

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 Nancy Cattanach	Address - Program (Street, City, State, Zip Code) 678 Church AVE Nekoosa, WI 544577415	Telephone Number (715) 315-0103	Provider No. 5000591155 / 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"/> Activities Interactive and play based learning.	<input checked="" type="checkbox"/> Confidentiality/CAN CAN training has been documented twice. You are knowledgeable in Child Abuse and Neglect Training :)	<input checked="" type="checkbox"/> Discrimination Prohibited
<input checked="" type="checkbox"/> Emergencies	<input checked="" type="checkbox"/> Equipment and Furnishings	<input checked="" type="checkbox"/> Group Size Reminder that once RELATED kids reach the age of 7 they do not count towards group size numbers.
<input checked="" type="checkbox"/> Health	<input checked="" type="checkbox"/> Meals and Snacks Kids know the schedule and when it's time for snack; reassures food is coming if the children ask.	<input checked="" type="checkbox"/> Operational Req/Home
<input checked="" type="checkbox"/> Provider Communication	<input checked="" type="checkbox"/> Provider Interactions Child like to engage with the provider and listen well to instructions.	<input checked="" type="checkbox"/> Provider Qualifications
<input checked="" type="checkbox"/> Rest	<input checked="" type="checkbox"/> Supervision	<input checked="" type="checkbox"/> Transportation

Certification Worker Name Ariel Hildebrandt	Visit Date 11/6/2024	Issue Date 11/6/2024
--	-------------------------	-------------------------