

**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<br>Ruthie's Lil' Angels | Facility Address (Street, City, State, Zip Code)<br>130 Lavigne AVE Port Edwards, WI 544691337 | Telephone Number<br>(715) 887-3311 | Facility ID<br>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.

|                                     |   |                                     |                                  |
|-------------------------------------|---|-------------------------------------|----------------------------------|
| <input checked="" type="checkbox"/> | <b>Operational requirements</b>                 | <input type="checkbox"/>            | <b>Staff</b>                     |
| <input type="checkbox"/>            | <b>Physical plant and equipment</b>             | <input checked="" type="checkbox"/> | <b>Program</b>                   |
| <input type="checkbox"/>            | <b>Transportation</b>                           | <input type="checkbox"/>            | <b>Infant &amp; toddler care</b> |
| <input type="checkbox"/>            | <b>Licensee not providing care 50% of hours</b> | <input type="checkbox"/>            | <b>Night Care</b>                |

|  |                         |                        |
|--|-------------------------|------------------------|
| Licensing Specialist Name<br>Kimberly Gachnang | Visit Date<br>1/30/2020 | Issue Date<br>2/7/2020 |
|--|-------------------------|------------------------|