

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 Blooming Grove Montessori Children's House Inc | Facility Address (Street, City, State, Zip Code) 4560 Rustic DR Madison, WI 537186559 | Telephone Number (608) 658-9121 | Facility ID 2002901 |
|---|--|------------------------------------|------------------------|

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

| | | |
|---|-------------------------|-------------------------|
| Licensing Specialist Name Amy Anderson | Visit Date 9/26/2025 | Issue Date 9/27/2025 |
|---|-------------------------|-------------------------|