

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

TO FILE A COMPLAINT, CALL: (608) 422-6765

**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 Ms Maria And Big D's Preschool And Childcare	Facility Address (Street, City, State, Zip Code) 319 5Th ST Pr Du Sac, WI 535781215	Telephone Number (608) 370-4484	Facility ID 1009167
---	--	------------------------------------	------------------------

**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>	<input checked="" type="checkbox"/>	<b>Staffing</b>
<input checked="" type="checkbox"/>	<b>Physical plant and equipment</b>	<input checked="" type="checkbox"/>	<b>Program</b>
<input checked="" type="checkbox"/>	<b>Transportation</b>	<input checked="" type="checkbox"/>	<b>Infant &amp; toddler care</b> N/A
<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 Chelsey Thill	Visit Date 5/3/2019	Issue Date 5/10/2019
--	------------------------	-------------------------