

**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<br>Annie's Daycare Llc | Facility Address (Street, City, State, Zip Code)<br>7585 S County Road K Merrill, WI 544527927 | Telephone Number<br>(715) 218-5532 | Facility ID<br>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"/> | <b>Operational requirements</b><br>Reviewed: Reports; Children's Records; Confidentiality; Reporting Abuse                            | <input checked="" type="checkbox"/> | <b>Staff</b><br>Reviewed: Staff Records; Qualifications; Staff Development; Supervision                             |
| <input checked="" type="checkbox"/> | <b>Physical plant and equipment</b><br>Reviewed: Building; Protective Measures; Fire; Water; Exits; Outdoor Space; Drills; Food Prep. | <input checked="" type="checkbox"/> | <b>Program</b><br>Reviewed: Health; Pets/Animals  |
| <input checked="" type="checkbox"/> | <b>Transportation</b><br>N/A  | <input checked="" type="checkbox"/> | <b>Infant &amp; toddler care</b><br>Reviewed: General Requirements; Daily Programming; Feeding; Diapering/Toileting |
| <input checked="" type="checkbox"/> | <b>Licensee not providing care 50% of hours</b><br>N/A  | <input checked="" type="checkbox"/> | <b>Night Care</b><br>N/A  |

|   |                        |                        |
|---|------------------------|------------------------|
| Licensing Specialist Name<br>Bonnie Davis | Visit Date<br>3/3/2025 | Issue Date<br>3/5/2025 |
|---|------------------------|------------------------|