

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 Camil Family Child Care	Facility Address (Street, City, State, Zip Code) 2120 S Muskego AVE Milwaukee, WI 532152544	Telephone Number (414) 231-9521	Facility ID 2001697
--	--	------------------------------------	------------------------

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

Licensing Specialist Name Anthony Totoraitis	Visit Date 4/29/2025	Issue Date 5/6/2025
---	-------------------------	------------------------