

**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<br>Sacred Hearts Extended Day Care | Facility Address (Street, City, State, Zip Code)<br>Sun Prairie, WI 53590 | Telephone Number<br>(608) 825-3004 | Facility ID<br>120136 |
|--|---|------------------------------------|-----------------------|

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

|   |                         |                         |
|---|-------------------------|-------------------------|
| Licensing Specialist Name<br>Cierrena Schoville | Visit Date<br>7/25/2025 | Issue Date<br>7/30/2025 |
|---|-------------------------|-------------------------|