

DEPARTMENT OF CHILDREN AND FAMILIES
Division of Early Care and Education

TO FILE A COMPLAINT CALL
920-785-7811

Date Correction Plan Due
7/5/2024

NONCOMPLIANCE STATEMENT AND CORRECTION PLAN

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 **Provider Number / Facility ID Number**
Zion Lutheran Child Development Ctr 3000 69453 / 001 - 1003053

Address - Facility (Street, City, State, Zip Code) **Telephone Number** **Date - Regulation Visit**
241 S Ellis Ave Peshtigo WI 54157 715-582-2800 5/30/2024

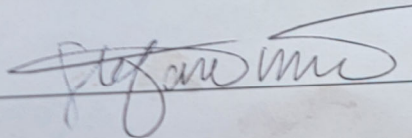
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.04(3)(m) Report - Communicable Disease Description: The center self-reported the ecoli illness to DCF however they did not report the case to the local health department. The parent did report the case and told the center they had however it is the centers responsibility to report the communicable disease.	Health Dept. was notified by parent and Bellin - will report future communicable diseases to health dept from daycare for future.	6/26/24	

NAME - Agency Worker
Jody Beyer

Date Issued
6/21/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee
DCF-F-CFS0294-E (R 06/2011)

Date Signed



6/28/24