

**Compliance Statement**  
**Certified Family / In-Home Child Care**

TO FILE A COMPLAINT, CALL: (608) 271-9181

**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 Erika Perez Ramirez	Address - Program (Street, City, State, Zip Code) 6702 East Pass RD Madison, WI 53719	Telephone Number (608) 335-8709	Provider No. 2000586952 / 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>	<input checked="" type="checkbox"/> <b>Confidentiality/CAN</b>	<input checked="" type="checkbox"/> <b>Discrimination Prohibited</b>
<input checked="" type="checkbox"/> <b>Emergencies</b>	<input checked="" type="checkbox"/> <b>Equipment and Furnishings</b>	<input checked="" type="checkbox"/> <b>Group Size</b>
<input checked="" type="checkbox"/> <b>Health</b>	<input checked="" type="checkbox"/> <b>Meals and Snacks</b>	<input checked="" type="checkbox"/> <b>Operational Req/Home</b>
<input checked="" type="checkbox"/> <b>Provider Communication</b>	<input checked="" type="checkbox"/> <b>Provider Interactions</b>	<input checked="" type="checkbox"/> <b>Provider Qualifications</b>
<input checked="" type="checkbox"/> <b>Rest</b>	<input checked="" type="checkbox"/> <b>Supervision</b>	<input checked="" type="checkbox"/> <b>Transportation</b>

Certification Worker Name Wanda Rodriguez	Visit Date 8/19/2025	Issue Date 8/20/2025
--	-------------------------	-------------------------