

**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 subchapters 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/fr/licenseefeedback>. 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
Smart From The Start	4126 N Elmhurst RD Milwaukee, WI 532161732	(414) 539-6991	2004888

**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 OK	<input checked="" type="checkbox"/>	Staff OK
<input checked="" type="checkbox"/>	Physical plant and equipment OK	<input checked="" type="checkbox"/>	Program OK
<input checked="" type="checkbox"/>	Transportation N/A	<input checked="" type="checkbox"/>	Infant & toddler care OK
<input checked="" type="checkbox"/>	Licensee not providing care 50% of hours N/A	<input checked="" type="checkbox"/>	Night Care N/A

Licensing Specialist Name	Issue Date	Issue Date
Joel Marquez	4/4/2025	4/4/2025