

**Compliance Statement**  
**Certified Family / In-Home Child Care**

TO FILE A COMPLAINT, CALL: (608) 784-8125

**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 Kathryn Shisler	Address - Program (Street, City, State, Zip Code) 427 North ST Tomah, WI 546601234	Telephone Number (608) 372-7471	Provider No. 1000567741 / 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>	<input checked="" type="checkbox"/> <b>Basis For Certification</b>	<input checked="" type="checkbox"/> <b>Discrimination</b>
<input type="checkbox"/> <b>Equipment</b>	<input checked="" type="checkbox"/> <b>Group Size</b>	<input checked="" type="checkbox"/> <b>Health Care</b>
<input checked="" type="checkbox"/> <b>Home Safety</b>	<input type="checkbox"/> <b>Mandatory Child Abuse Rep</b>	<input type="checkbox"/> <b>Meals And Snacks</b>
<input checked="" type="checkbox"/> <b>Provider Communication</b>	<input checked="" type="checkbox"/> <b>Provider Interactions</b>	<input checked="" type="checkbox"/> <b>Provider Qualifications</b>
<input checked="" type="checkbox"/> <b>Rest</b>	<input checked="" type="checkbox"/> <b>Supervision</b>	<input checked="" type="checkbox"/> <b>Transportation</b> Operator does not provide transportation.

Certification Worker Name	Visit Date 12/5/2018	Issue Date 12/5/2018
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