

Date Correction Plan Due 11/1/2024	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL 608-422-6765
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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 Kids Club		Received State of Wisconsin	Provider Number / Facility ID Number 0000555670 / 004 - 1009252		
Address - Facility (Street, City, State, Zip Code) 101 S Grant St Belleville WI 53508		NOV 01 2024 DCF DECE BECR SOUTHERN REGIONAL OFFICE	Telephone Number 608-289-3378	Date - Regulation Visit 10/10/2024	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date	
1	251.05(3)(b) Abusive Head Trauma Prevention Training Description: Staff C did not have documentation on file of having completed abusive head trauma prevention training prior to beginning to work with children under 5 years of age. Repeat violation: Previously cited on 10/17/2023	Staff C has completed AHT Training and I have included it in this mailing.	10/28/24		
2	251.05(4)(c)1. Continuing Education Requirement - Full Time Staff Description: Staff A, B & C did not have documentation on file of having completed at least 15 hours of continuing education annually.	Continuing education will be kept on site for 2 years vs. filing in my home office.	11/10/24		

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3	251.094(5)(c)3. School-Age Group Leader - Training Description: Staff C did not have documentation on file of having completed required training for school-age group leader within 6 months after assuming the position.	We have requested the transcript for Staff C to send to the Registry to document her qualifications.		11/10/24

NAME - Agency Worker
Sara Bossingham Obrien

Date Issued
10/18/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed