DEPARTMENT OF CHILDREN AND FAMILIES

Division of Early Care and Education

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.

Specialist

Instructions - Licensing 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 | | Facility Address (Street, City, State, Zip Code) | | Telephone Number | Facility ID | | |
|---|--|--|-------------|-----------------------|-------------|------------|---|
| Lady Bug Land Child Care Center | | Chippewa Falls, WI 54729 | | (715) 577-4429 | 1009339 | | |
| 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. | | | | | | | |
| ~ | Operational requirements | | > | Staff | | | |
| | | | | | | | |
| | | | | | | | |
| > | Physical plant and equipment | | < | Program | | | |
| | | | | | | | |
| | | | | | | | |
| \ | Transportation | | \ | Infant & toddler care | | | |
| | -NA | | | | | | |
| | | | | | | | |
| ~ | Licensee not providing care 50% of hours | | > | Night Care | | | |
| | -NA | | | -NA | | | |
| | | | | | | | |
| | | | l | | | | |
| Licensing Specialist Name | | | | | Visit Date | Issue Date | |
| Sou Yang | | | | | 9/7/2023 | 10/6/2023 | 1 |