

**Compliance Statement**  
**Licensed Group Child Care Centers**

TO FILE A COMPLAINT, CALL: (715) 361-7700

**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 Medford Head Start	Facility Address (Street, City, State, Zip Code) 624 College ST Medford, WI 544512029	Telephone Number (715) 230-0731	Facility ID 1010190
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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 checked="" type="checkbox"/>	<b>Operational requirements</b> Reviewed: Terms of License; Reports to DCF and Parents; Children's Records; Reporting Abuse; Admin.	<input type="checkbox"/>	<b>Staff</b> Reviewed: Supervision; Grouping
<input checked="" type="checkbox"/>	<b>Physical plant and equipment</b> Reviewed: Building; Protective Measures; Water; Indoor/Outdoor Space; Kitchen; Fire; Drills; Toilet	<input checked="" type="checkbox"/>	<b>Program</b> Reviewed: Program Planning; Equipment/Furnishings; Meals/Snacks; Health
<input checked="" type="checkbox"/>	<b>Transportation</b> N/A	<input type="checkbox"/>	<b>Infant and toddler care</b> None in care at this time
<input checked="" type="checkbox"/>	<b>Care of school-age children</b> N/A	<input checked="" type="checkbox"/>	<b>Night care</b> N/A

Licensing Specialist Name Bonnie Davis	Visit Date 1/24/2024	Issue Date 1/25/2024
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