

Scott Walker
Governor



DIVISION OF QUALITY ASSURANCE
MADISON/SOUTHERN REGIONAL OFFICE
P.O. Box 7940
MADISON WI 53707-7940

Kitty Rhoades
Secretary

State of Wisconsin
Department of Health Services

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January 12, 2016

Kathleen Novack
Waukesha County
515 W Moreland Blvd, Room 120
Waukesha, WI 53188



Re: Request for Hazards Identification

Dear Ms. Novack:

This Agency has received an application for initial licensure as a Community Living Arrangement at the premises identified on the enclosed Form 290.

Section §50.03(4)(a)3, Wisconsin Statute, specifies that "Within ten working days after receipt of an application for initial licensure (of a community living arrangement)...the Department shall request that the planning commission or agency send to the Department, within 30 days, a description of any specific hazards which may affect the health and safety of the residents of the community living arrangement. No license may be granted until the 30-day period has expired or until the Department receives the response of the planning commission or agency, whichever is sooner."

Please forward this form to the appropriate municipal agency so that any possible hazards to the residents of this proposed facility might be identified. Full consideration will be given to identify hazards prior to issuing a license if the completed form is returned within 30 days of the postmark date.

Thank you for your cooperation with this request.

Sincerely,

A handwritten signature in black ink, appearing to read "Lori Smithback".

Lori Smithback
Assisted Living Licensing Associate
Bureau of Assisted Living

Enclosure

CBRF IDENTIFICATION OF HAZARDS REQUEST

This is a request for identification and description of the type and extent of any specific hazards that may affect the health and safety of the residents of a proposed Community Living Arrangement. This request is being made in compliance with s. 50.03(4)(a)(3), Wis Stats, for Community Based Residential Facilities (CBRF) which states that:

The Department (of Health and Family Services) shall request that the Planning Commission or Agency send to the Department within 30 days a description of any specific hazards which may affect the health and safety of the residents of the Community Based Residential Facility. No license may be granted to a Community Based Residential Facility until the 30-day period has expired or until the Department receives the response of the Planning Commission or Agency, whichever is sooner.

Receipt of this form also serves as notification that a Community Living Arrangement, as defined in s. 46.03(22), Wis Stats, is being proposed in your community. Completion of this form is not mandatory. Return this form to the address on the accompanying letter.

Name - Planning Commission or Agency	Date Sent
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Address

City, State, Zip Code

Name - Proposed CBRF
CCLS-Madera St

Facility Address
1920 Madera St

City, State and Zip Code
Waukesha, WI 53189

Name - Prospective Licensee
LuAnne Barnet

Prospective Licensee Address
314 E Main St

City, State and Zip Code
Watertown, WI 53094

IDENTIFY THE GENERAL TYPES OF DISABILITY CATEGORIES THIS PROGRAM WILL SERVE
Developmentally Disabled
Physically Disabled

Number of Residents
8

TO BE COMPLETED BY THE PLANNING COMMISSION OR AGENCY

Identify and describe any specific hazards that may affect the health and safety of resident of this proposed facility. See the reverse side for a list of possible hazards with space for comments. Attach additional pages if necessary.

- A. Hazards identified (identify on reverse side)
- B. NO hazards identified
- C. NO hazard investigation conducted

SIGNATURE - Person Conducting Investigation	Date Signed
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Address if Different from Addressee