

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

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|--|--|------------------------------------|----------------------------------|
| Name - Certified Operator Ashley Wenker | Address - Program (Street, City, State, Zip Code) 1740 Chase ST Wisc Rapids, WI 544953948 | Telephone Number (715) 323-4488 | Provider No. 1000585891 / 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"/> 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 |
| <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 |

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| Certification Worker Name Alysa Dunn | Visit Date 6/25/2020 | Issue Date |
|---|-------------------------|------------|