DEPARTMENT OF CHILDREN AND FAMILIES
Division of Early Care and Education

Compliance Statement
Licensed Family Child Care Centers

TO FILE A COMPLAINT, CALL: (262) 446-7800

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
Joyful Hearts Childcare	3740 N 25Th ST Milwaukee, WI 532061331	(414) 736-0675	2009553

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** Provider has managed program planning in compliance to licensing rules.	☑	**Staff** NA.
☑	**Physical plant and equipment** Provider maintains a clean and organized space for use by children.	☑	**Program** Provider has defined goals and plans for program success and longevity.
☐	**Transportation** NA,	☑	**Infant & toddler care** Provider has created a defined area for Infants and Toddlers with learning options.
☐	**Licensee not providing care 50% of hours** NA.	☐	**Night Care** NA.

Licensing Specialist Name	Visit Date	Issue Date
Tammy Saffold	11/12/2026	11/13/2026