

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.

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.

<input checked="" type="checkbox"/>	Operational requirements Terms, Administration, Reports, Parents, Children's Records, Confidentiality, Report Abuse/Neglect	<input checked="" type="checkbox"/>	Staff Staff Records, Qualifications, Staff Development
<input checked="" type="checkbox"/>	Physical plant and equipment Outdoor Space, Protective Measures, Fire Protection, Exits, Emergency Plan/Drills, Food Prep/Service	<input checked="" type="checkbox"/>	Program Supervision, Health
<input checked="" type="checkbox"/>	Transportation NA	<input checked="" type="checkbox"/>	Infant & toddler care General Requirement, Daily Program, Feeding, Diapering/Toileting
<input checked="" type="checkbox"/>	Licensee not providing care 50% of hours NA	<input checked="" type="checkbox"/>	Night Care NA

Licensing Specialist Name Heather Struck	Visit Date 4/1/2026	Issue Date 4/17/2026
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