

Date Correction Plan Due 5/18/2026	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL 715-841-9490
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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)(i) 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 Theresa O'brien		Provider Number / Facility ID Number 0000593020 / 001	
Address - Facility (Street, City, State, Zip Code) 1825 Pine Road Kronenwetter WI 54455		Telephone Number 715-571-0173	Date - Regulation Visit 5/6/2026
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date Verification Date
1	<p>202.08(12)(f)1-4 Prior To A Child's First Day Of Attendance For Any Child In Care, Obtaining Information On A Form Prescribed By The Department With Enrollment And Health History Information, Including All Of The Following:</p> <ol style="list-style-type: none"> 1. The Parents' Home And Work Phone Numbers. 2. Health History, Including Information Relating To A Child's Special Health Care Needs And Emergency Care Plan. 3. The Parents' Signed Consent For Emergency Medical Care. 4. A Name And Number To Call If The Child Requires Emergency Medical Care. <p>Description: While the provider did have an enrollment and health history form for each child in care including 1-3, the form did not include 4. A name and number to call if the child requires emergency medical care.</p>	<p><i>Correct the form by adding name and number to call for emergency medical care</i></p>	<p><i>5/6/2026 completed</i></p>

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2	<p>202.08(2)(c) The Indoor And Outdoor Areas Of The Home Shall Be Free Of Hazards. Potentially Dangerous Items And Materials Harmful To Children, Including Power Tools, Flammable Or Combustible Materials, Insecticides, Matches, Drugs And Any Articles Labeled Hazardous To Children Shall Be In Properly Marked Containers And Stored In Areas Inaccessible To Children.</p> <p>Description: Indoor areas of the home included hazards as outlets in areas used for care were not plugged and items hazardous to children were not inaccessible in the bathroom identified to be used for care.</p>	<p>Add outlet covers to outlets not in use move shower items up to shelf.</p>	<p>5/15/2026 completed.</p>
3	<p>202.08(5)(i) The Certified Child Care Operator Shall Keep Current And Accurate Written Records Of The Daily Hours Of Attendance Of Each Child In Care, Including The Actual Arrival And Departure Time Times For Each Child. If Children Are Transported To Or From The Premises Or School By The Operator Or Another Provider On Behalf Of The Operator, The Daily Attendance Record Shall Include The Actual Time The Child Was Picked Up Or Dropped Off.</p> <p>Description: Current and accurate hours of attendance are not maintained as daily attendance records were not available for review at the visit.</p>	<p>utilize notebook for daily signings & signoffs</p> <p>Q</p>	<p>started 5/7/2026</p>

NAME - Agency Worker
Gayle Schiszik

Date Issued
5/6/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed



5-13-2026