

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 Lawanda Chappell	Address - Program (Street, City, State, Zip Code) 7024 W Carmen AVE Milwaukee, WI 532182218	Telephone Number (414) 975-1616	Provider No. 8000590938 / 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 type="checkbox"/> Activities	<input 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 type="checkbox"/> Health	<input type="checkbox"/> Meals and Snacks	<input type="checkbox"/> Operational Req/Home
<input type="checkbox"/> Provider Communication	<input checked="" type="checkbox"/> Provider Interactions	<input type="checkbox"/> Provider Qualifications
<input type="checkbox"/> Rest	<input checked="" type="checkbox"/> Supervision	<input type="checkbox"/> Transportation

Certification Worker Name Lou Thao	Visit Date 9/17/2025	Issue Date 9/22/2025
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