

**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 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>House Of Hugs | Facility Address (Street, City, State, Zip Code)<br>3771 N 87Th ST Milwaukee, WI 532222838 | Telephone Number<br>(414) 509-6538 | Facility ID<br>1013077 |
|--------------------------------|--|------------------------------------|------------------------|

**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"/> | <b>Operational requirements</b><br>Reviewed operational requirements | <input checked="" type="checkbox"/> | <b>Staff</b><br>Reviewed staff files                                 |
| <input checked="" type="checkbox"/> | <b>Physical plant and equipment</b><br>Reviewed physical plant       | <input checked="" type="checkbox"/> | <b>Program</b><br>Reviewed program operation                         |
| <input checked="" type="checkbox"/> | <b>Transportation</b><br>N/A   | <input checked="" type="checkbox"/> | <b>Infant &amp; toddler care</b><br>Reviewed infant and toddler care |
| <input type="checkbox"/>            | <b>Licensee not providing care 50% of hours</b><br>N/A               | <input type="checkbox"/>            | <b>Night Care</b><br>N/A   |

|   |                        |                         |
|---|------------------------|-------------------------|
| Licensing Specialist Name<br>Anthony Totoraitis | Visit Date<br>2/4/2026 | Issue Date<br>3/12/2026 |
|---|------------------------|-------------------------|