

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.

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| Facility Name Wee Care Day Care | Facility Address (Street, City, State, Zip Code) 13502 W Froemel RD Hayward, WI 548434187 | Telephone Number (715) 634-4716 | Facility ID 1012849 |
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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.

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| <input checked="" type="checkbox"/> | Operational requirements Health-Safety Rules, Admin., Reports, Parents, Child R/R | <input checked="" type="checkbox"/> | Staff Staff R/R, Supervision, Staffing-Grouping |
| <input checked="" type="checkbox"/> | Physical plant and equipment Protective Measures, Emergency Drills, Water, Exits | <input checked="" type="checkbox"/> | Program Meals, Food Prep, |
| <input checked="" type="checkbox"/> | Transportation Partial-School Bus Field Trips | <input checked="" type="checkbox"/> | Infant & toddler care Partial |
| <input checked="" type="checkbox"/> | Licensee not providing care 50% of hours N/A | <input checked="" type="checkbox"/> | Night Care N/a |

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| Licensing Specialist Name Kim Pinchard | Visit Date 11/12/2019 | Issue Date 11/12/2019 |
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