Name April Callihan	Visit Date 10/28/2025	Issue Date 10/28/2025
---	--------------------------	--------------------------