

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"/> Activities	<input checked="" type="checkbox"/> Confidentiality/CAN 202.08 (14)	<input type="checkbox"/> Discrimination Prohibited
<input checked="" type="checkbox"/> Emergencies	<input type="checkbox"/> Equipment and Furnishings	<input checked="" type="checkbox"/> Group Size
<input checked="" type="checkbox"/> Health All rules monitored except 202.08 (4)(f)2, (4)(f) 2.a, (4)(j)	<input type="checkbox"/> Meals and Snacks	<input checked="" type="checkbox"/> Operational Req/Home 202.08(1m)(a)8,(1m)(a)10,(1m)(f) Home 202.08(2)(a)to(2)(ar),(2)(c)to(2)(e)7,(2)(g),(2)(k)to(2)(m)1
<input checked="" type="checkbox"/> Provider Communication 202.08(12)(c), (12)(e) to (12)(g)	<input type="checkbox"/> Provider Interactions	<input checked="" type="checkbox"/> Provider Qualifications 202.08(1)(b)1, (1)(b)2, (1)(b)3.c, (1)(b)3.d, (1)(b)5, (1)(b)6
<input checked="" type="checkbox"/> Rest	<input checked="" type="checkbox"/> Supervision 202.08(5)(i)	<input checked="" type="checkbox"/> Transportation 202.08(9)(d), (9)(f)1, (9)(g)1, (9)(g)1.a, (9)(h)1, (9)(i) to (9)(k)3, (9)(p) to (9)(s),

Certification Worker Name Melony Martin	Visit Date 11/25/2025	Issue Date 12/12/2025
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