**DEPARTMENT OF CHILDREN AND FAMILIES**
Division of Early Care and Education

# 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 | Facility Address (Street, City, State, Zip Code) | Telephone Number | Facility ID |
|---|---|---|---|
| Ssm Health Child Care Center | 723 S Orchard ST Madison, WI 537151853 | (608) 255-4880 | 2001265 |

**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** | ☑ | **Staff** |
| ☑ | **Physical plant and equipment** | ☑ | **Program** |
| ☑ | **Transportation**<br>N/A | ☑ | **Infant and toddler care** |
| ☑ | **Care of school-age children**<br>N/A | ☑ | **Night care**<br>N/A |

| Licensing Specialist Name | Visit Date | Issue Date |
|---|---|---|
| Amy Anderson | 7/1/2026 | 7/17/2026 |