

Compliance Statement
Certified Family / In-Home Child Care

TO FILE A COMPLAINT, CALL: (715) 537-5691

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

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|---|---|------------------------------------|----------------------------------|
| Name - Certified Operator Eva Kortness | Address - Program (Street, City, State, Zip Code) 116 E Schneider ST Rice Lake, WI 548682871 | Telephone Number (715) 491-0852 | Provider No. 5000589675 / 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 checked="" type="checkbox"/> Confidentiality/CAN | <input type="checkbox"/> Discrimination Prohibited |
| <input checked="" type="checkbox"/> Emergencies | <input type="checkbox"/> Equipment and Furnishings | <input type="checkbox"/> Group Size |
| <input checked="" type="checkbox"/> Health | <input type="checkbox"/> Meals and Snacks | <input checked="" type="checkbox"/> Operational Req/Home |
| <input checked="" type="checkbox"/> Provider Communication | <input type="checkbox"/> Provider Interactions | <input checked="" type="checkbox"/> Provider Qualifications |
| <input checked="" type="checkbox"/> Rest | <input checked="" type="checkbox"/> Supervision | <input checked="" type="checkbox"/> Transportation |

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|--|-------------------------|-------------------------|
| Certification Worker Name Lisa Cottrell | Visit Date 8/28/2024 | Issue Date 8/29/2024 |
|--|-------------------------|-------------------------|