

Compliance Statement – Certified Family / In-Home Child Care

TO FILE A COMPLAINT CALL:

Use of form: This form is used by the certification worker 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 worker is not able to review all rules under a topic area of the administrative rule (as listed below), the worker shall indicate the specific rules monitored.

Name – Certified Operator Tamara Stevenson	Address – Program (Street, City, State, Zip Code) 1080 Newbury St Ripon WI 54971	Telephone No. 920-748-7252	Provider No. 8000561298
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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 the administrative code that were monitored on this visit.

<input type="checkbox"/> Activities	<input type="checkbox"/> Basis for Certification	<input type="checkbox"/> Discrimination
<input type="checkbox"/> Equipment	<input type="checkbox"/> Group Size	<input type="checkbox"/> Health Care
<input checked="" type="checkbox"/> Home Safety No violations were found.	<input type="checkbox"/> Mandatory Child Abuse Reporting	<input type="checkbox"/> Meals and Snacks
<input type="checkbox"/> Provider Communication	<input type="checkbox"/> Provider Interactions	<input type="checkbox"/> Provider Qualifications
<input type="checkbox"/> Rest	<input type="checkbox"/> Supervision	<input type="checkbox"/> Transportation

Certification Worker Name Kris Bovee	Visit Date (mm/dd/yyyy) 10/26/17	Issued Date (mm/dd/yyyy) 11/14/2017
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