

Date Correction Plan Due 1/22/2024	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL 715-930-1148
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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 Lulabelles Learning Center Ltd		Provider Number / Facility ID Number 4000589224 / 001 - 2003482		
Address - Facility (Street, City, State, Zip Code) 19 W Bracklin St Rice Lake WI 548682649		Telephone Number 715-719-0462	Date - Regulation Visit 1/4/2024	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.06(2)(i) Deteriorating Paint Description: A portion of the trim was missing along the bottom of the wall in the 1-2 year old room, exposing flaking and deteriorating paint.	<i>New trim will be installed to cover flaking & deteriorating paint</i>	<i>1/13/24</i>	
2	251.07(6)(dm)4. Medical Log - Reviewing Injury Records Description: An inspection of the medical log book revealed the log hasn't been reviewed every 6 months as required by rule.	<i>Medical log books will be reviewed and signed.</i>	<i>1/8/24</i>	

NAME - Agency Worker
Emily Johnson

Date Issued
1/8/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Krista Dennis

Date Signed

1/11/24