

**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.

**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<br>Mami Family Day Care | Facility Address (Street, City, State, Zip Code)<br>4505 Village LN Madison, WI 537042743 | Telephone Number<br>(608) 770-9482 | Facility ID<br>2001004 |
|---------------------------------------|---|------------------------------------|------------------------|

**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>                        | <input checked="" type="checkbox"/> | <b>Staff</b>                     |
| <input checked="" type="checkbox"/> | <b>Physical plant and equipment</b>                    | <input checked="" type="checkbox"/> | <b>Program</b>                   |
| <input checked="" type="checkbox"/> | <b>Transportation</b><br>n/a                           | <input checked="" type="checkbox"/> | <b>Infant &amp; toddler care</b> |
| <input checked="" type="checkbox"/> | <b>Licensee not providing care 50% of hours</b><br>n/a | <input checked="" type="checkbox"/> | <b>Night Care</b><br>n/a         |

|  |                        |                        |
|--|------------------------|------------------------|
| Licensing Specialist Name<br>Michelle Garcia | Visit Date<br>6/4/2025 | Issue Date<br>6/4/2025 |
|--|------------------------|------------------------|