

Compliance Statement
Certified Family / In-Home Child Care

TO FILE A COMPLAINT, CALL: (262) 657-2142

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 Kristin Owens | Address - Program (Street, City, State, Zip Code) 2729 35Th ST Kenosha, WI 531405120 | Telephone Number (262) 237-8322 | Provider No. 4000592704 / 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 type="checkbox"/> Activities | <input type="checkbox"/> Confidentiality/CAN | <input type="checkbox"/> Discrimination Prohibited |
| <input type="checkbox"/> Emergencies | <input checked="" type="checkbox"/> Equipment and Furnishings 6 of 7 rules monitored. | <input type="checkbox"/> Group Size |
| <input type="checkbox"/> Health | <input type="checkbox"/> Meals and Snacks | <input checked="" type="checkbox"/> Operational Req/Home 10 of 63 rules monitored. |
| <input type="checkbox"/> Provider Communication | <input type="checkbox"/> Provider Interactions | <input type="checkbox"/> Provider Qualifications |
| <input type="checkbox"/> Rest | <input type="checkbox"/> Supervision | <input type="checkbox"/> Transportation |

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|---|-------------------------|-------------------------|
| Certification Worker Name Andria Connolly-Meyers | Visit Date 6/23/2025 | Issue Date 6/24/2025 |
|---|-------------------------|-------------------------|