DEPARTMENT OF CHILDREN AND FAMILIES
Division of Early Care and Education

Compliance Statement
Licensed Family Child Care Centers

TO FILE A COMPLAINT, CALL: (715) 361-7700

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
Ruthie's Lil' Angels	130 Lavigne AVE Port Edwards, WI 544691337	(715) 887-3311	1016023

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** Partial Review: Terms, Admin, Reports, Parents, Children's Records, Confidentiality, Reporting CAN	☑	**Staff** Partial Review: Staff Records, Qualifications, Staff Development
☑	**Physical plant and equipment** Partial Review: Building, Outdoor, Protective, Fire, Water, Exits, Emergencies, Food Prep	☑	**Program** Partial Review: Supervision and Grouping, Program, Child Guidance, Equipment, Rest, Health, Pets
☑	**Transportation**	☑	**Infant & toddler care** Partial Review: General Requirements, Daily Program, Diapering/Toileting
☐	**Licensee not providing care 50% of hours**	☑	**Night Care** NA

Licensing Specialist Name	Visit Date	Issue Date
Amanda Foley	8/7/2026	8/17/2026