

**Compliance Statement**  
**Licensed Day Camps for Children**

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.

Day Camp Name	Day Camp Address (Street, City, State, Zip Code)	Telephone Number	Facility ID
Badger Gymnastics Of Madison Summer Camp	6901 Schroeder RD Madison, WI 537112313	(608) 513-7210	2005481

**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>Non-Discr, Confidentiality &amp; Reporting Child Abuse</b>	<input checked="" type="checkbox"/>	<b>Pets and Other Animals</b>
<input checked="" type="checkbox"/>	<b>Transportation</b>	<input checked="" type="checkbox"/>	<b>Operational Requirements</b>
<input checked="" type="checkbox"/>	<b>Personnel</b>	<input checked="" type="checkbox"/>	<b>Supervision and Grouping of Children</b>
<input checked="" type="checkbox"/>	<b>Base Camp and Facilities</b>	<input checked="" type="checkbox"/>	<b>Program</b>

Licensing Specialist Name	Visit Date	Issue Date
Robert Mccoy	6/17/2025	7/9/2025