**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 |
|---|---|---|---|
| Ready Set Grow Early Childhood Development Center | 4532 N 44Th ST Milwaukee, WI 532185244 | (414) 807-5800 | 2008615 |

**NO ADMINISTRATIVE CODE VIOLATIONS WERE OBSERVED DURING THIS LICENSING VISIT.**

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| ☑ | **Operational requirements**<br>Provider has demonstrated and understanding of regulatory requirements. | ☑ | **Staff**<br>Staff requirements are met for providing care. |
| ☑ | **Physical plant and equipment**<br>Provider has managed to create defined areas for the various age groups in care. | ☑ | **Program**<br>Daily routines reflect the learning goals and interests of children. |
| ☑ | **Transportation**<br>NA. | ☑ | **Infant & toddler care**<br>Provider has created a space for Infants/Toddlers away from main room for care. |
| ☑ | **Licensee not providing care 50% of hours**<br>NA. | ☑ | **Night Care**<br>NA. |

| Licensing Specialist Name | Visit Date | Issue Date |
|---|---|---|
| Tammy Saffold | 3/3/2026 | |