

Date Correction Plan Due  
8/5/2024

## NONCOMPLIANCE STATEMENT AND CORRECTION PLAN

TO FILE A COMPLAINT CALL  
608-422-6765

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.

Name - Certified Operator / Licensed Center  
K G E Family Child Care  
Provider Number / Facility ID Number  
2000585512 / 001 - 1015298

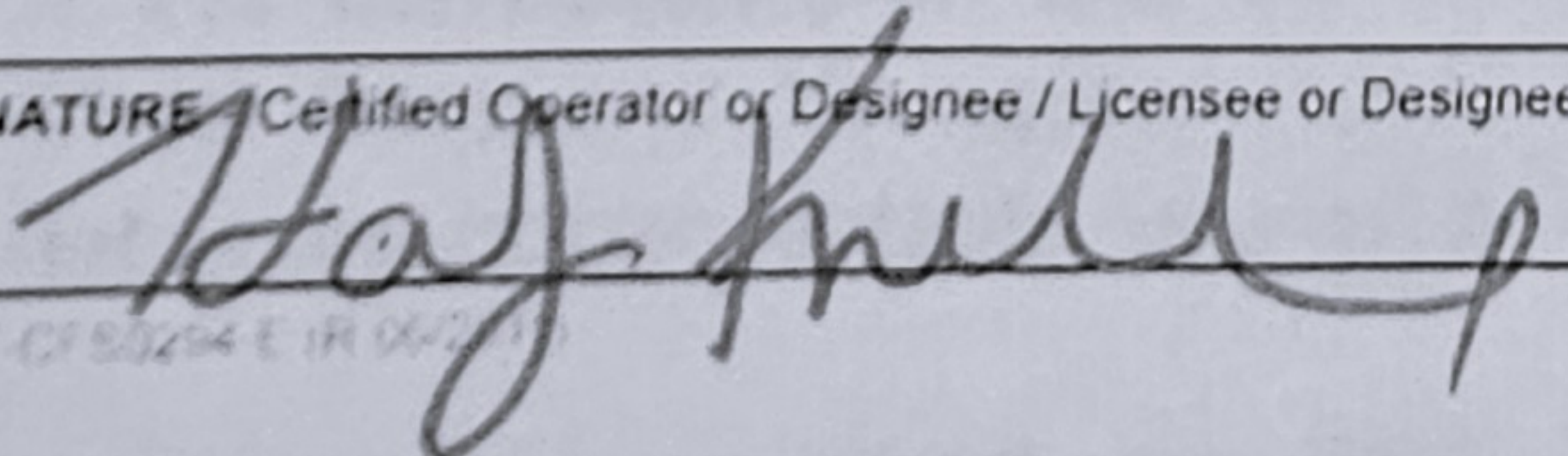
Address - Facility (Street, City, State, Zip Code)  
4901 Shore Acres Rd Monona WI 53716  
Telephone Number  
608-535-0453  
Date - Regulation Visit  
7/16/2024

Rule/Statute Number	Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1 250.05(3)(fm) Biennial Training - Child Abuse & Neglect	Description: Provider did not complete child abuse and neglect training every two years.	I have completed the abuse and Neglect Training	7-18-24	7/17/2024
2 250.06(2)(n)1.a. Radon - Testing	Description: Licensee did not test for radon gas levels in the lowest level of the home that is used by children in care for a minimum of 48 hours.	Ordered and Completed test Just waiting for results	8-9-24	

NAME - Agency Worker  
Rebecca Brickson

Date Issued  
7/22/2024

SIGNATURE Certified Operator or Designee / Licensee or Designee



Date Signed

8-5-24