

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 Puzaki Pei Cinak Head Start	Facility Address (Street, City, State, Zip Code) N7293 Low Cloud RD Blk River Fls, WI 546155441	Telephone Number (715) 284-3331	Facility ID 520068
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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 type="checkbox"/>	Operational requirements	<input type="checkbox"/>	Staff
<input type="checkbox"/>	Physical plant and equipment	<input type="checkbox"/>	Program
<input checked="" type="checkbox"/>	Transportation Transportation requirements monitored on this visit were in compliance.	<input type="checkbox"/>	Infant and toddler care
<input type="checkbox"/>	Care of school-age children	<input type="checkbox"/>	Night care

Licensing Specialist Name Jennifer Stubbe	Visit Date 11/26/2024	Issue Date 1/29/2025
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