

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

TO FILE A COMPLAINT, CALL: (262) 446-7800

**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 Tayana Boyd	Address - Program (Street, City, State, Zip Code) 2491 S 43Rd ST 206 Milwaukee, WI 532194914	Telephone Number (414) 491-2386	Provider No. 7000590597 / 001
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**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 Jean Houston	Visit Date 10/7/2025	Issue Date
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