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
Bluey Learning Center	3835 N 19Th PL Milwaukee, WI 532061902	(414) 550-5864	2008462

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** Provider demonstrates knowledge of maintaining records.	☑	**Staff** Emergency back-up information provided.
☑	**Physical plant and equipment** Provider manages the environment in a clean/safe manner.	☑	**Program** Routines demonstrate knowledge of daily requirements and communication.
☑	**Transportation** NA.	☑	**Infant & toddler care** Provider provides a hands on approach for Infants and Toddlers in care.
☑	**Licensee not providing care 50% of hours** NA.	☑	**Night Care** NA.

Licensing Specialist Name	Visit Date	Issue Date
Tammy Saffold	8/26/2026	