

Compliance Statement
Licensed Group Child Care Centers

TO FILE A COMPLAINT, CALL: (608) 422-6765

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 Hearts And Hands Inc Of Mt Horeb	Facility Address (Street, City, State, Zip Code) 8900 Ridgeview RD Mount Horeb, WI 535722983	Telephone Number (608) 437-6401	Facility ID 1008977
---	---	------------------------------------	------------------------

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"/>	Operational requirements Partial rule review.	<input checked="" type="checkbox"/>	Staff Partial rule review.
<input checked="" type="checkbox"/>	Physical plant and equipment Partial rule review.	<input checked="" type="checkbox"/>	Program Partial rule review.
<input checked="" type="checkbox"/>	Transportation NA	<input checked="" type="checkbox"/>	Infant and toddler care Partial rule review.
<input type="checkbox"/>	Care of school-age children	<input checked="" type="checkbox"/>	Night care NA

Licensing Specialist Name Rebecca Brickson	Visit Date 5/13/2026	Issue Date 5/15/2026
---	-------------------------	-------------------------