

**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-Mfld Center | 410 W Mcmillan ST Marshfield, WI 544496015       | (715) 384-3552   | 1013541     |

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

|                           |            |            |
|---------------------------|------------|------------|
| Licensing Specialist Name | Visit Date | Issue Date |
| Kimberly Gachnang         | 11/30/2022 | 12/2/2022  |