## **DEPARTMENT OF CHILDREN AND FAMILIES**

Division of Early Care and Education

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

TO FILE A COMPLAINT, CALL: (608) 422-6765

**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.

**Specialist** 

Instructions - Licensing 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	
Miss Karleen's		4885 Cuba Valley RD Deforest, WI 535322401		(608) 846-8841	1003950	
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.						
~	Operational requirements		<b>\</b>	Staff		
~	Physical plant and equipment		>	Program		
~	Transportation N/A		>	Infant & toddler care		
~	Licensee not providing care 50% of hours N/A		>	Night Care N/A		
Licensin	g Specialist Name				Visit Date	Issue Date
	oca Hrovat				6/28/2021	6/29/2021