

Compliance Statement
Licensed Group Child Care Centers

TO FILE A COMPLAINT, CALL: (920) 785-7811

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 Kindercare Learning Ctr - Bellevue	Facility Address (Street, City, State, Zip Code) 1510 Bellevue ST Green Bay, WI 543115608	Telephone Number (920) 468-6503	Facility ID 1010027
---	--	------------------------------------	------------------------

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 Reports Parents Children's Records	<input checked="" type="checkbox"/>	Staff Staff Record Qualifications Staff Development
<input checked="" type="checkbox"/>	Physical plant and equipment Indoor/Outdoor Space Fire Protection/Emergency Plans/Drills Protective Measures	<input checked="" type="checkbox"/>	Program Program Planning Equipment/Furnishings Rest Period Meals/Snacks
<input checked="" type="checkbox"/>	Transportation Emergency/Required Information Driver Vehicle/Capacity/Supervision	<input checked="" type="checkbox"/>	Infant and toddler care General Daily Program Feeding Diapering/Toileting
<input checked="" type="checkbox"/>	Care of school-age children SA Administrator/Director SA Program/Group Leader Supervision	<input checked="" type="checkbox"/>	Night care N/A

Licensing Specialist Name Cassandra Debauche	Visit Date 2/24/2025	Issue Date 2/25/2025
---	-------------------------	-------------------------