

NONCOMPLIANCE STATEMENT AND CORRECTION PLAN

Date Correction Plan Due
9/20/2024

TO FILE A COMPLAINT CALL
715/839-1082

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	
Lois Petersen		3000568963 / 001	
Address - Facility (Street, City, State, Zip Code) 3300 140Th St Frederic WI 548374402		Telephone Number 715-338-6514	Date - Regulation Visit 8/22/2024
Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1 202.08(12)(c) The Certified Child Care Operator Shall Be In Ongoing Communication With A Child's Parent Or Ensure That A Substitute Child Care Provider Is In Ongoing Communication With A Child's Parent By Developing A Written Contract That Specifies The Charge For Child Care And The Expected Frequency Of Payment For The Service. The Contract Shall Be Signed By The Operator And A Parent Or Guardian. Description: No Evidence of a Contract for Child G. Identified to the Provider @ visit and by the Standards and Checklist.	She will not attend again	9/12/24	

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OF HUMAN SERVICES
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Name - Certified Operator / Licensed Center Lois Petersen		Provider Number / Facility ID Number 3000568963 / 001	
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<p>202.08(12)(f)1-4 Prior To A Child's First Day Of Attendance For Any Child In Care, Obtaining Information On A Form Prescribed By The Department With Enrollment And Health History Information, Including All Of The Following:</p> <ol style="list-style-type: none"> 1. The Parents' Home And Work Phone Numbers. 2. Health History, Including Information Relating To A Child's Special Health Care Needs And Emergency Care Plan. 3. The Parents' Signed Consent For Emergency Medical Care. 4. A Name And Number To Call If The Child Requires Emergency Medical Care. <p>Description: No Evidence of an Enrollment Form for Child G. Identified to the Provider @ visit and by the Standards and Checklist.</p>	<p>she will not attend again</p>	<p>9/12/24</p>	
<p>202.08(4)(hm) Children May Not Share Cups, Eating Utensils, Washcloths Or Towels Unless Care Is Being Provided In The Children's Home By A Certified In-Home Child Care Operator.</p> <p>Description: Observed 3 individuals (Provider, Child E and Child F) with individual spoons eating/sharing same bowl with food. Identified to the Provider @ visit and by the Standards and Checklist.</p>	<p>this will not happen again they only shared the food - not the utensils</p>	<p>9/12/24</p>	

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3300 140Th St Frederic WI 548374402		715-338-6514	8/22/2024
Rule/Statute Number	Noncompliance Statement	Correction Plan	Expected Completion Date
			Verification Date
4	<p>202.08(4)(i) A Provider Shall Change A Child's Wet Or Soiled Clothing Or Diapers Promptly From An Available Supply Of Clean Clothing Or Diapers. The Child's Diaper Shall Be Changed On An Easily Cleanable Surface That Is Cleaned With Soap And Water And A Disinfectant Solution After Each Use. The Disinfectant Solution Shall Be Registered With The U.S. Environmental Protection Agency As A Disinfectant And Have Instructions For Use As A Disinfectant On The Label. The Solution Shall Be Prepared And Applied As Indicated On The Label.</p> <p>Description: Provider is not following the 2-step cleaning process after each use. Self declares uses 1 wipe and washes changing pad weekly.</p> <p>Identified to the Provider @ visit and by the Standards and Checklist.</p>	<p><i>It will be disinfected after each use</i></p>	<p><i>9/17/24</i></p>
5	<p>202.08(5)(i) The Certified Child Care Operator Shall Keep Current And Accurate Written Records Of The Daily Hours Of Attendance Of Each Child In Care, Including The Actual Arrival And Departure Time Times For Each Child. If Children Are Transported To Or From The Premises Or School By The Operator Or Another Provider On Behalf Of The Operator, The Daily Attendance Record Shall Include The Actual Time The Child Was Picked Up Or Dropped Off.</p> <p>Description: No Evidence of a sign in time on 8/22/24 for Child G.</p> <p>Identified to the Provider @ visit and by the Standards and Checklist.</p>	<p><i>she will not attend again</i></p>	<p><i>9/17/24</i></p>

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Rule/Statute Number 6	Noncompliance Statement 202.08(6)(b)1. No Certified Family Operator May Have More Than 6 Children In Care, Including Children Related To The Operator, Except That If 3 Of The Children Are Under The Age Of 2, The Total Number Of Children May Not Exceed 5.	Correction Plan <i>It will not happen again</i>	Expected Completion Date <i>9/12/24</i>
Description: Observed 7 children in care. Identified to the Provider @ the visit and by the Standards and Checklist.		Verification Date	

NAME - Agency Worker
 Melony Martin

SIGNATURE *Melony Martin*
 Certified Operator or Designee / Licensee or Designee

Date Issued
 9/6/2024

Date Signed
9-13-24