

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.

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|--|--|------------------------------------|------------------------|
| Facility Name Onalaska Main Street Head Start | Facility Address (Street, City, State, Zip Code) 310 Main ST Onalaska, WI 546502949 | Telephone Number (608) 785-2070 | Facility ID 2004900 |
|--|--|------------------------------------|------------------------|

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.

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|-------------------------------------|--|-------------------------------------|--|
| <input checked="" type="checkbox"/> | Operational requirements Operational requirements monitored on this visit were in compliance. | <input type="checkbox"/> | Staff N/A |
| <input checked="" type="checkbox"/> | Physical plant and equipment Physical plant and equipment requirements monitored on this visit were in compliance. | <input checked="" type="checkbox"/> | Program Program requirements monitored on this visit were in compliance. |
| <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 |

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| Licensing Specialist Name Kimberly Jasper | Visit Date 1/28/2025 | Issue Date 2/14/2025 |
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