

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 Brianna Peterson	Address - Program (Street, City, State, Zip Code) 1840 Peach ST Wisc Rapids, WI 544945167	Telephone Number (608) 498-0005	Provider No. 0000590830 / 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"/> Activities Uses both gross and fine motor skills for age/developmental abilities.	<input checked="" type="checkbox"/> Confidentiality/CAN	<input checked="" type="checkbox"/> Discrimination Prohibited
<input checked="" type="checkbox"/> Emergencies Kiddos know the emergency plan well-way to go!	<input checked="" type="checkbox"/> Equipment and Furnishings	<input checked="" type="checkbox"/> Group Size You seem to have an excellent understanding! Let me know if you have any questions in the future.
<input checked="" type="checkbox"/> Health	<input checked="" type="checkbox"/> Meals and Snacks	<input checked="" type="checkbox"/> Operational Req/Home New deck pieces need to be CCA-treated wood. Cannot use creosote or pentachlorophenol to treat it.
<input checked="" type="checkbox"/> Provider Communication	<input checked="" type="checkbox"/> Provider Interactions	<input checked="" type="checkbox"/> Provider Qualifications Substitutes need CPR, AHT, and SIDS - if hours exceed 240 he'll need preservice training.
<input checked="" type="checkbox"/> Rest	<input checked="" type="checkbox"/> Supervision	<input checked="" type="checkbox"/> Transportation

Certification Worker Name Ariel Hildebrandt	Visit Date 2/28/2024	Issue Date 2/28/2024
--	-------------------------	-------------------------