

Compliance Statement  
Certified Family / In-Home Child Care

TO FILE A COMPLAINT, CALL: (262) 446-7800

**Use of Form** This form is used by the certification work to indicate to certified family / in-home child care programs that there were no violations of the administrative rules observed during the certification visit.

**Instructions** The certification worker checks the administrative code topic areas that were observed to have no rule violations. If the certification work is not able to review all the rules under a topic area of the administration rule (as listed below), the worker shall indicate the specific rules monitored

Name - Certified Operator	Address - Program (Street, City, State, Zip Code)	Telephone Number	Provider No.
Veronica Chambers	4420 N Houston AVE Milwaukee, WI 532184552	(414) 517-1269	3000574713 / 001

**NO ADMINISTRATIVE CODE VIOLATIONS WERE OBSERVED DURING THIS CERTIFICATION VISIT.**

The following checked items indicate the topic areas and/or partial topic areas of administrative code that were monitored on this visit.

<input checked="" type="checkbox"/> <b>Activities</b> There are many activities available for children.	<input checked="" type="checkbox"/> <b>Confidentiality/CAN</b> Operator is aware of requirements.	<input checked="" type="checkbox"/> <b>Discrimination Prohibited</b> Operator is aware of requirements.
<input checked="" type="checkbox"/> <b>Emergencies</b> All standards met.	<input checked="" type="checkbox"/> <b>Equipment and Furnishings</b> There is a variety of equipment and furnishings for children.	<input checked="" type="checkbox"/> <b>Group Size</b> Group-size rules are maintained.
<input checked="" type="checkbox"/> <b>Health</b> All forms on file.	<input checked="" type="checkbox"/> <b>Meals and Snacks</b> Operator is a food program member.	<input checked="" type="checkbox"/> <b>Operational Req/Home</b> The home and yard are safe for children.
<input checked="" type="checkbox"/> <b>Provider Communication</b> All forms are on files.	<input checked="" type="checkbox"/> <b>Provider Interactions</b> Observed interactions were appropriate.	<input checked="" type="checkbox"/> <b>Provider Qualifications</b> All standards met.
<input checked="" type="checkbox"/> <b>Rest</b> Appropriate provisions on-site for rest.	<input checked="" type="checkbox"/> <b>Supervision</b> All standards met.	<input checked="" type="checkbox"/> <b>Transportation</b> Transportation is not approved.

Certification Worker Name	Visit Date	Issue Date
Jean Houston	2/21/2023	2/22/2023