

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.
Jodi Falkner	814 S Section ST Nekoosa, WI 544571448	(715) 886-4456	2000557552 / 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	<input checked="" type="checkbox"/> Confidentiality/CAN	<input checked="" type="checkbox"/> Discrimination Prohibited
<input checked="" type="checkbox"/> Emergencies	<input checked="" type="checkbox"/> Equipment and Furnishings	<input checked="" type="checkbox"/> Group Size
<input checked="" type="checkbox"/> Health	<input checked="" type="checkbox"/> Meals and Snacks	<input checked="" type="checkbox"/> Operational Req/Home
<input checked="" type="checkbox"/> Provider Communication	<input checked="" type="checkbox"/> Provider Interactions	<input checked="" type="checkbox"/> Provider Qualifications
<input checked="" type="checkbox"/> Rest	<input checked="" type="checkbox"/> Supervision	<input checked="" type="checkbox"/> Transportation Does not provide transport

Certification Worker Name	Visit Date	Issue Date
Alysa Dunn	8/26/2021	8/26/2021