DEPARTMENT OF CHILDREN AND FAMILIES
Division of Early Care and Education

Compliance Statement
Licensed Group 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	Facility Address (Street, City, State, Zip Code)	Telephone Number	Facility ID
Dream Center Llc	Hartford, WI 53027	(262) 673-3154	1008425

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.

☑	**Operational requirements** terms, reports, parents, child record, confidentiality, reporting CAN	☑	**Staff** qualifications, staff records, staff development grouping, supervision
☑	**Physical plant and equipment** building, washrooms, outdoor, protective measures, fire, water, indoor, kitchens, emergencies	☑	**Program** planning, child guidance, equipment, rest, snacks, health
☑	**Transportation** n/a	☑	**Infant and toddler care** n/a
☑	**Care of school-age children** n/a	☑	**Night care** n/a

Licensing Specialist Name	Visit Date	Issue Date
Amanda Holz	10/21/2026	