

NONCOMPLIANCE STATEMENT AND CORRECTION PLAN

Date Correction Plan Due
4/24/2025

TO FILE A COMPLAINT CALL
608-422-6765

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, you will be given a notice of the sanction and / or penalty and your appeal rights.

Name - Certified Operator / Licensed Center

Provider Number / Facility ID Number

Quad Care Lomira

2000558502 / 001 - 120732

Address - Facility (Street, City, State, Zip Code)
N11896 Hwy 175 Lomira WI 53048

Telephone Number
920-269-5500

Date - Regulation Visit
4/7/2025

| Rule/Statute Number Noncompliance Statement | Correction Plan | Expected Completion Date | Verification Date |
|--|--|--------------------------|-------------------|
| <p>1 251.07(4)(c) Naps Or Rest Periods - Sleeping Surfaces - Children Under 1</p> <p>Description: Cribs were not placed end to end when one crib in the napping room was placed perpendicular to another crib. Additionally, the two cribs were not 2 feet apart.</p> | <p>Made adjustments to the nap room area so all cribs are back to back and 2 feet apart.</p> | <p>4/11/25</p> | |
| <p>2 251.07(6)(f)1.b. Medication Administration - Containers & Labeling</p> <p>Description: Medication in the infant room was not in the original container and was not labeled with the dosage and direction for administration.</p> | <p>Parent did not receive a label for the inhaler since it was given at the ER. Parent reach out to primary doctor to get a prescription for the albuterol inhaler. Parent sent photo of the MyChart prescription listing the name of medication, dosage, and directions so we could include the information with the rescue medication we keep on site.</p> | <p>4/10/25</p> | |

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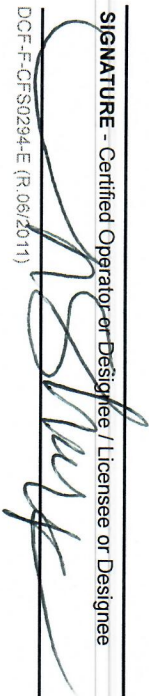
4/7/2025

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|--|-----------------|-----------------------------|----------------------|
| | | | |

NAME - Agency Worker
Kimberly Liebhart

Date Issued
4/10/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee



Date Signed

4/11/2025