

Date Correction Plan Due 4/6/2024	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN
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TO FILE A COMPLAINT CALL
715/839-1088

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, you will be given a notice of the sanction and / or penalty and your appeal rights.

Name - Certified Operator / Licensed Center Lois Petersen		Provider Number / Facility ID Number 3000568963 / 001	
Address - Facility (Street, City, State, Zip Code) 3300 140Th St Frederic WI 548374402		Telephone Number 715-338-6514	
Rule/Statute Number	Noncompliance Statement	Correction Plan	Expected Completion Date
1	202.08(4)(a) Health Form: A Certified Child Care Operator Shall Have A Current Report Of A Physical Examination On File For Each Child, Including The Operator's Own Children, Who Are Not Enrolled In A Public Or Private School. Description: No evidence of a current Health Form for Child B. Identified to the Provider by the Standards and Checklist.	Completed - on file	Mar. 15 2024
		RECEIVED EG COUNTY DEPT OF HUMAN SERVICES APR 03 2024	

NAME - Agency Worker Melony Martin	Date Issued 3/20/2024
SIGNATURE - Certified Operator or Designee / Licensee or Designee 	Date Signed Mar. 28, 2024