

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.

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| 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.

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| <input checked="" type="checkbox"/> | Operational requirements Reviewed: Reports; Parents; Confidentiality; Abuse/Neglect; Complaints Partial: Children's records | <input checked="" type="checkbox"/> | Staff Reviewed: Staff Records; Qualifications; Staff Development; Supervision and Grouping |
| <input checked="" type="checkbox"/> | Physical plant and equipment Reviewed: Building; Outdoor; Protective measures; Fire; Kitchen; Emergency Drills | <input checked="" type="checkbox"/> | Program Reviewed: Child Guidance; Equipment; Meals/snacks; Health |
| <input checked="" type="checkbox"/> | Transportation N/A | <input checked="" type="checkbox"/> | Infant and toddler care Partial Review: General; Daily program; Diapering/toileting |
| <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 Brooke Lampe | Visit Date 4/9/2026 | Issue Date 4/20/2026 |
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