

Received via email on 12/16/24

Date Correction Plan Due  
12/31/2024

### NONCOMPLIANCE STATEMENT AND CORRECTION PLAN

TO FILE A COMPLAINT CALL

**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)(A). 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

Roshelle Rucker

5000571175 / 002

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

Telephone Number

Date - Regulation Visit

2233 Rosenberry Rd 7 Fitchburg WI 537114620

608-270-0852

12/12/2024

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	<p>202.08(11)(d)  <b>A Safe Crib Or Playpen With A Tight-Fitting Mattress With A Tight-Fitting Covering Shall Be Available For Each Child Under One Year Of Age To Use For Napping Or Sleeping. The Crib Or Playpen May Not Contain Soft Or Loose Materials, Such As Sheepskins, Pillows, Blankets, Flat Sheets, Bumper Pads, Bibs, Pacifiers With Attached Soft Objects Or Stuffed Animals. A Certified Family Child Care Operator Shall Ensure That Each Crib Used By A Child In Care Satisfies The Applicable Federal Safety Standards In 16 Cfr Part 1219 Or 1220.</b></p> <p>Description: Correct size sheet for the pack n play was not available at the time of the visit.</p>	<p>Purchase sheets for pack &amp; play also received one from ACS</p>	<p>12-31-24</p>	<p>12-16-24</p>

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Name - Certified Operator / Licensed Center Roshelle Rucker		Provider Number / Facility ID Number 5000571175 / 002	
Address - Facility (Street, City, State, Zip Code) 2233 Rosenberg Rd - 7 Fitchburg WI 537114620		Telephone Number 608-270-0852	Date - Regulation Visit 12/12/2024
Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
2 202.08(4)(f)2 a. A Child Care Provider May Administer Prescription Or Non-Prescription Medication To A Child Only If The Medication Is In The Original Container And Is Labeled With The Child's Name, Dosage, And Administration Directions.  Description: Medication was in the original container; however, it was not labeled with the child's name.	Child name printed on medication	12-31-24	Verified at the visit on 12-12-24 ✓
3 202.08(4)(f)2 b. A Child Care Provider May Administer Prescription Or Non-Prescription Medication To A Child Only If The Child's Parent Has Given Written And Signed Permission To Administer The Medication To The Child As Directed On The Label.  Description: Medication was given to a child without written and signed medication authorization form on file.	Authorization form filled out by Parent.	12-31-24	12-16-24

NAME - Agency Worker  
Hanaka Ehler

Date Issued  
12/13/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed

Roshelle Rucker

Dec 16, 2024