

**Compliance Statement**  
**Licensed Family Child Care Centers**

TO FILE A COMPLAINT, CALL: (715) 930-1148

**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 A Step Above	Facility Address (Street, City, State, Zip Code) E9729 County Road Ee Elk Mound, WI 547399360	Telephone Number (715) 505-2325	Facility ID 2005023
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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"/>	<b>Operational requirements</b> License and monitoring results posted Attendance current and accurate Children's records complete	<input checked="" type="checkbox"/>	<b>Staff</b> Staff engaged with children Staff requirements met Staff-to-child ratios met
<input checked="" type="checkbox"/>	<b>Physical plant and equipment</b> No hazards observed Fire and safety drills documented Premise clean and in good repair	<input checked="" type="checkbox"/>	<b>Program</b> Variety of child-selectable activities Meals and rest requirements met Daily outdoor time
<input checked="" type="checkbox"/>	<b>Transportation</b> N/A	<input checked="" type="checkbox"/>	<b>Infant &amp; toddler care</b> Partial review of infant rules met Individual attention provided Individual rest/feeding schedule
<input checked="" type="checkbox"/>	<b>Licensee not providing care 50% of hours</b> N/A	<input checked="" type="checkbox"/>	<b>Night Care</b> N/A

Licensing Specialist Name April Callihan	Visit Date 10/8/2025	Issue Date 10/8/2025
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