## **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.

**Specialist** 

Instructions - Licensing 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	e, Zip Code)	Telephone Number	Facility ID	
Wood County Head Start-Wr Biron	550 Center ST Wisc Rapids, WI 544941815		(715) 213-6729	1013542	
	ODE VIOLATIONS WERE OB- te the sections and / or partial sections			,	
Operational requirements	✓	Staff Staff file review of que Child Abuse and Neg	alifications/training in CPF plect reporting	R/AED, SBS/AHT,	
Physical plant and equipment		Program			
▼ Transportation  Review of center vehicle inspections  Driver record reviews		Infant and toddler card	е		
Care of school-age children		Night care			
Licensing Specialist Name Kirsten Kronberger			Visit Date 11/1/2023	Issue Date 11/7/2023	