

Date Correction Plan Due
12/2/2025

NONCOMPLIANCE STATEMENT AND CORRECTION PLAN

TO FILE A COMPLAINT CALL
715-930-1148

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 Lori's Lake Nebagamom Childcare	Provider Number / Facility ID Number 3000564853 / 001 - 1007311
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Address - Facility (Street, City, State, Zip Code) 6955 S Graves Rd Lk Nebagamom WI 548499115	Telephone Number 218-591-5437	Date - Regulation Visit 11/5/2025
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	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	250.04(2)(i)1.c. Stipulations, Conditions, Exceptions Posted Description: The provider did not post the completed exception request that was approved by the department next to the license.	Exception Paperwork is now posted right next to my license.	11/7/25	
2	250.04(6)(a)4.d. Child Record - Heath Exam Report Description: The provider did not have an initial health exam on file for child #4 and child #5.	Handed them all out when the children started on Sept 2, 2025 sent the out again 11-17-25 for completion or scheduled appointment.	11-28-25	

Name - Certified Operator / Licensed Center

Lori's Lake Nebagamon Childcare

Provider Number / Facility ID Number

3000564853 / 001 - 1007311

Address - Facility (Street, City, State, Zip Code)

6955 S Graves Rd Lk Nebagamon WI 548499115

Telephone Number
218-591-5437

Date - Regulation Visit
11/5/2025

Correction Plan

Expected
Completion Date

Verification
Date

3

250.04(6)(a)4m.

Child Record - Immunization History Compliance

Description: Immunization records were not on file for child #3, child #4, or child #5.

Sent out Notices to
Parents about Handing
these items in by
11-28-25

11-28-25

4

250.06(3)(b)

Emergency Plans - Practice

Description: There was no documentation of required tornado drills for the months of April, May, September, or October 2025. The provider is required to keep written records of when the monthly emergency plans are practiced.

will start tornado drills
beginning in Nov. 2025
Have tornado bag with
needed emergency supplies init.

11-17-25

Repeat violation: Previously cited on 11/21/2024

NAME - Agency Worker

Amelia Gruber

Date Issued

11/17/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed

11-24-25

STAFF RECORD - CHILD CARE CENTERS

Use of form: Use of this form is **voluntary for Family Child Care Centers, Group Child Care Centers, and Day Camps**; however, completion of this form will ensure compliance with DCF 251.05(2)(a) and DCF 252.42(1). Personally identifiable information gathered on this form will be used only to verify compliance with licensing rules.

Instructions - Employee: The staff person / employee shall complete and sign Section A and attach any documentation including transcripts, certificates, credentials, or a WI Registry certificate.

Instructions - Employer: At time of hire, the licensee shall enter the position title, date began work, and employee duties information in Section B. The completed form and any supporting documentation shall be placed in the staff file. If any changes to the employee's job position (promotions, demotions) go into effect, the licensee shall record them in Section B.

SECTION A - EMPLOYEE (To be completed by staff person / employee.)

I. Contact Information

Name: David B. Kortay Birthdate (mm/dd/yyyy): 11/16/1961

Address - (Street, City, State, Zip Code): 4955 S. GRAVES RD LAKE WAUBesaGONNE, WI 54849 Home or Cell Telephone Number: 218-409-2763

Emergency Contact(s): Telephone Number: 218-591-5437

Name	Address
a. <u>Lori Kortay</u>	<u>Same</u>
b.	

II. Education (Attach proof of qualification for position held)

Yes No High school diploma If "Yes", date received: 1979 Name of High School: Ashland

Yes No GED If "Yes", date received: _____ Name of Issuing Agency: _____

Entry Level Qualifications (attach additional pages if necessary)

Name - Post High School, College, University, Technical College	Dates Attended	Major	Degree, Diploma, Credential
a. <u>U.W. Superior</u>	<u>1980 - 1985</u>	<u>Teaching / Counseling</u>	<u>BS (Prax - 12)</u>
b. <u>U.W. Stout</u>	<u>1980 - 1989</u>	<u>" Sp. Ed</u>	<u>BS</u>
c. <u>ST. Scholastica</u>	<u>2000 - 2001</u>	<u>Curriculum + Instruction</u>	<u>MASTERS</u>

Additional Early Childhood Training (attach additional pages if necessary)

Course Titles	Name - Sponsor / Trainer	Date - Course Completed	Number of Hours
a.			
b.			
c.			

Position Title	Position Duties	Dates Employed (mm/dd/yyyy)
No. of Days Per Week Worked	Reason for Leaving	

IV. Affirmation

Yes No Have you had a child care license or certification revoked or denied? If "Yes," provide the date and the name and phone number of the licensing or certification agency.

I attest that the above information is complete and accurate to the best of my knowledge.

[Signature]
SIGNATURE - Staff Person

11/19/2025
Date Signed

SECTION B - EMPLOYER (To be completed by licensee.) **Note:** Background check preliminary eligibility approval from DCF must be on file before employees may begin working under supervision. A licensee may not hire an employee within 2 years from the date an individual had a child care license revoked or denied.

I. Position Information at Hire

Position Title at Hire _____ Date - Began Work (mm/dd/yyyy) _____

Full Time (21 or more hours per week)
 Part Time (20 or fewer hours per week)

Yes No Will this person provide care for infants and toddlers?
 Yes No Will this person transport children in care?
 Yes No Will this person be counted in staff-to-child ratios?

[Signature]
Supervisor or Designee / Licensee or Designee