

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 Anna Tulip	Address - Program (Street, City, State, Zip Code) 1030 Hampshire ST Prescott, WI 540211802	Telephone Number (715) 220-8871	Provider No. 6000588246 / 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"/> <b>Activities</b>	<input checked="" type="checkbox"/> <b>Confidentiality/CAN</b> 202.08(14)	<input type="checkbox"/> <b>Discrimination Prohibited</b>
<input checked="" type="checkbox"/> <b>Emergencies</b>	<input type="checkbox"/> <b>Equipment and Furnishings</b>	<input checked="" type="checkbox"/> <b>Group Size</b>
<input checked="" type="checkbox"/> <b>Health</b> All rules monitored except 202.08(4)(b), (4)(f)2., (4)(f)2.a., (4)(hm), (4)(j) and (4)(L)2	<input type="checkbox"/> <b>Meals and Snacks</b>	<input checked="" type="checkbox"/> <b>Operational Req/Home</b> 202.08(1m)(a)8,(1m)(a)10,(1m)(d),(1m)(f)Home excpt 202.08(2)(b)-2,(2)(e)6,(2)(f),(2)(j),(2)(m)2-5
<input checked="" type="checkbox"/> <b>Provider Communication</b> 202.08(12)(c), (12)(e) thru (12)(g)	<input type="checkbox"/> <b>Provider Interactions</b>	<input checked="" type="checkbox"/> <b>Provider Qualifications</b> 202.08((1)(a)2 thru (1)(b)2, (1)(b)3.c., (1)(b)3.d, (1)(b)5 and (1)(b)6
<input checked="" type="checkbox"/> <b>Rest</b>	<input checked="" type="checkbox"/> <b>Supervision</b> 202.08(5)(i)	<input checked="" type="checkbox"/> <b>Transportation</b> 202.08(9)(d), (9)(e)9, (9)(f)1, (9)(g)1, (9)(g)1.a, (9)(i) thru (9)(k)3, (9)(n) thru (9)(s)

Certification Worker Name Melony Martin	Visit Date 12/12/2023	Issue Date 2/2/2024
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