

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 Naples Head Start Center	Facility Address (Street, City, State, Zip Code) S283 County Bb And Hh Mondovi, WI 54755	Telephone Number (715) 926-4830	Facility ID 520231
---	---	------------------------------------	-----------------------

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"/>	Operational requirements License and monitoring results posted Attendance current and accurate Children's records complete	<input checked="" type="checkbox"/>	Staff Provider engaged with children Staff-to-child ratios met
<input checked="" type="checkbox"/>	Physical plant and equipment Fire and safety drills documented Premise clean and in good repair Kitchen requirements met	<input checked="" type="checkbox"/>	Program Variety of child-selectable activities Meals and rest requirements met Daily outdoor time
<input checked="" type="checkbox"/>	Transportation N/A	<input checked="" type="checkbox"/>	Infant and toddler care N/A
<input checked="" type="checkbox"/>	Care of school-age children N/A	<input checked="" type="checkbox"/>	Night care N/A

Licensing Specialist Name April Callihan	Visit Date 2/16/2026	Issue Date 2/16/2026
---	-------------------------	-------------------------