

**Compliance Statement**  
**Certified Family / In-Home Child Care**

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|---|
| TO FILE A COMPLAINT, CALL: (262) 446-7800 |
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**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<br>Paris Coleman | Address - Program (Street, City, State, Zip Code)<br>3618 N 40Th ST Milwaukee, WI 53216 | Telephone Number<br>(414) 304-9248 | Provider No.<br>4000589164 / 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>             | <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>                |
| <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> | <input checked="" type="checkbox"/> <b>Provider Interactions</b>     | <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>            |

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|---|--------------------------|--------------------------|
| Certification Worker Name<br>Jean Houston | Visit Date<br>11/18/2025 | Issue Date<br>11/18/2025 |
|---|--------------------------|--------------------------|