

Compliance Statement
Certified Family / In-Home Child Care

TO FILE A COMPLAINT, CALL: (715) 421-8840

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 Krisan Williams	Address - Program (Street, City, State, Zip Code) 215 W 29Th ST Marshfield, WI 544495220	Telephone Number (715) 387-2119	Provider No. 0000557540 / 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	<input type="checkbox"/> Discrimination Prohibited
<input checked="" type="checkbox"/> Emergencies	<input type="checkbox"/> Equipment and Furnishings	<input type="checkbox"/> Group Size
<input checked="" type="checkbox"/> Health Sending communicable disease chart for reference.	<input type="checkbox"/> Meals and Snacks	<input checked="" type="checkbox"/> Operational Req/Home
<input checked="" type="checkbox"/> Provider Communication	<input type="checkbox"/> Provider Interactions	<input checked="" type="checkbox"/> Provider Qualifications Building knowledge of multiage group settings in cont. education.
<input checked="" type="checkbox"/> Rest	<input checked="" type="checkbox"/> Supervision Both providers slip into care with ease.	<input checked="" type="checkbox"/> Transportation

Certification Worker Name Ariel Hildebrandt	Visit Date 9/24/2025	Issue Date 9/24/2025
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