

DEPARTMENT OF CHILDREN AND FAMILIES
Division of Early Care and Education

NONCOMPLIANCE STATEMENT AND CORRECTION PLAN

TO FILE A COMPLAINT CALL
715-361-7700

Date Correction Plan Due
9/2/2025

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

Nannies Day Care

Provider Number / Facility ID Number

4000582394 / 001 - 1011797

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

1181 1st Ave N Park Falls WI 545521318

Telephone Number

715-663-0114

Date - Regulation Visit

8/6/2025

Rule/Statute Number
Noncompliance Statement

Correction Plan

Expected
Completion Date

Verification
Date

1 251.06(11)(b)7.
Outdoor Play Space - Enclosure

Description: Per observation, the permanent enclosure has multiple areas that have gaps greater than 4 inches.

Repeat violation: Previously cited on 8/13/2024

Gaps have been fixed by added additional fencing to cover the gaps. I will keep an eye on this issue to make sure if the fence shifts again the gaps don't occur.

8-11-25

2 251.06(9)(d)2.a.
Food Storage - Dry Food

Description: Per observation, dry foods were not stored in zip-type closure bags or food safe containers.

All dry foods are now placed in zip-type closure bags once opened and this will continue.

8-13-25

8-25-25

Name - Certified Operator / Licensed Center		Telephone Number	Date - Regulation Visit	
Nannies Day Care		715-663-0114	8/6/2025	
Address - Facility (Street, City, State, Zip Code)		Correction Plan		Verification Date
1181 1st Ave N Park Falls WI 545521318				
Rule/Statute Number	Noncompliance Statement	Expected Completion Date		Verification Date
3	251.07(5)(b)5. Eating Surfaces - Cleaned, Sanitized Description: Staff are not using a food grade sanitizer when cleaning tables.	Shortly after the visit I placed an order for Purell sanitizing spray and wipes and have been using those.		8-11-25
4	251.07(6)(f)1.b. Medication Administration - Containers & Labeling Description: Child 1 had an epi pen that was not in the original container.	The mom was contacted and the Epi-pen was sent home as she stated it's not needed anymore. We will monitor all medications that are left at the center to make sure they do not expire and will request original packaging as well.		8-11-25
5	251.07(6)(f)6. Current Authorizations For Medications On Premises Description: Child 1 did not have a current medication authorization on file. The epi pen was expired.	Medication forms will be properly filled out and updated. I will also make sure to check in with parents frequently to see if there is a need for the medication anymore.		8-11-25

NAME - Agency Worker
Brooke Lampe, Bonnie Davis

Date Issued
8/19/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed

8-25-25