

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 Renee Nygaard	Address - Program (Street, City, State, Zip Code) 391 17Th AVE N Wisc Rapids, WI 544952453	Telephone Number (715) 213-3343	Provider No. 2000588532 / 002
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**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 No pool or hot tub
<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 transport at this time

Certification Worker Name Alysa Dunn	Visit Date 8/10/2021	Issue Date 8/11/2021
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