

**Compliance Statement
Licensed Group 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, or subdivisions 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 In His Hands Child Enrichment Center	Facility Address (Street, City, State, Zip Code) 315 S Madison St, Waupun, WI 53963	Telephone Number 920-324-3321	Facility ID 120846
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NO ADMINISTRATIVE CODE VIOLATIONS WERE OBSERVED ON 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"/> Operational Requirements	<input checked="" type="checkbox"/> Staffing
<input checked="" type="checkbox"/> Physical Plant and Equipment	<input checked="" type="checkbox"/> Program
<input type="checkbox"/> Transportation N/A	<input type="checkbox"/> Infant and Toddler Care N/A
<input type="checkbox"/> Care of School Age Children N/A	<input type="checkbox"/> Night Care N/A

Licensing Specialist Name Amber Corbit	Visit Date (mm/dd/yyyy) 1/4/2018	Issued Date (mm/dd/yyyy) 1/9/2018
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