

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 Annie's Daycare Llc	Facility Address (Street, City, State, Zip Code) 7585 S County Road K Merrill, WI 544527927	Telephone Number (715) 218-5532	Facility ID 2006432
--------------------------------------	--	------------------------------------	------------------------

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 Admin requirements - reporting Child Abuse/Neglect - Comm. Disease	<input checked="" type="checkbox"/>	Staff CPR/AED, AHT, Child Abuse and Neglect Reporting training Supervision/tracking of children
<input checked="" type="checkbox"/>	Physical plant and equipment Protective measures - emergency drills Exits - doors - windows Indoor/outdoor play spaces	<input checked="" type="checkbox"/>	Program Program activities Equipment/furnishings Medications/med log - rest periods Child guidance
<input checked="" type="checkbox"/>	Transportation N/A	<input checked="" type="checkbox"/>	Infant & toddler care Diaper changing and diaper table disinfecting SIDS prevention - sleep position
<input checked="" type="checkbox"/>	Licensee not providing care 50% of hours N/A	<input checked="" type="checkbox"/>	Night Care N/A

Licensing Specialist Name Kirsten Kronberger	Visit Date 4/30/2024	Issue Date 4/30/2024
---	-------------------------	-------------------------