

**Compliance Statement**  
**Licensed Group Child Care Centers**

TO FILE A COMPLAINT, CALL: (608) 422-6765

**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<br>Baraboo Head Start Center | Facility Address (Street, City, State, Zip Code)<br>1531 Lake ST Baraboo, WI 539133079 | Telephone Number<br>(608) 742-5329 | Facility ID<br>1012153 |
|--|--|------------------------------------|------------------------|

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

|   |                         |                         |
|---|-------------------------|-------------------------|
| Licensing Specialist Name<br>Amy Anderson | Visit Date<br>4/16/2025 | Issue Date<br>4/16/2025 |
|---|-------------------------|-------------------------|