

NONCOMPLIANCE STATEMENT AND CORRECTION PLAN

Date Correction Plan Due
7/23/2025

TO FILE A COMPLAINT CALL
715/839-1082

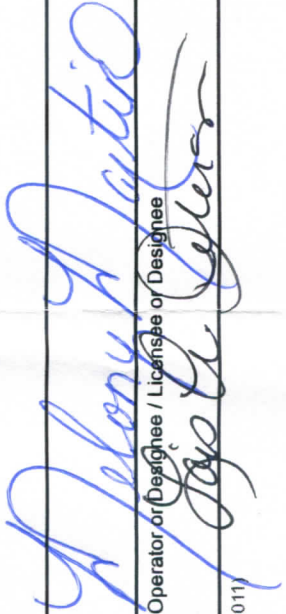
Use of Form: This form is used by certification / licensing staff to identify statute and / or administrative rule violation(s) and to outline imposed plans of correction, if applicable. This form is used by certified operators / licensed centers to meet the requirements of DCF 202.065, DCF 250.04(2)(i) 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, 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 6/23/2025
Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1 202.08(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: 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. Description: Evidence of Incomplete Enrollment Form for Child G. No First Day of Attendance. Identified to the Provider @ Visit and by the Standards and Checklist.	I have reminded the parents to get that done	7/14	

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		Date - Regulation Visit 6/23/2025	
Telephone Number 715-338-6514		Expected Completion Date 7/18	
Correction Plan <i>Have reminded the parents to get that to me</i>		Verification Date	
Rule/Statute Number 202.08(4)(e)		Noncompliance Statement	
The Certified Child Care Operator Shall Have On File For Each Child In Care A Record Of The Child's Immunization History To Document Compliance With S. 252.04, Stats., And Ch. Dhs 144.		Description: No evidence of an immunization record for Child G. Identified to the Provider @ the visit and by the Standards and Checklist.	

RECEIVED
 EC COUNTY DEPT
 OF HUMAN SERVICES
 JUL 22 2025

NAME - Agency Worker Melony Martin	Date Issued 7/9/2025
SIGNATURE - Certified Operator or Designee / Licensee or Designee 	Date Signed 7-15-25