

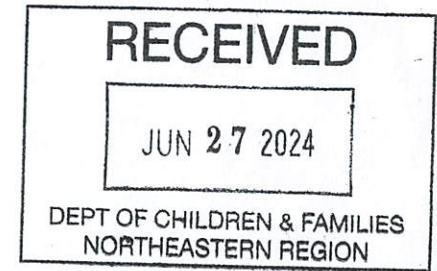
Date Correction Plan Due 5/30/2024	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL 920-785-7811
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Use of Form: This form is used by certification / licensing staff to identify statute and / or administrative rule violation(s) and 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)(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 Lennie's House		Provider Number / Facility ID Number 7000585097 / 001 - 1012857		
Address - Facility (Street, City, State, Zip Code) 3546 Glen Abbey Dr Green Bay WI 54311		Telephone Number 920-469-7588	Date - Regulation Visit 5/16/2024	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	250.04(6)(a)4. Child Record - Physical Exam Description: Based on record review on 5/16/24 according to the Child Checklist Child 3 and 5 failed to have updated health report on file.	They have been completed	5/30/24	
2	250.05(2)(f) Staff File - Continuing Education Description: Based on record review on 5/16/24 according to the Staff Record Checklist Staff Member B failed to meet the continuing education hours for 2023. Staff Member had 7 hours versus the required 15 hours.	We are recording all in service hours.	5/30/24	

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3	250.05(3)(fm) Biennial Training - Child Abuse & Neglect Description: Based on record review on 5/16/24 according to the Staff Record Checklist Staff Member A, B, C failed to have biennial child abuse and neglect on file.	We all did the training	6-9-24	



NAME - Agency Worker
Cassandra Debauche

Lennie Ann Pickett

Date Issued
5/16/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Lennie Ann Pickett

Date Signed

5-26-24