

**DEPARTMENT OF CHILDREN AND FAMILIES**  
Division of Early Care and Education

**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.

|                               |  |                  |             |
|-------------------------------|--|------------------|-------------|
| Facility Name                 | Facility Address (Street, City, State, Zip Code) | Telephone Number | Facility ID |
| Childrens Place Home Day Care | 7929 40Th AVE Kenosha, WI 531422137              | (708) 257-2477   | 2001487     |

**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>OK                  | <input checked="" type="checkbox"/> | <b>Staff</b><br>OK                     |
| <input checked="" type="checkbox"/> | <b>Physical plant and equipment</b><br>OK              | <input checked="" type="checkbox"/> | <b>Program</b><br>OK                   |
| <input checked="" type="checkbox"/> | <b>Transportation</b><br>N/A                           | <input checked="" type="checkbox"/> | <b>Infant &amp; toddler care</b><br>OK |
| <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               |

*Mano Ogular* 2-18-2025

|                           |            |            |
|---------------------------|------------|------------|
| Licensing Specialist Name | Visit Date | Issue Date |
| Joel Marquez              | 2/7/2025   | 2/18/2025  |