

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 Rec Well Summer Camp	Day Camp Address (Street, City, State, Zip Code) 1976 Observatory DR Madison, WI 53706	Telephone Number (608) 225-4217	Facility ID 2006978
---------------------------------------	---	------------------------------------	------------------------

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

Licensing Specialist Name Robert Mccoy	Visit Date 8/4/2025	Issue Date 8/15/2025
---	------------------------	-------------------------