

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	Address - Program (Street, City, State, Zip Code)	Telephone Number	Provider No.
Shantel Johnson	4515 W Wright ST Milwaukee, WI 532102926	(414) 975-5266	9000589839 / 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 Variety of activities for children.	<input checked="" type="checkbox"/> Confidentiality/CAN Operator is aware of requirements.	<input checked="" type="checkbox"/> Discrimination Prohibited Operator is aware of requirements.
<input checked="" type="checkbox"/> Emergencies All standards met.	<input checked="" type="checkbox"/> Equipment and Furnishings Child-sized equipment for children on-site.	<input checked="" type="checkbox"/> Group Size Group size rules maintained.
<input checked="" type="checkbox"/> Health All standards met.	<input checked="" type="checkbox"/> Meals and Snacks Food program meal requirements met	<input checked="" type="checkbox"/> Operational Req/Home The home and yard are safe for children.
<input checked="" type="checkbox"/> Provider Communication All standards met.	<input checked="" type="checkbox"/> Provider Interactions All standards met.	<input checked="" type="checkbox"/> Provider Qualifications Requirements for Regular category met.
<input checked="" type="checkbox"/> Rest Appropriate nap provisions on-site.	<input checked="" type="checkbox"/> Supervision All standards met.	<input checked="" type="checkbox"/> Transportation Transportation is not approved.

Certification Worker Name	Visit Date	Issue Date
Jean Houston	9/8/2023	9/8/2023