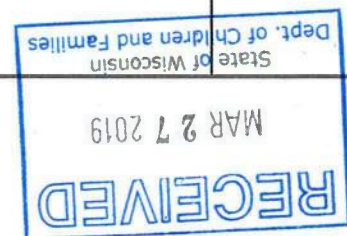


<b>Date Correction Plan Due</b> 3/29/2019	<b>NONCOMPLIANCE STATEMENT AND CORRECTION PLAN</b>	<b>TO FILE A COMPLAINT CALL</b> 715-930-1148
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**Use of Form:** This form is used by certification / licensing staff to identify statute and / or administrative 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.

<b>Name - Certified Operator / Licensed Center</b> Jean's Loving Care		<b>Provider Number / Facility ID Number</b> 0000558930 / 002 - 1008676			
<b>Address - Facility (Street, City, State, Zip Code)</b> 506 Merrill St Sparta WI 54656		<b>Telephone Number</b> 608-269-5480	<b>Date - Regulation Visit</b> 3/14/2019		
	<b>Rule/Statute Number Noncompliance Statement</b>	<b>Correction Plan</b>	<table border="1"> <tr> <td data-bbox="1522 714 1764 779"> <b>Expected Completion Date</b> </td> <td data-bbox="1764 714 1982 779"> <b>Verification Date</b> </td> </tr> </table>	<b>Expected Completion Date</b>	<b>Verification Date</b>
<b>Expected Completion Date</b>	<b>Verification Date</b>				
1	250.04(5)(d) <b>Staff File - Days, Hours Worked</b>  Description: The licensee/provider is not consistently documenting hours worked. Hours had not been recorded since 02/02/19.  Repeat violation: Previously cited on 4/4/2018	I will be more consistent with recording hours that I have worked.	<table border="1"> <tr> <td data-bbox="1522 779 1764 1068">03/15/2019</td> <td data-bbox="1764 779 1982 1068"></td> </tr> </table>	03/15/2019	
03/15/2019					
2	250.04(5)(e) <b>Staff File - Physical Examination - Form</b>  Description: A substitute provider does not have documentation of a health examination on file.	The form was completed but accidentally placed in the wrong file.	<table border="1"> <tr> <td data-bbox="1522 1068 1764 1328">11/18/2018</td> <td data-bbox="1764 1068 1982 1328"></td> </tr> </table>	11/18/2018	
11/18/2018					



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	<b>Rule/Statute Number Noncompliance Statement</b>	<b>Correction Plan</b>	<b>Expected Completion Date</b>
3	250.07(7)(c) <b>Pets &amp; Animals - Notification</b>  Description: The center did not have written documentation that the parents had been notified prior to the addition of a new cat.	I will have written documentation indicating that a new pet has been brought into the home.	03/23/2019
4	250.07(7)(h) <b>Pets &amp; Animals - Liability Insurance</b>  Description: The licensee did not submit to the department proof of liability insurance on the child care business indicating the number of children covered, dates of coverage and that it specifically covers pets being accessible to children in care.	I contacted West Bend Insurance and they were going to send out a copy of insurance proof to the department.	03/24/2019

**NAME - Certification Worker / Licensing Specialist**  
Rita Miller

**Date Issued**  
3/15/2019

**SIGNATURE - Certified Operator or Designee / Licensee or Designee**

*Jean Meyer*

**Date Signed**  
03/21/2019