

**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 Jill Crawford	Address - Program (Street, City, State, Zip Code) W6741 Charleen LN Greenville, WI 54942	Telephone Number (920) 585-2793	Provider No. 1000591431 / 001
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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"/> <b>Activities</b> Many appropriate, quality toys and activities.	<input checked="" type="checkbox"/> <b>Confidentiality/CAN</b> Maintains confidentiality	<input checked="" type="checkbox"/> <b>Discrimination Prohibited</b> Provider is in compliance
<input checked="" type="checkbox"/> <b>Emergencies</b> Provider has a plan for emergencies appropriate for regulation.	<input checked="" type="checkbox"/> <b>Equipment and Furnishings</b> Nice equipment and furnishings	<input checked="" type="checkbox"/> <b>Group Size</b> Maintains group size with use of family member for related care.
<input checked="" type="checkbox"/> <b>Health</b> Accurate and well organized records	<input checked="" type="checkbox"/> <b>Meals and Snacks</b> Participating in the Horizon's food program.	<input checked="" type="checkbox"/> <b>Operational Req/Home</b> Meets all operational requirements.
<input checked="" type="checkbox"/> <b>Provider Communication</b> Nice communication, clear contract	<input checked="" type="checkbox"/> <b>Provider Interactions</b> Beautiful conversations with the children.	<input checked="" type="checkbox"/> <b>Provider Qualifications</b> The provider meets more than the required minimal requirements.
<input checked="" type="checkbox"/> <b>Rest</b> Appropriate for the children in care.	<input checked="" type="checkbox"/> <b>Supervision</b> Maintains active supervision	<input checked="" type="checkbox"/> <b>Transportation</b> The provider does not provide transportation.

Certification Worker Name Lesa Alston	Visit Date 10/29/2024	Issue Date 10/29/2024
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