

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

TO FILE A COMPLAINT, CALL: (920) 785-7811

**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>Tiny Toes Childcare | Facility Address (Street, City, State, Zip Code)<br>1022 S Lutz ST Shawano, WI 541663345 | Telephone Number<br>(715) 851-5049 | Facility ID<br>2003122 |
|--------------------------------------|--|------------------------------------|------------------------|

**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> |
| <input checked="" type="checkbox"/> | <b>Licensee not providing care 50% of hours</b> | <input checked="" type="checkbox"/> | <b>Night Care</b>                |

|   |                          |                          |
|---|--------------------------|--------------------------|
| Licensing Specialist Name<br>Gina Linssen | Visit Date<br>12/14/2018 | Issue Date<br>12/27/2018 |
|---|--------------------------|--------------------------|