

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 Rhineland Head Start	Facility Address (Street, City, State, Zip Code) 1872 N Stevens ST Rhineland, WI 545012161	Telephone Number (715) 369-3050	Facility ID 620091
---------------------------------------	---	------------------------------------	-----------------------

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 Reviewed: Reports; Children's Records; Reporting Abuse/Neglect	<input checked="" type="checkbox"/>	Staff Reviewed: Staff Records; Qualifications; Grouping
<input checked="" type="checkbox"/>	Physical plant and equipment Reviewed: Building; Protective Measures; Fire; Water; Washrooms/Toilets; Outdoor Space; Drills	<input checked="" type="checkbox"/>	Program Reviewed: Program Planning; Equipment/Furnishings; Rest Periods; Meals/Snacks; Health
<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 Bonnie Davis	Visit Date 2/10/2025	Issue Date 2/11/2025
---	-------------------------	-------------------------