

Compliance Statement
Licensed Group Child Care Centers

TO FILE A COMPLAINT, CALL: (715) 361-7700

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.

Facility Name Crandon Head Start	Facility Address (Street, City, State, Zip Code) 508 S Central AVE Crandon, WI 545201509	Telephone Number (715) 478-0278	Facility ID 2002102
-------------------------------------	---	------------------------------------	------------------------

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"/>	Operational requirements Admin reports and reports to parents	<input checked="" type="checkbox"/>	Staff Review of training in CPR/AED, AHT, and Child Abuse and Neglect Reporting Supervision/grouping
<input checked="" type="checkbox"/>	Physical plant and equipment Emergencies - fire/tornado drills Washrooms and provisions - water temp Indoor/outdoor spaces	<input checked="" type="checkbox"/>	Program Programming and plan of activities Health observations Special diets -allergies
<input checked="" type="checkbox"/>	Transportation N/A	<input checked="" type="checkbox"/>	Infant and toddler care N/A
<input checked="" type="checkbox"/>	Care of school-age children N/A	<input checked="" type="checkbox"/>	Night care N/A

Licensing Specialist Name Kirsten Kronberger	Visit Date 5/1/2024	Issue Date 5/2/2024
---	------------------------	------------------------