**DEPARTMENT OF CHILDREN AND FAMILIES**
Division of Early Care and Education

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

TO FILE A COMPLAINT, CALL: (715) 839-2300

**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. |
|---|---|---|---|
| Geneva Koleski | 2900 Elmer CT Fall Creek, WI 547429323 | (715) 406-7711 | 2000590182 / 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.

| | | |
|---|---|---|
| ☐ **Activities** | ☐ **Confidentiality/CAN** | ☐ **Discrimination Prohibited** |
| ☐ **Emergencies** | ☐ **Equipment and Furnishings** | ☐ **Group Size** |
| ☐ **Health** | ☐ **Meals and Snacks** | ☐ **Operational Req/Home** |
| ☐ **Provider Communication** | ☐ **Provider Interactions** | ☐ **Provider Qualifications** |
| ☐ **Rest** | ☐ **Supervision** | ☑ **Transportation**<br>202.08(9)(c)<br>202.08(9)(h)1<br>202.08(9)(h)2<br>202.08(9)(s) |

| Certification Worker Name | Visit Date | Issue Date |
|---|---|---|
| Melony Martin | 4/22/2021 | 4/29/2021 |