

Date Correction Plan Due 10/10/2025	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL 715-361-7700
---	--	---

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.

Received

OCT 02 '25

DCF - NRO

Name - Certified Operator / Licensed Center Laurie's Family Child Care		Provider Number / Facility ID Number 7000575467 / 002 - 630531	
Address - Facility (Street, City, State, Zip Code) 7920 Fir St Hewitt WI 544419037		Telephone Number 715-389-2146	Date - Regulation Visit 9/24/2025
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date
1	250.04(6)(b) Current, Accurate Daily Attendance Record Description: Per observation, some children not present at the center were pre-signed in and pre-signed out on 9-24-25. Some children were also pre-signed in for the next day on 9-25-25.	<i>Children will be signed in when they arrive. Children will be signed out when they leave.</i>	<i>9/26/25</i>
2	250.07(6)(h)3. Sharing Towels And Utensils Description: Per observation the bathroom did not have any towels for the children to dry their hands off. Per interview with Licensee, she reported that children share a cloth hand towel when drying off their hands.	<i>Paper towels will be provided for children to use.</i>	<i>9/27/25</i>

Name - Certified Operator / Licensed Center Laurie's Family Child Care		Provider Number / Facility ID Number 7000575467 / 002 - 630531	
Address - Facility (Street, City, State, Zip Code) 7920 Fir St Hewitt WI 544419037		Telephone Number 715-389-2146	Date - Regulation Visit 9/24/2025
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date
			Verification Date

NAME - Agency Worker
Bonnie Davis, Brooke Lampe

Date Issued
9/26/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee
Laurie Kramer

Date Signed
9/27/25