

Compliance Statement
Licensed Family Child Care Centers

TO FILE A COMPLAINT, CALL: (715) 361-7700

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.

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|-----------------------------------|---|------------------------------------|------------------------|
| Facility Name Jennifer Osowski | Facility Address (Street, City, State, Zip Code) 2635 Welsby AVE Stevens Point, WI 544814851 | Telephone Number (715) 630-8204 | Facility ID 2003838 |
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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.

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| <input checked="" type="checkbox"/> | Operational requirements Children's Records | <input checked="" type="checkbox"/> | Staff Staff Records, Qualifications, Staff Development |
| <input checked="" type="checkbox"/> | Physical plant and equipment Protective Measures, Fire Protection, Exits, Outdoor Space, Emergency Plans/Drills | <input checked="" type="checkbox"/> | Program Supervision, Curriculum, Child Guidance, Equipment/Furnishings, Rest Periods, Health, Pets/Animals |
| <input checked="" type="checkbox"/> | Transportation NA | <input checked="" type="checkbox"/> | Infant & toddler care General Requirements, Daily Program, Diapering/Toileting |
| <input checked="" type="checkbox"/> | Licensee not providing care 50% of hours NA | <input checked="" type="checkbox"/> | Night Care NA |

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| Licensing Specialist Name Heather Struck | Visit Date 6/5/2025 | Issue Date 6/11/2025 |
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