

**Compliance Statement**  
**Licensed Family Child Care Centers**

TO FILE A COMPLAINT, CALL: (262) 446-7800

**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.

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|--|--|------------------------------------|------------------------|
| Facility Name<br>Jerri's Korner Family Childcare | Facility Address (Street, City, State, Zip Code)<br>3291 N 35Th ST Milwaukee, WI 532163707 | Telephone Number<br>(414) 349-9638 | Facility ID<br>2007011 |
|--|--|------------------------------------|------------------------|

**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><br>Provider has managed program files, documents and additional regulatory requirements. | <input checked="" type="checkbox"/> | <b>Staff</b><br>NA  |
| <input checked="" type="checkbox"/> | <b>Physical plant and equipment</b><br>Provider has managed the homes cleanliness.                                       | <input type="checkbox"/>            | <b>Program</b><br>Daily programming is supported through activities and schedules for children in care. |
| <input checked="" type="checkbox"/> | <b>Transportation</b><br>Vehicle and other documents for transporting children is managed.                               | <input type="checkbox"/>            | <b>Infant &amp; toddler care</b>  |
| <input checked="" type="checkbox"/> | <b>Licensee not providing care 50% of hours</b><br>NA  | <input checked="" type="checkbox"/> | <b>Night Care</b><br>NA   |

|  |                          |                         |
|--|--------------------------|-------------------------|
| Licensing Specialist Name<br>Tammy Saffold | Visit Date<br>11/27/2024 | Issue Date<br>12/3/2024 |
|--|--------------------------|-------------------------|