

Date Correction Plan Due
10/30/2024

NONCOMPLIANCE STATEMENT AND CORRECTION PLAN

TO FILE A COMPLAINT CALL
920-785-7811

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. The form is used by certification operators / licensees/caregivers 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)(b). 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 without an act required by DCF.

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 written 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. 48.125. 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 administrative act and penalty and your appeal rights.

Name - **Camille Carpenter / Lanesend Center**

Provider Number / Facility ID Number
0000579000 / 001 - 1007971

County **Angish, Childcare**

Address - Facility (Street, City, State, Zip Code)
E828 County Rd N Lanesend WI 542178000

Telephone Number
920-606-4791

Date - Regulation Visit
9/30/2024

Reference Number
Noncompliance Statement

Correction Plan

Expected Completion Date

Verification Date

1 20(15)(3)(m)
Biennial Training - Child Abuse & Neglect

Description: The provider did not have documentation of current biennial child abuse and neglect training on file.

Did training from paperwork from work + family readiness thing over + did questions.

Nov 4, 2024

2 20(19)(1)(c)4g
Infant & Toddler - Audio Monitoring

Description: The provider had a 3-month old child sleeping in a cribroom without an audio monitor.

Child is put in pocket + play in the living room with other children.

Oct 1, 2024

Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
<p>3 250.09(2)(c) Infant & Toddler - Sleep Position</p> <p>Description: The provider had a 3-month old child sleeping in a swing in a bedroom for approximately 2 hours.</p>	<p>Don't use swing any longer</p>	<p>Oct 1 2024</p>	

NAME - Agency Worker

Erin Taylor

Date Issued

10/11/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Janice D. Dablsky

Date Signed

10-18-2024