

Compliance Statement
Certified Family / In-Home Child Care

TO FILE A COMPLAINT, CALL: (715) 395-1304

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.
Rachael Kontny	34 Maple AVE Superior, WI 548803186	(715) 817-5473	3000590473 / 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 Not monitored at this site visit.	<input checked="" type="checkbox"/> Confidentiality/CAN	<input type="checkbox"/> Discrimination Prohibited Not monitored at this site visit.
<input checked="" type="checkbox"/> Emergencies	<input type="checkbox"/> Equipment and Furnishings Not monitored at this site visit.	<input type="checkbox"/> Group Size Not monitored at this site visit.
<input checked="" type="checkbox"/> Health	<input type="checkbox"/> Meals and Snacks Not monitored at this site visit.	<input checked="" type="checkbox"/> Operational Req/Home
<input checked="" type="checkbox"/> Provider Communication	<input type="checkbox"/> Provider Interactions Not monitored at this site visit.	<input checked="" type="checkbox"/> Provider Qualifications
<input checked="" type="checkbox"/> Rest	<input checked="" type="checkbox"/> Supervision	<input checked="" type="checkbox"/> Transportation Provider does not provide transportation of children.

Certification Worker Name	Visit Date	Issue Date
Brittany Johnson	12/15/2023	12/15/2023