CORRECTION ORDER

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
CHILDREN AND FAMILY SERVICES
SFN 379 (2-2021)

Date
10/19/2022

☐ Immediate Correction Order ☒ Regular Correction Order

Name		Telephone Number	
Carla Hajek		(701) 899-3122	
Address	**City**	**State**	**ZIP Code**
509 18th Ave N	Wahpeton	ND	58075
License Number			
39-85-7074-G			

A review of your home/facility was completed by:

Early Childhood Services Licensing Specialist	Date
Kristine Albers	10/19/2022

The following correction(s) must be made:

Rule(s)
75-03-09-18 Minimum sanitation and safety requirements. #19 b. The provider shall ensure that animals are maintained in good health and are appropriately immunized. Pet immunizations must be documented with a current certificate from a veterinarian.

Evidence of Violation
During an unannounced visit, it was found that two pets have an Rabie certificate with an expired date.

Method of Correction
Provide a current Rabie certificate. Submit this to the Licensing Specialist along with the SFN 312 and SFN 279.

Time Allowed for Correction
20 days

Fiscal sanctions to be applied if correction is not made and verified within the allowable time-frame
$5/ day after the allowable time-frame

Submit a notice of correction(s) to the Early Childhood Services Licensing Specialist listed below within time frame above indicating you are in compliance. If you have any questions, contact the following:

Early Childhood Services Licensing Specialist	Telephone Number
Kristine Albers	(701) 403-5351

Within three business days of the receipt of the correction order, the licensee of the early childhood facility shall notify the parent, guardian, or custodian of each child receiving care at the facility that a correction order has been issued. In addition to providing notice to the parent, guardian, or custodian of each child, the licensee shall post the correction order in a conspicuous location within the facility until the violation has been corrected, or for 5 days, whichever is longer.

The following are regulations which require immediate correction orders by rule and/or policy:

Family Child Care:

75-03-08-04	Display of License
75-03-08-08.1(4)	Harmful Environment
75-03-08-08.1(10)	Supervision
75-03-08-09	Staffing
75-03-08-14(2)	Health and Safety Hazards
75-03-08-14(9)	Health and Safety Hazards
75-03-08-23	Discipline
73-03-08-24(1)	Infant Care
50-11.1-02(7)	License Capacity
50-11.1-02.2	Smoking

Group Child Care:

75-03-09-04	Display of License
75-03-09-08(1)(i)	Ratio, License Capacity
75-03-09-09	Staffing
75-03-09-12(4)	Harmful Environment
75-03-09-12(8)	Supervision
75-03-09-18(3)	Health and Safety Hazards
75-03-09-18(6)	Health and Safety Hazards
75-03-09-18(9)	Health and Safety Hazards
75-03-09-18(10)	Health and Safety Hazards
75-03-09-23	Discipline
75-03-09-24(1)	Infant Care
50-11.1-02.2	Smoking

Preschool Child Care:

75-03-11-04	Display of License
75-03-11-08(13)	Ratio, License Capacity
75-03-11-09	Staffing
75-03-11-10(4)	Supervision
75-03-11-13(3)	Harmful Environment
75-03-11-18(2)	Health and Safety Hazards
75-03-11-18(7)	Health and Safety Hazards
75-03-11-18(8)	Health and Safety Hazards
75-03-11-23	Discipline
50-11.1-02.2	Smoking

Center Child Care:

75-03-10-04	Display of License
75-03-10-08	Staffing
75-03-10-09(12)	Staffing/License Capacity
75-03-10-12(1)(g)	Harmful Environment
75-03-10-12(3)	Supervision
75-03-10-18(4)	Health and Safety Hazards
75-03-10-18(7)	Health and Safety Hazards
75-03-10-18(10)	Health and Safety Hazards
75-03-10-18(11)	Health and Safety Hazards
75-03-10-23	Discipline
75-03-10-24(1)	Infant Care
50-11-1-02.2	Smoking

School Age Child Care:

75-03-11.1-04	Display of License
75-03-11.1-08(13)	Ratio, License Capacity
75-03-11.1-08.4(5)	Supervision
75-03-11.1-08.4(6)	Harmful Environment
75-03-11.1-09	Staffing
75-03-11.1-18(2)	Health and Safety Hazards
75-03-11.1-18(3)	Health and Safety Hazards
75-03-11.1-18(11)	Health and Safety Hazards
75-03-11.1-18(21)	Health and Safety Hazards
75-03-11.1-23	Discipline
50-11.1-02.2	Smoking

Child Care Self-declaration:

75-03-07.1-02(3)(a)(5)	Care and protection
75-03-07.1-02(3)(a)(7)	Supervision
75-03-07.1-02(3)(b)	Discipline
75-03-07.1-02(4)	Health and Safety Hazards
50-11.1-02.2(24)	Capacity
50-11.1-02.2	Smoking

RSR HUMAN SERVICE ZONE
(Formerly Richland County Social Services)
413 3rd Avenue North
Wahpeton, ND 58075

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

CERTIFIED MAIL™

7011 0470 0000 6976 2246

Carla Hajek
509 18th Ave N
Wahpeton, ND 58075

7011 0470 0000 6976 2246

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com®

OFFICIAL USE

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here

Sent To Carla Hajek
Street, Apt. No.; or PO Box No. 509 18th Ave N
City, State, ZIP+4 Wahpeton ND 58075

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Carla Hajek
509 18th Ave N
Wahpeton, ND 58075



9590 9402 4465 8248 2975 95

2. Article Number *(Transfer from service label)*

7011 0470 0000 6976 2246

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X ☐ Agent ☐ Addressee

B. Received by *(Printed Name)* | C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☒ No

3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☐ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- Insured Mail Restricted Delivery (over $500)
- ☐ Priority Mail Express®
- ☑ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt