

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 Children have a sensory swing which is used under supervision.	<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 Provider includes signs of sanitation.	<input checked="" type="checkbox"/> Meals and Snacks	<input checked="" type="checkbox"/> Operational Req/Home Clean and organized with lots of space to use.
<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

Certification Worker Name Ariel Zdun	Visit Date 7/24/2023	Issue Date
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