DEPARTMENT OF CHILDREN AND FAMILIES
Division of Early Care and Education

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.
Teisha Humphrey	306 W 28Th CIR Marshfield, WI 544495248	(715) 207-5062	2000593222 / 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.

☐ **Activities**	☑ **Confidentiality/CAN**	☐ **Discrimination Prohibited**
☑ **Emergencies** Clear plan set in contract for parent's reassurance.	☐ **Equipment and Furnishings**	☑ **Group Size**
☑ **Health**	☐ **Meals and Snacks**	☑ **Operational Req/Home** Everything is clean and organized.
☑ **Provider Communication** Provider states she's built strong relationships with the families.	☐ **Provider Interactions**	☑ **Provider Qualifications**
☑ **Rest**	☑ **Supervision**	☑ **Transportation** Not provided.

Certification Worker Name	Visit Date	Issue Date
Ariel Hildebrandt	4/22/2026	4/22/2026