STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0013710	A. BUILDING: _____ B. WING _____	R-C 12/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
K & D AFH LLC 3	3709 10TH AVE RACINE, WI 53402

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{M 000}	INITIAL COMMENTS On 11/04/2025, with information gathered through 12/16/2025, Surveyor completed a standard survey and verification visit at K & D AFH LLC 3. As a result, 2 of the previous 5 deficiencies were corrected. Three of the previous 5 deficiencies were recited, with 2 new deficiencies identified, which were repeat violations; therefore, 5 total deficiencies were identified. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee will be assessed. Census: 2	{M 000}		
{M 216}	88.04(2)(a) RESPONSIBILITIES The licensee shall ensure that the home and its operation comply with this chapter and with all other laws governing the home and its operation. This Rule is not met as evidenced by: Based on observation, record review, and interview, the provider did not ensure the home, and its operation complied with this chapter and all other laws governing the home and its operations, potentially affecting 2 of 2 residents. The provider has been unable to maintain compliance with Chapter 88 of the Department of Health Services - Licensed Adult Family Home regulations. At the time of the verification visit, the provider had 5 repeat violations. The provider did not follow Special Orders which resulted from previous Statement of Deficiency (SOD) 8IRI13, dated 02/26/2025. This deficiency is being cited for a third time. See SOD 8IRI12, dated 02/05/2024, and SOD 8IRI13,	{M 216}		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

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{M 216}	Continued From page 1 dated 02/26/2025. Findings include: On 05/16/2025, SOD 8IRI13 and a Special Orders Letter were issued to Licensee J via email, with the following: " . . . Based on the results of the Department's investigation, and pursuant to Wis. Stat. § 50.02(2)(am)2., EFFECTIVE UPON RECEIPT OF THIS NOTICE and ORDER, the Department of Health Services HEREBY ORDERS that K&D AFH LLC 3: 1. Pursuant to Wis. Admin. Code § DHS 88.03(6)(g)2.e., EFFECTIVE IMMEDIATELY, the licensee shall ensure all residents receive proper care and treatment, that their health and safety are protected and promoted and that their rights are respected. WITHIN 45 DAYS of receipt of this notice, the licensee shall develop and implement corrective measures to resolve each deficiency identified in Statement of Deficiency (SOD) 8IRI13. The licensee's corrective measures shall include the development (or review) of written procedures to ensure the following: Adequate Staffing (a) a service provider is present in the licensed entity and awake at all times if any resident is in need of continuous care. (b) staffing patterns will be sufficient to meet the personal care needs of residents, to ensure needed supervision, to provide needed services (e.g., toileting, bathing, medication management, behavioral interventions, personal cares, meals),	{M 216}		

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{M 216}	Continued From page 2 and to facilitate a safe evacuation of the building in the event of an emergency. (c) assigned staff will be separate and have distinct duties related to the care and services for residents at K & D AFH LLC 3. The assigned staff will not be shared with other programs. Employee and Contractor Background Checks (a) Each employee record includes a completed caregiver background check following procedures under Wis. Stat. § 50.065, Stats., and Wis. Admin. Code ch. DHS 12. (b) The results of each caregiver background check are closely examined for criminal arrests and convictions or findings of misconduct by a governmental agency. The licensee must make employment decisions based on the results of the background check in accordance with the requirements and prohibitions in the law. . . . " On 11/03/2025, Surveyor reviewed Department records for the provider and identified the following: - The provider was issued SOD 8IRI11, dated 10/15/2021, which included citation M0114/88.03(3)(b) - Criminal Records Check. - The provider was issued SOD 8IRI12, dated 02/05/2024, which included citations M0114/88.03(3)(b) - Criminal Records Check, M0216/88.04(2)(a) - Responsibilities, and Z0010/50.065(2)(bb) - Determine Final Disposition of Charge. - The provider was issued SOD 8IRI13, dated 02/26/2025, which included citations	{M 216}		

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{M 216}	Continued From page 3 M0216/88.04(2)(a) - Responsibilities, M0434/88.07(1)(e) - Supervision, Z0023/50.065(4m)(b) - Caregiver Hiring and Contracting Process, and Z0024/50.065(4m)(c) - Complete Background Information Disclosure. - On 06/24/2025, Licensee J submitted a Plan of Correction (POC) to the Department in response to SOD 8IRI13 and Notice and Order Letter, which included Special Orders, dated 02/26/2025. The POC stated the following: " . . . 88.07(1)(e), 50.065(4m)(b), 50.065(4m)(c) - All have been corrected; owner completed 03/01/2025. M434 - The licensee has implemented strategies to ensure adequate staffing and efficient operations across facilities. The licensee has addressed potential staffing shortages by ensuring each facility has its own dedicated staff, eliminating the risk associated with shared personnel. Owner met with staff and all staff to communicate expectations and ensure they are aware of the new systems and procedures related to staffing and time keeping [sic]. Owner installed new system for time clock as well as management to check and ensure staffing pattern is correct [sic]. 3/1/2025 [sic]. . . . Z 024 - Effective immediately, Licensee changed process to where [s/he] would do the background checks and ensure all paperwork is completed. The licensee will now be directly involved in verifying applicant information and ensuring all required paperwork is completed accurately and submitted on time." On 11/04/2025, the Department conducted a verification visit at K & D AFH LLC 3. As a result	{M 216}		

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{M 216}	Continued From page 4 of the survey, the provider was issued the following 5 deficiencies: - 88.04(2)(a) - Responsibilities; This is being cited for a 3rd time. - 88.05(4)(b)1 - Fire Safety Smoke Detectors; This is a repeat deficiency. - 88.07(1)(e) - Supervision; This is a repeat deficiency. - 88.10(3)(l) - Safe Physical Environment; This is a repeat deficiency. - 50.065(4m)(b) - Caregiver Hiring and Contracting Process; This is a repeat deficiency. On 11/04/2025, at approximately 2:00 PM, Surveyor interviewed Administrator A and the following was reported: Following the previous survey, Licensee J took over completing background checks for all hired staff. Once Licensee J completed a background check, s/he faxed the information to the facility for Administrator A to file with the staff files. On 12/16/2025, at 2:30 PM, Surveyor interviewed Licensee J and Administrator A, and the following was reported: Licensee J was responsible for the AFH and its operations. Administrator A provided the day-to-day operations of the home. Licensee J reported s/he installed a time clock punch-in system to monitor staffing at her/his licensed facilities. Licensee J called Administrator A or Manager C when the time clock punches did not show 3 total staff punched in. Administrator A or	{M 216}		

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{M 216}	Continued From page 5 Manager C called in staff or asked staff to work a double shift if there was not a caregiver available to work at each licensed AFH. Licensee J reported it was "hard to staff with backgrounds," and they "work around what we have." Licensee J confirmed staffing was an issue, which has led to the home in violation of DHS Chapter 88. Administrator A confirmed staffing was not what it should have been on 11/04/2025, due to an emergency s/he had. They did not have an emergency plan in place with staffing. Licensee J took over the background check process for the home and its staff following the previous survey. S/He completed a training to better understand the process. After completing and reviewing a background check for Caregiver S, s/he hired Caregiver S as a caregiver. Caregiver S's background check included governmental findings of misappropriation of client property, which rendered her/him ineligible for employment as a caregiver. Cross Reference: Z0023 50.065(4m)(b) - Caregiver Hiring and Contracting Process M0434 88.07(1)(e) - Supervision	{M 216}		
M 334	88.05(4)(b)1 FIRE SAFETY-SMOKE DETECTORS Every adult family home shall be equipped with one or more single station battery operated, electrically interconnected or radio signal emitting smoke detectors on each floor level. Required smoke detectors shall	M 334		

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M 334	Continued From page 6 be located in each habitable room except the kitchen and bathroom and specifically in the following locations: at the head of each open stairway, at the door leading to every enclosed stairway, on the ceiling of the living room or family room, on the ceiling of each sleeping room and in the basement. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure there was a smoke detector in 2 of 4 required locations. The smoke detector in the living room was on the ground and the smoke detector in the basement was in a box on a table; both were not in use and were emitting a chirping sound, indicating new batteries were required. This is a repeat violation. See Statement of Deficiency (SOD) 8IRI12, dated 02/05/2024. Findings include: On 11/04/2025, at 1:12 PM, Surveyor toured the facility with Caregiver P, and identified the following: The living room ceiling had a smoke detector which was hanging loose from a bracket and chirping. The chirping sound indicated the batteries required replacement. Caregiver P looked at the smoke detector and stated, "Oh, that fell down. The screws were too wide for it." Surveyor and Caregiver P toured the basement. A chirping sound was heard, but the smoke detector was not located on the ceiling mount.	M 334		

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M 334	Continued From page 7 Caregiver P and Surveyor searched for the smoke detector and located it in a box on a table. The smoke detector was not mounted to the ceiling and needed a change of batteries. Caregiver P confirmed the 2 smoke detectors were not working and reported s/he would get them replaced or fixed prior to Surveyor exiting the survey. S/He did not know how long the smoke detectors had been off the mounts and required batteries. Caregiver P did replace 2 of 2 smoke detectors prior to Surveyor exiting. On 12/16/2025, at 2:30 PM, Surveyor interviewed Licensee J and the following was reported: Staff were responsible for completing monthly smoke detector checks. If an issue was found during the monthly checks, the staff was to report the issue to Manager C. Surveyor inquired if the basement smoke detector was included in the monthly checks and if so, which licensed Adult Family Home (AFH) was responsible for the basement. Licensee J reported the basement smoke detector was included in the monthly checks at both AFHs. If smoke detectors required replacement or a battery change Manager C or Administrator A purchased the replacement/batteries. Licensee J was unaware 2 smoke detectors were not in use at the AFH and required replacement/batteries.	M 334		
{M 434}	88.07(1)(e) Supervision The licensee shall arrange for a service provider to be present in the home when the licensee is gone overnight or when the licensee's absence prevents the resident from	{M 434}		

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{M 434}	Continued From page 8 receiving the services, training or supervision specified in the resident's individual service plan under s. HSS 88.06(3). This Rule is not met as evidenced by: Based on observation, record review and interview, the provider did not arrange for a service provider to be present in the home when a resident required services or supervision. The licensee shared staff between two provider homes and did not ensure the provider's home was staffed when 1 of 2 residents (Resident 4) required continuous supervision. This is a repeat violation. See Statement of Deficiency (SOD) 8IRI13, dated 02/26/2025. Findings include: On 11/04/2025, between 10:10 AM and 3:10 PM, Surveyor observed the following: - The home was located in the upper half of a duplex style building. The building has 2 licensed AFHs, owned by Licensee J and operated by Administrator A. - Upon arrival at the lower licensed AFH, Caregiver P was the only staff on site for both licensed AFHs. Resident 4 was in her/his bedroom in the upper unit. Person H and Person Q (residents from the lower unit) were in their rooms in the lower unit. Person R (resident from another licensed facility) was sitting on the couch in the lower unit. - Throughout the survey Caregiver P went	{M 434}		

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{M 434}	Continued From page 9 between the 2 licensed AFHs to complete cares and supervise Resident 4, Person H, Person Q, and Person R. - At 10:32 AM, Administrator A arrived at the home to assist in providing paperwork related to the survey. S/He remained in the lower unit and did not provide caregiving or supervision services while on site. Resident 4: - Her/His ISP, last dated 09/15/2025, documented s/he was admitted on 02/15/2022 and required 24-hour supervision. - Her/His behavior support plan (BSP), dated 01/07/2025, documented s/he had diagnoses including autism and intellectual disability. Resident 4's BSP stated, " . . . [Resident 4] has eloped from [her/his] [family member's] home and was not able to be located on two occasions. The first occasion (Oct 2024), [Resident 4] was located by law enforcement and reported that [s/he] left after an argument with [family member's friend] and stated that [s/he] was trying to get to [her/his] [parent]. The second occasion, [Resident 4] was missing for long enough that the news covered the case. . . . Member eloped from K&D AFH around 10:20 AM on 12/12/2024 for no known reason. Another resident reported to staff that member had left the home. . . . Member was missing overnight . . . " Interviews On 11/04/2025, at 10:10 AM, Surveyor interviewed Caregiver P and the following was reported:	{M 434}		

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{M 434}	Continued From page 10 S/He was the only caregiver for the two licensed AFHs within the building. Manager C was with Person T (resident from AFH 2) and Resident 2 at appointments. Resident 4 was in the upper unit and Person H (resident from AFH 2) and Person Q (resident from AFH 2) were in their rooms in the lower unit. Person R (resident at AFH 1) was in the lower unit, temporarily, until Manager C returned with the other residents. On 11/04/2025, at 10:28 AM, Surveyor interviewed Person R and the following was reported: Manager C typically picked up Person R at her/his AFH (K & D Adult Family Home LLC) at approximately 8:30 AM, during the weekdays (Monday - Friday), and brought her/him to K & D Adult Family Homes LLC II. Person R was typically at K & D AFH LLC II until 3:00 PM. Person R did not provide an opinion when Surveyor inquired if s/he liked being away from her/his facility and at another facility throughout the day during the week. Person R confirmed Manager C had picked her/him up at her/his AFH that morning at approximately 8:30 AM and brought her/him to AFH 2 to stay while Manager C took other residents/persons to appointments. On 11/04/2025, at 3:10 PM, Surveyor interviewed Administrator A and the following was reported: Surveyor inquired about staffing and residents from other facilities spending the day at different facilities than the facility they resided. Administrator A was supposed to have worked dayshift at K & D Adult Family Home LLC (AFH 1), located at a different address than AFH 2 and AFH 3, but had an emergency and was not there working. Person R knew Administrator A had a check for her/him, so that was why Person R was	{M 434}		

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{M 434}	Continued From page 11 at AFH 2. Manager C took residents to appointments and was scheduled to work at AFH 2. Caregiver P was scheduled to work at AFH 3. Administrator A did not provide further information as to how AFH 2 and AFH 3 were supposed to be staffed when Manager C took some of the residents to appointments. Administrator A was unaware Resident 4 was an elopement risk, and was also unaware Resident 4 had previously eloped when the 2 facilities were only staffed with 1 caregiver. S/He reported s/he was not made aware of that information upon her/his return from medical leave. On 11/04/2025, at 1:35 PM, Surveyor reviewed handwritten staffing schedules posted within the homes, and identified the following: K & D AFH 3 - 11/04/2025: Caregiver P scheduled to work 7:00 AM - 3:00 PM. K & D AFH 2 - 11/04/2025: Manager C scheduled to work 7:00 AM - 3:00 PM. On 11/11/2025, at 10:34 AM, Licensee J provided Surveyor with staffing time clock calendar. Surveyor reviewed the document and identified the following: On 11/04/2024, the staff time clock documented: - Caregiver P - 7:00 AM - 3:00 PM - Administrator A - 8:00 AM (8 hours) - Manager C - 7:00 AM - 3:15 PM No other staff were scheduled during dayshift for 11/04/2025. There was no documentation of which facility staff were punching into.	{M 434}		

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{M 434}	Continued From page 12 On 11/26/2025, at 6:00 PM, Licensee J reported the time clock calendar included time punches from AFH 1, 2, and 3. Licensee J reported Manager C kept a paper schedule of who was working at each home. Licensee J reported staff typically work at the same location when they work but also got moved around to the other locations as needed; Manager C made the changes and kept documentation of that. On 12/16/2025, at 2:30 PM, Surveyor interviewed Licensee J and Administrator A, and the following was reported: Licensee J was responsible for the AFH and its operations. Administrator A provided the day-to-day operations of the home. Licensee J reported s/he installed a time clock punch-in system to monitor staffing at her/his licensed facilities. Licensee J called Administrator A or Manager C when the time clock punches did not show 3 total staff punched in. Administrator A or Manager C called in staff or asked staff to work a double shift if there was not a caregiver available to work at each licensed AFH. Licensee J reported it was "hard to staff with backgrounds," and they "work around what we have." Licensee J confirmed staffing was an issue, which has led to the home in violation of DHS Chapter 88. Administrator A confirmed staffing was not what it should have been on 11/04/2025, due to an emergency s/he had. They did not have an emergency plan in place with staffing. Cross Reference: M0216 88.40(2)(a) - Responsibilities	{M 434}		
M 570	88.10(3)(l) Safe Physical Environment	M 570		

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M 570	Continued From page 13 Individuals, except for correctional residents, have basic rights which they do not lose when they enter an adult family home. A resident shall have a safe environment in which to live. The adult family home shall safeguard residents who cannot fully guard themselves from environmental hazards to which they are likely to be exposed, including conditions which would be hazardous to anyone and conditions which would be or are hazardous to a particular resident because of the resident's condition or disability. This Rule is not met as evidenced by: Based on observation and interview the provider did not ensure water temperatures were kept at a safe temperature for 1 of 1 resident bathroom. The hot water temperature in the resident bathroom was 128.3° Fahrenheit (F). This is a repeat violation. See Statement of Deficiency (SOD) 8IRI12, dated 02/05/2024. Findings include: This facility was licensed as an Adult Family Home (AFH), serving up to 3 residents in the client groups emotionally disturbed/mental illness, physically disabled, developmentally disabled, and traumatic brain injury. On 11/04/2025, at 1:17 PM, Surveyor tested the hot water temperature of the faucet in the residents' bathroom. The temperature was 128.3°F. "Exposure to hot water is a potential environmental danger for residents. Elderly	M 570		

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	0013710	A. BUILDING: _____ B. WING _____	R-C 12/16/2025

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residents and residents with mental and physical disabilities may have neurological conditions that prevent instant recoil from hot water. Because these individuals do not instantly react to dangerous temperature levels, they are at particular risk for injury. Hot water can cause scalding; e.g., second and third degree burns in which the skin blisters and swells. In such instances, skin does not return to normal and forms scar tissue upon healing. These burns may lead to permanent disability." (Division of Quality Assurance (DQA) Publication - 01942, Hot Water Temperatures in Adult Family Homes, August 2017.)

On 11/04/2025, at approximately 1:20 PM, Surveyor interviewed Caregiver P. Caregiver P confirmed the water temperature tested at 128.3°F, and reported it should have been below 115°F. S/He reported s/he regularly tested the water temperature and did not find it was above 115°F.

On 12/16/2025, at 2:30 PM, Surveyor interviewed Licensee J and Administrator A, and the following was reported:

Daily water temperature checks were completed by staff. They were not made aware by staff that the water temperatures were an issue. Administrator A reported digital thermometers were purchased after Surveyor's visit, which allowed staff to take more accurate readings. They confirmed the code requirement and were unaware the water temperatures in the home exceeded 115°F. They reported they would contact their contractor and have the water heater adjusted.

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{Z 023}	Continued From page 15	{Z 023}		
{Z 023}	50.065(4m) (b) intro CAREGIVER HIRING AND CONTRACTING PROCESS Notwithstanding s.111.335, and except as provided in sub. (5), an entity may not hire or contract with a caregiver or permit to reside at the entity a nonclient resident if the entity knows or should have known any of the following: 1. That the person was convicted of a serious crime. 3. That a unit of government or a state agency, as defined in s. 16.61 (2) (d), has made a finding that the person has abused or neglected any client or misappropriated the property of any client. 4. That a determination has been made under s. 48.981 (3) (c) 4. that the person has abused or neglected a child. 5. That, in the case of a position for which the person must be credentialed by the Department of Safety and Professional Services, the person's credential is not current, or is limited so as to restrict the person from providing adequate care to the client. This Rule is not met as evidenced by: Based on record review and interview, the provider hired 1 of 1 caregiver (Caregiver S) when they knew or should have known that a unit of government or a state agency, as defined in s. 16.61(2)(d), had made a finding that the person	{Z 023}		

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{Z 023}	Continued From page 16 had misappropriated the property of any client. This is a repeat violation. See Statement of Deficiency (SOD) 8IRI13, 02/26/2025. Findings include: On 11/04/2024, at 2:10 PM, Surveyor reviewed Caregiver S's record and identified the following: Caregiver S was hired on 09/21/2025. S/He completed a background information disclosure (BID) form, which was not dated. In Section B - Other Required Information of the BID, question 1 asked, "Has any government or regulatory agency ever limited, denied, or revoked your license, certification, or registration to provide care, treatment, or educational services? If Yes, explain, including when and where it happened." Caregiver S answered, "Yes" to question 1 and noted, "driving without license." Caregiver S's Department of Justice (DOJ) record and Caregiver Background Check - Governmental Findings Report (GFR) were dated 09/22/2025. Caregiver S's GFR report identified findings of misappropriation of client property in Wisconsin, with a finding date of 07/08/2024. The GFR found no rehabilitation review findings for Caregiver S. On 11/04/2025, at approximately 2:00 PM, Surveyor interviewed Administrator A and the following was reported: Following the previous survey, Licensee J took over completing background checks for all hired staff. Once Licensee J completed the background check for Caregiver S, s/he faxed the information to the facility. Administrator A received the background information for Caregiver S. Surveyor inquired if Administrator A reviewed the DOJ	{Z 023}		

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record and GFR for Caregiver S, and s/he reported s/he did see the background information for Caregiver S. Administrator A reviewed Caregiver S's GFR, which showed findings of misappropriation of client property, and stated, "I didn't see this," while pointing at the findings. Administrator A reported Caregiver S was going to have to go to the "board," and she would remove her/him from the facility's schedule immediately.

On 12/16/2025, at 2:30 PM, Surveyor interviewed Licensee J, and the following was reported:

Licensee J took over the background check process for the home and its staff. S/He completed a training to better understand the process. Surveyor inquired about Caregiver S's background check. Licensee J reported Caregiver S was a rehire and Licensee J completed the background check for her/him. When reviewing the results of the background check for Caregiver S, Licensee J reported s/he saw "forgery" on the DOJ record, but "I didn't think that was anything to stop [her/him]." Surveyor inquired if Licensee J saw the GFR results showed Caregiver S had findings of misappropriation of client property. Licensee J stated, "I don't know if I bypassed it . . . I just didn't think it was something that stopped [her/him] from being a caregiver." Surveyor inquired if Licensee J was comparing the BIDs to the DOJ and GFR results and checking the BIDs for accuracy. Licensee J reported s/he was, but "A lot of times they are not putting that on there." The BIDs were not being completed correctly by perspective staff. Surveyor inquired what Licensee J's protocol was if a BID was not completed or if discrepancies were found. Licensee J thought s/he could not hire the

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person(s) if the BID did not "match up." Licensee J completed, reviewed, and sent the background check information for Caregiver S to the facility and advised Administrator A and Manager C s/he could be hired as a caregiver. Licensee J reported s/he would review the guidance and codes the Department has on conducting background checks.

Resources

The Wisconsin (WI) Department of Health Services (DHS) website stated the following:

"Employee and Contractor Background Check Process

Entities must complete background checks for all employees and contractors meeting the definition of a "caregiver" under Wis. Stat. § 50.065(1)(ag)1. These caregiver background checks are required at the time of hire, whenever there is a change in circumstances (arrest, conviction, government investigation, etc.) and at least every four years. . . .

Obtaining additional information for background checks

In some circumstances, entities may be required to obtain additional information, such as judgments of conviction, criminal complaints, out-of-state background checks, and military discharge documents. For additional information, please see chs. 3 and 4 of the Wisconsin Caregiver Program Manual, P-00038 (PDF).

Resources for reviewing background check results

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{Z 023}	Continued From page 19 The following resource links can be used when reviewing a caregiver background check in addition to the caregiver background check results from DOJ. - Wisconsin Nurse Aide and Misconduct Registry - Monthly Additions to Misconduct Registry - U.S. Department of Health and Human Services, Office of the Inspector General, Exclusion Database - Wisconsin Circuit Court Access - Wisconsin Department of Safety and Professional Services (DSPS), Credential/License Search - Wisconsin Department of Workforce Development (DWD), Arrest and Conviction Record Contact us If you have questions about the employee and contractor background check process, please email the Office of Caregiver Quality at dhscaregiverintake@dhs.wisconsin.gov." (Source: WI DHS Website, Employee and Contractor Background Check Process, Last revised: 10/24/2025, https://www.dhs.wisconsin.gov/misconduct/employee.htm (Retrieval date: 12/16/2025).) Cross Reference: M0216 88.40(2)(a) - Responsibilities	{Z 023}		