

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 Before You Grow Childcare	Facility Address (Street, City, State, Zip Code) 8057 W Beckett AVE Milwaukee, WI 532184626	Telephone Number (414) 231-9743	Facility ID 2007362
--	--	------------------------------------	------------------------

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 Provider demonstrates consistence in program operational requirements.	<input checked="" type="checkbox"/>	Staff NA
<input checked="" type="checkbox"/>	Physical plant and equipment Provider has clearly defined the space used for children along with sturdy equipment.	<input checked="" type="checkbox"/>	Program Daily Programming reflects intentional planning for children that supports learning.
<input checked="" type="checkbox"/>	Transportation NA	<input checked="" type="checkbox"/>	Infant & toddler care NA
<input checked="" type="checkbox"/>	Licensee not providing care 50% of hours NA	<input checked="" type="checkbox"/>	Night Care NA

Licensing Specialist Name Tammy Saffold	Visit Date 3/6/2025	Issue Date
--	------------------------	------------