

**Compliance Statement**  
**Licensed Group Child Care Centers**

TO FILE A COMPLAINT, CALL: (715) 930-1148

**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>Monkey Business Early Ed Comm | Facility Address (Street, City, State, Zip Code)<br>Chippewa Falls, WI 54729 | Telephone Number<br>(715) 723-7444 | Facility ID<br>1011345 |
|--|--|------------------------------------|------------------------|

**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>     | <input checked="" type="checkbox"/> | <b>Staff</b>                   |
| <input type="checkbox"/>            | <b>Physical plant and equipment</b> | <input type="checkbox"/>            | <b>Program</b>                 |
| <input type="checkbox"/>            | <b>Transportation</b>               | <input checked="" type="checkbox"/> | <b>Infant and toddler care</b> |
| <input type="checkbox"/>            | <b>Care of school-age children</b>  | <input type="checkbox"/>            | <b>Night care</b>              |

|  |                         |                         |
|--|-------------------------|-------------------------|
| Licensing Specialist Name<br>Heather Ruf | Visit Date<br>1/16/2020 | Issue Date<br>1/16/2020 |
|--|-------------------------|-------------------------|