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
Naples Head Start Center	S283 County Bb And Hh Mondovi, WI 54755	(715) 926-4830	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.

☐	**Operational requirements**	☑	**Staff** Staff hours documented Staff requirements met Staff files complete
☐	**Physical plant and equipment**	☐	**Program**
☐	**Transportation**	☐	**Infant and toddler care**
☐	**Care of school-age children**	☐	**Night care**

Licensing Specialist Name	Visit Date	Issue Date
April Callihan, Jennifer Stubbe	5/14/2026	5/14/2026