

Compliance Statement  
Certified Family / In-Home Child Care

TO FILE A COMPLAINT, CALL: (715) 839-2300

**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.
Michelle Wenta	221 Summit AVE Chippewa Fls, WI 547293145	(715) 404-0096	3000579143 / 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 type="checkbox"/> <b>Activities</b>	<input checked="" type="checkbox"/> <b>Confidentiality/CAN</b> 202.08(14)	<input type="checkbox"/> <b>Discrimination Prohibited</b>
<input checked="" type="checkbox"/> <b>Emergencies</b> All rules monitored except 202.08(4m)(c)	<input type="checkbox"/> <b>Equipment and Furnishings</b>	<input checked="" type="checkbox"/> <b>Group Size</b>
<input checked="" type="checkbox"/> <b>Health</b> All rules monitored except 202.08(4)(hm)	<input type="checkbox"/> <b>Meals and Snacks</b>	<input checked="" type="checkbox"/> <b>Operational Req/Home</b> 202.08(1m)(a)8-9,202.08(1m)(f),Home except202.08(2)(b)-(b)2,(2)(e)6,(2)(f)-(2)(j),(2) (m)1-(2)(m)5
<input checked="" type="checkbox"/> <b>Provider Communication</b> 202.08(12)(c),202.08(12)(e) thru (12)(f)4 and 202.08(12)(i)	<input type="checkbox"/> <b>Provider Interactions</b>	<input checked="" type="checkbox"/> <b>Provider Qualifications</b> 202.08(1)(b)1, (1)(b)2, (1)(b)3.c, (1)(b)3.d, (1) (b)5
<input checked="" type="checkbox"/> <b>Rest</b>	<input checked="" type="checkbox"/> <b>Supervision</b> 202.08(5)(i)	<input checked="" type="checkbox"/> <b>Transportation</b> N/A

Certification Worker Name	Visit Date	Issue Date
Melony Martin	12/27/2022	2/10/2023