DEPARTMENT OF CHILDREN AND FAMILIES
Division of Early Care and Education

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	Facility Address (Street, City, State, Zip Code)	Telephone Number	Facility ID
Tomahawk Head Start	1048 E King RD Tomahawk, WI 544871519	(715) 499-5082	1009729

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.

☑	**Operational requirements** Terms, Administration Reports, Children's Records, Confidentiality, Reporting CAN	☑	**Staff** Staff Records, Qualifications
☑	**Physical plant and equipment** Building, Protective Measures, Emergencies, Fire Protection, Kitchens, Washrooms, Outdoor space	☑	**Program** Supervision, Curriculum, Child Guidance, Equipment/Furnishings, Rest Periods, meals/Snacks, Health
☑	**Transportation** NA	☑	**Infant and toddler care** NA
☑	**Care of school-age children** NA	☑	**Night care** NA

Licensing Specialist Name	Visit Date	Issue Date
Heather Struck	10/1/2026	10/20/2026