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State of Wisconsin

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DCF DECE BECR
SOUTHERN
REGIONAL OFFICE

DEPARTMENT OF CHILDREN AND FAMILIES
Division of Early Care and Education

STATE OF WISCONSIN

Date Correction Plan Due 11/4/2024	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL 608-422-6765
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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.

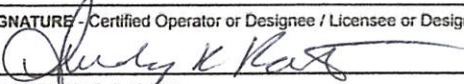
Instructions: The Noncompliance Statement below identifies the violation(s) of child care statute and / or administrative rule identified by the certification / licensing specialist. Complete the section labeled "Correction Plan" by indicating the steps that will be taken to address and correct each 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 Sandy's Family Care	Provider Number / Facility ID Number 0000590910 / 001 - 2003804
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Address - Facility (Street, City, State, Zip Code) 504 W Brodhead St Orfordville WI 535769752	Telephone Number 608-897-6719	Date - Regulation Visit 10/17/2024
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	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	250.04(2)(L) Background Check Request Form - Addition To Household Description: A completed background check request form was not submitted to the department for a new household member prior to the date on which the individual began living in the home.	Completed back ground check form - mailed in	12-01-2024	
2	250.04(6)(a)4.a. Child Record - Physical Exam - Under 2 Description: Child 1 who is under 2 years of age was missing a follow-up health exam due every 6 months.	Gave to parent to take to doctor to complete	12-01-2024	

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Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
3 250.09(4)(b) Infant & Toddler - Diaper Changing Surface - Disinfection Description: Diaper changing surface was not disinfected after each use when the provider used a product that was not registered as a disinfectant with the U.S. environmental protection agency. Repeat violation: Previously cited on 11/15/2023	Get a disinfectant vs sanitizer	8 11.01.2024	

NAME - Agency Worker Rebecca Brickson	Date Issued 10/21/2024
SIGNATURE - Certified Operator or Designee / Licensee or Designee 	Date Signed 11.01.2024