

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 Little Steps Bilingual Family Daycare	Facility Address (Street, City, State, Zip Code) 34720 116Th ST Twin Lakes, WI 531819582	Telephone Number (202) 325-6535	Facility ID 2007843
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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 O/K	<input type="checkbox"/> Staff n/a
<input checked="" type="checkbox"/> Physical plant and equipment OK	<input checked="" type="checkbox"/> Program OK
<input checked="" type="checkbox"/> Transportation N/A	<input type="checkbox"/> Infant & toddler care OK
<input checked="" type="checkbox"/> Licensee not providing care 50% of hours n/a	<input checked="" type="checkbox"/> Night Care n/a

Licensing Specialist Name Joel Marquez	Visit Date 7/3/2025	Issue Date 7/10/2025
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7/10/2025



Confirmation

You must click the "Continue" button below in order to return to the state agency's website.

Please keep a record of your Confirmation Number, or [print this page](#) for your records.

Confirmation Number **WS2CCE012626222**

Payment Details

Description WI Child Care - New Repayment
DCF Child Care Payments
<https://mywchildcareproviders.wisconsin.gov/>

Payment Amount \$100.50

Payment Date 07/11/2025

Status SCHEDULED

Provider Name LITTLE STEPS BILINGUAL FAMILY DAYCARE

Facility Name LITTLE STEPS BILINGUAL FAMILY DAYCARE

Provider Location Number 2000591712-1

Payment Method

Bank Routing Number 275981378

Bank Name EDUCATORS CREDIT UNION

Bank Account Number *1802

Bank Account Type Checking

Bank Account Category Business

Confirmation Email floravargas83@gmail.com