3/15/2024 **Date Correction Plan Due** NONCOMPLIANCE STATEMENT AND CORRECTION PLAN

TO FILE A COMPLAINT CALL 608-422-6765

may submit plans of correction however are not required to do so. 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 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) 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

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 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 date(s) for each item. 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 Instructions: The Noncompliance Statement below identifies the violation(s) of child care statute and / or administrative rule identified by the certification / licensing specialist notice of the sanction and / or penalty and your appeal rights. 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

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251.07(6)(dm)4.  Medical Log - Reviewing Injury Records  Description: Medical logs were not reviewed every six months, as the last review of medical logs was January 2023	Rule/Statute Number Noncompliance Statement	Address - Facility (Street, City, State, Zip Code) 1800 Bronson Blvd Fennimore WI 53809	Swtc Kids Town Usa Ccc	Name - Certified Operator / Licensed Center
The Medical was reviewed on 2/28/24. The Medical Log will be reviewed every six months going forward.	Correction Plan	Telephone Number 608-822-3262	10005	Provide
2/28/2024	Expected Completion Date	Date - Regulation Visit 2/28/2024	1000559701 / 001 - 120638	Provider Number / Facility ID Number
	Verification Date	Visit		mber

NAME - Agency Worker Jenny Capener

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed

Date Issued 3/1/2024

3/1/2024