

Compliance Statement
Certified Family / In-Home Child Care

TO FILE A COMPLAINT, CALL: (920) 929-3400

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 Tamara Stevenson	Address - Program (Street, City, State, Zip Code) 1080 Newbury ST Ripon, WI 549711839	Telephone Number (920) 748-7252	Provider No. 8000561298 / 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 type="checkbox"/> Activities	<input type="checkbox"/> Basis For Certification	<input type="checkbox"/> Discrimination
<input type="checkbox"/> Equipment	<input checked="" type="checkbox"/> Group Size 3 children were present at the visit	<input type="checkbox"/> Health Care
<input checked="" type="checkbox"/> Home Safety	<input type="checkbox"/> Mandatory Child Abuse Rep	<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	Visit Date 11/20/2018	Issue Date 11/21/2018
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