DEPARTMENT OF CHILDREN AND FAMILIES
Division of Early Care and Education

Compliance Statement
Licensed Group Child Care Centers

TO FILE A COMPLAINT, CALL: (715) 930-1148

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
Heartland Montessori School And Nest	N8226 945Th ST River Falls, WI 540224430	(715) 426-0350	2006225

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** License and monitoring results posted Attendance current and accurate Children's records complete	☑	**Staff** Staff requirements met Provider engaged with children Staff-to-child ratios met
☑	**Physical plant and equipment** No hazards observed Fire and safety drills documented Premise clean and in good repair	☑	**Program** Variety of child-selectable activities Appropriate child guidance observed Daily outdoor time
☑	**Transportation** N/A	☑	**Infant and toddler care** Individual attention provided Individual rest/feeding schedule Clean floor space for crawling
☑	**Care of school-age children** N/A	☑	**Night care** N/A

Licensing Specialist Name	Visit Date	Issue Date
April Callihan	6/12/2026	6/12/2026