

**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.

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|---|---|------------------------------------|------------------------|
| Facility Name<br>Wood Violet Montessori Llc | Facility Address (Street, City, State, Zip Code)<br>322 N Metro DR B Appleton, WI 549138571 | Telephone Number<br>(920) 450-9982 | Facility ID<br>2003828 |
|---|---|------------------------------------|------------------------|

**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>Operational requirements</b><br>Fire and safety checklist reviewed.<br>Attendance records reviewed. | <input checked="" type="checkbox"/> | <b>Staff</b><br>Child Abuse and Neglect Training completed. |
| <input checked="" type="checkbox"/> | <b>Physical plant and equipment</b><br>Center observed and monitored.                                  | <input checked="" type="checkbox"/> | <b>Program</b><br>Out door activities observed.             |
| <input checked="" type="checkbox"/> | <b>Transportation</b><br>NA  | <input checked="" type="checkbox"/> | <b>Infant and toddler care</b><br>NA                        |
| <input checked="" type="checkbox"/> | <b>Care of school-age children</b><br>NA   | <input checked="" type="checkbox"/> | <b>Night care</b><br>NA                                     |

|   |                         |                         |
|---|-------------------------|-------------------------|
| Licensing Specialist Name<br>Linda Juckem | Visit Date<br>3/20/2024 | Issue Date<br>3/20/2024 |
|---|-------------------------|-------------------------|