

Date Correction Plan Due 10/15/2025	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL 920-785-7811
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Use of Form: This form is used by certification / licensing staff to identify statute and / or administrative rule violation(s) and to outline imposed plans of correction, if applicable. This form is used by certified operators / licensed centers to meet the requirements of DCF 202.065, DCF 250.04(2)(l) and (3)(d), DCF 251.04(2)(L) and (3)(f), DCF 252.41(1)(L) and (2)(k). Failure to submit an appropriate correction plan by the due date listed above may result in sanctions identified in the statute and / or administrative rule. Public Schools may submit plans of correction however are not required to do so.

Instructions: The Noncompliance Statement below identifies the violation(s) of child care statute and / or administrative rule identified by the certification / licensing specialist. Complete the section labeled "Correction Plan" by indicating the steps that will be taken to address and correct each of the listed noncompliance(s). Identify expected completion date(s) for each item. Return the original to your certification / licensing specialist for approval and retain a copy. If this is a licensed child care, post your copy of the noncompliance statement and correction plan near the license in accordance with Wis. Stat. 48.657. This request for a correction plan is not an order imposing a sanction or penalty pursuant to Wis. Stat. 48.715. If the department decides to apply a statutory sanction and / or penalty for facts arising from this finding or a future finding, you will be given a notice of the sanction and / or penalty and your appeal rights.

Name - Certified Operator / Licensed Center Lori's Rosendale Children's Center		Provider Number / Facility ID Number 7000588017 / 002 - 2008716	
Address - Facility (Street, City, State, Zip Code) 200 S Main St Rosendale WI 549749642		Telephone Number 920-728-3817	Date - Regulation Visit 9/30/2025
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date
1	251.04(4)(a)2.c. Parent Notification - Injury, Consumption Of Allergen, Incorrect Medication Description: Based upon observation a child in care was high in the face by another child's foot and the parent was not immediately notified.	To notify parents immediately when any head injuries occur	10/3/25
2	251.05(2)(a)7. Staff Record - Continuing Education Description: Based upon record review, Staff A, B, and E did not have documentation of continuing education for the year 2024 in their file.	To get hours of continuing education in for staff A, B, & E	12/23/25

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ERO - GREEN BAY

OCT 17 2025

DEPT. OF CHILDREN
& FAMILIES

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3	251.05(3)(c) Cardiopulmonary Resuscitation Training Description: Based upon record review staff A, B, C, and D did not have current documentation of completion of Cardiopulmonary Resuscitation Training within their files.	<i>Staff A, B, C, D will have CPR Training</i>	<i>11/26/25</i>
4	251.05(3)(cm) Child Abuse & Neglect - Biennial Training Description: Based upon record review Staff C did not have documentation of completion of the Child Abuse and Neglect Biennial training.	<i>Staff C will complete the Child Abuse Neglect Training</i>	<i>10/6/25</i>

NAME - Agency Worker
Amanda Holz

Date Issued
10/1/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed

[Handwritten Signature]

10-6-25