

Date Correction Plan Due 10/16/2024	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)(f) 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 The Lakes Children's Center		Provider Number / Facility ID Number 0000591580 / 001 - 2006698		
Address - Facility (Street, City, State, Zip Code) 153 County Road Qq Waupaca WI 549819144		Telephone Number 920-505-8971	Date - Regulation Visit 9/30/2024	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.04(6)(a)5. Child Record - Alternate Arrival / Release Agreement Description: The two children that come off the bus in the afternoon did not have alternate releases on file.	Forms were sent home on 10/1/24 and both returned by 10/4/24 we will now use forms with all children who ride the bus.	10/4/24	
2	251.05(2)(a)3.a. Staff Record - Physical Examination Description: One staff member did not have her physical in her file after 30 days of employment - see checklist.	The staff went to the clinic on 10/2 and waited for form. we will not put staff on schedule if their	10/2/24	

form is overdue in the future.

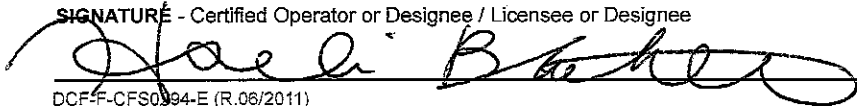
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3	251.06(9)(d)1.c. Food Storage - Cold Storage Thermometers Description: A thermometer was not in the freezer in the infant room.	Thermometer was purchased 9/30/24 and installed 10/1/24. Extras were bought to avoid future issues.	10/1/24
4	251.07(6)(dm)4. Medical Log - Reviewing Injury Records Description: The medical logbooks were not reviewed once every 6 months. They were last done in March of 2024. Corrected during visit.	We set up a google email alert system to remind us to review medical logs before due date.	10/1/24

NAME - Agency Worker
Jill Kellner

Date Issued
10/2/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed



10/4/24