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
Wood County Head Start-Wr Biron	550 Center ST Wisc Rapids, WI 544941815	(715) 421-2066	1013542

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** Partial Review: Administration, Reports, Children's Records, Reporting CAN	☑	**Staff** Partial Review: Qualifications, Staff Development
☑	**Physical plant and equipment** Partial Review: Buildings, Washroom, Outdoor Space, Emergencies, Fire Protections, Kitchens	☑	**Program** Partial Review: Equipment and Furnishings, Meals and Snacks, Health
☐	**Transportation**	☑	**Infant and toddler care** Partial Review: General, Daily Program, Diapering/Toileting
☑	**Care of school-age children**	☑	**Night care**

Licensing Specialist Name	Visit Date	Issue Date
Amanda Foley	9/16/2026	