DEPARTMENT OF CHILDREN AND FAMILIES
Division of Early Care and Education

Compliance Statement
Certified Family / In-Home Child Care

TO FILE A COMPLAINT, CALL: (262) 657-2142

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.
Kimberly Kromm	8439 22Nd Avenue Kenosha, WI 53143	(262) 818-3971	6000592576 / 002

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.

☑ **Activities** All rules monitored.	☑ **Confidentiality/CAN** All rules monitored.	☑ **Discrimination Prohibited** All rules monitored.
☑ **Emergencies** All rules monitored.	☑ **Equipment and Furnishings** All rules monitored.	☑ **Group Size** All rules monitored.
☑ **Health** All rules monitored.	☑ **Meals and Snacks** All rules monitored.	☑ **Operational Req/Home** All rules monitored.
☑ **Provider Communication** All rules monitored.	☑ **Provider Interactions** All rules monitored.	☑ **Provider Qualifications** All rules monitored.
☑ **Rest** All rules monitored.	☑ **Supervision** All rules monitored.	☑ **Transportation** All rules monitored.

Certification Worker Name	Visit Date	Issue Date
Andria Connolly-Meyers	12/3/2025	12/3/2025