STATE OF WISCONSIN

RECEIVED

Date Correction Plan Due 11/9/2021

## NONCOMPLIANCE STATEMENT AND CORRECTION PLAN

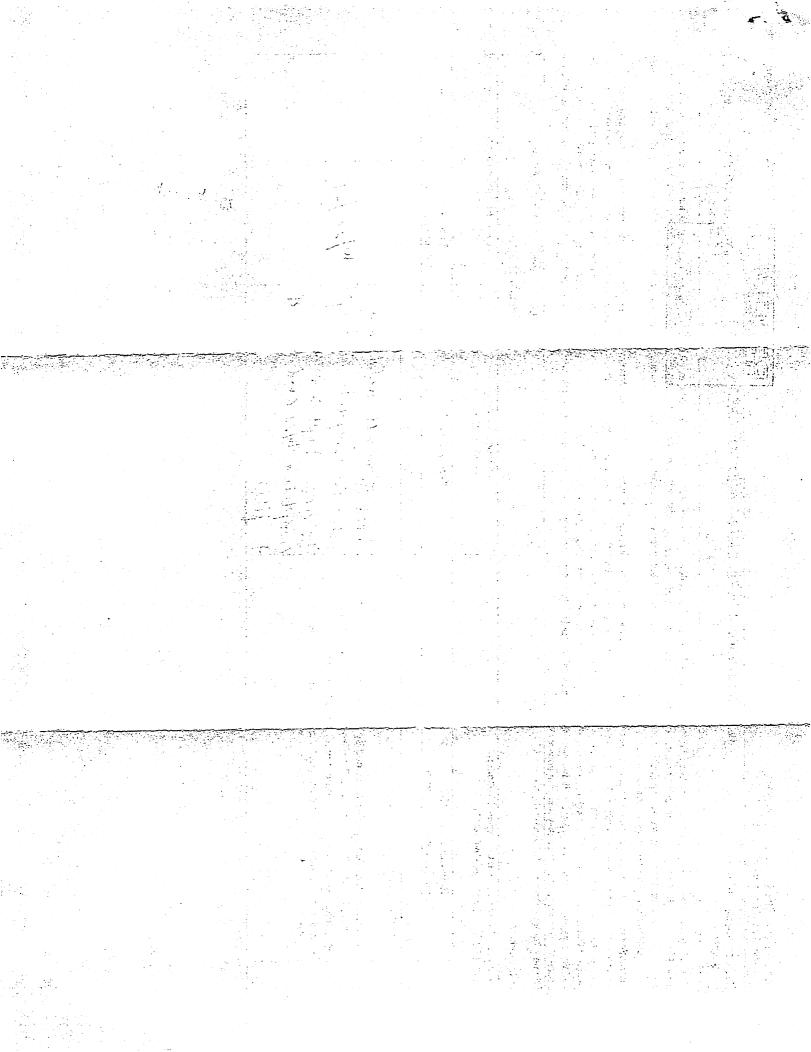
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TO FILE A COMPLAINT CALL 715-930-1148

Use of Form: This form is used by certification / licensing staff to identify statute and / or administrative rule violation(s) and of 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 Provide				er Number / Facility ID Number	
Little Lakers Daycare	73558 / 001 - 1009621				
Address - Facility (Street, City, State, Zip Code) 413 3Rd St Shell Lake WI 54871		Telephone Number 715-520-0481	Date - Regulation Visit 10/21/2021		
0.0000000000000000000000000000000000000	Statute Number opliance Statement	Correction Plan	Expected Completion Date	Verification Date	
Description: A wri for child #3 and c home or other act	Iternate Arrival / Release Agreement  itten agreement, signed by parents, outlining the plan hild #5 to come to the childcare center from school, tivities and/or to go from the childcare center to other activities via a bus was not observed in the file	Make sure all childrens files are complete and up to date. Papers were completed 14/22 and added to live	W/22/21		



Name - Certified Operator / Licensed Center . Provide				er Number / Facility ID Number	
Little	e Lakers Daycare	80005	8000573558 / 001 - 1009621		
Address - Facility (Street, City, State, Zip Code) 413 3Rd St Shell Lake WI 54871		Telephone Number 715-520-0481	Date - Regulation Visit 10/21/2021		
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date	
2	250.04(6)(a)4.b.  Child Record - Physical Exam - Over 2, Under 5  Description: Each child 2 years of age and under age 5 shall have an initial health examination not more than one year prior to nor later than 3 months after being admitted to the center, and a follow-up health examination at least once every 2 years thereafter. Child #2 has been in care longer than 3 months and did not have a child health report on file.	Make sure all childrens biles are complete and up to date. Paper was turned in 11/7 and added to bile.	, 11/7/2(		

NAME - Certification Worker / Licensing S	Specialist
Emily Johnson, Jennifer Stubbe	

Date Issued 10/26/2021

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed

