

**Compliance Statement  
Licensed Family Child Care Centers**

TO FILE A COMPLAINT CALL: 1-608-422-6765

**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 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 Gingerbread House	Facility Address (Street, City, State, Zip Code) 1109 Riverview Drive Reedsburg, WI	Telephone Number 608-524-6202	Facility ID 1008417
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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"/> <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 type="checkbox"/> <b>Transportation</b> N/A	<input checked="" type="checkbox"/> <b>Infant and Toddler Care</b>
<input type="checkbox"/> <b>Licensee Not Providing Care At Least 50% of the Licensed Hours of Operation</b> N/A	<input type="checkbox"/> <b>Night Care</b> N/A

Licensing Specialist Name  
Colleen Peterson *Colleen M Peterson*

Visit Date (mm/dd/yyyy)  
11/28/2017

Issued Date (mm/dd/yyyy)  
12/06/2017