

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	Address - Program (Street, City, State, Zip Code)	Telephone Number	Provider No.
Sarah Juarez	4278 State Highway 173 Nekoosa, WI	(715) 741-0107	2000587222 / 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"/> <b>Activities</b> Provider has multiple resources to provide stimulating activities for all ages.	<input checked="" type="checkbox"/> <b>Confidentiality/CAN</b>	<input checked="" type="checkbox"/> <b>Discrimination Prohibited</b>
<input checked="" type="checkbox"/> <b>Emergencies</b>	<input checked="" type="checkbox"/> <b>Equipment and Furnishings</b>	<input checked="" type="checkbox"/> <b>Group Size</b> 1 child will be leaving care due to kindergarten- at this time they are not attending next year.
<input checked="" type="checkbox"/> <b>Health</b>	<input checked="" type="checkbox"/> <b>Meals and Snacks</b>	<input checked="" type="checkbox"/> <b>Operational Req/Home</b>
<input checked="" type="checkbox"/> <b>Provider Communication</b> Parents are informed the day's activities at pick -up; under 2 parents are told of changes/feedings.	<input checked="" type="checkbox"/> <b>Provider Interactions</b> Provider seems to have a deep connection with each child.	<input checked="" type="checkbox"/> <b>Provider Qualifications</b>
<input checked="" type="checkbox"/> <b>Rest</b>	<input checked="" type="checkbox"/> <b>Supervision</b>	<input checked="" type="checkbox"/> <b>Transportation</b> Not provided.

Certification Worker Name	Visit Date	Issue Date
Ariel Zdun	8/21/2023	