

Compliance Statement
Licensed Family Child Care Centers

TO FILE A COMPLAINT, CALL: (920) 785-7811

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 Lambs Family Day Care | Facility Address (Street, City, State, Zip Code) Appleton, WI 54914 | Telephone Number (920) 749-0141 | Facility ID 430835 |
|--|--|------------------------------------|-----------------------|

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 Terms Of License Administration Reports | <input checked="" type="checkbox"/> | Staff Staff Records Qualifications Staff Development |
| <input checked="" type="checkbox"/> | Physical plant and equipment Indoor and Outdoor Space Protective Measures Water | <input checked="" type="checkbox"/> | Program Child Guidance Equipment and Furnishings Rest Periods Health |
| <input checked="" type="checkbox"/> | Transportation Emergency and Required Information Driver Vehicle/Capacity/Supervision | <input checked="" type="checkbox"/> | Infant & toddler care N/A |
| <input checked="" type="checkbox"/> | Licensee not providing care 50% of hours N/A | <input checked="" type="checkbox"/> | Night Care N/A |

| | | |
|---|------------------------|-------------------------|
| Licensing Specialist Name Cassandra Debauche | Visit Date 5/9/2024 | Issue Date 5/13/2024 |
|---|------------------------|-------------------------|