

<b>Date Correction Plan Due</b> 11/25/2024	<b>NONCOMPLIANCE STATEMENT AND CORRECTION PLAN</b>	<b>TO FILE A COMPLAINT CALL</b> 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.

<b>Name - Certified Operator / Licensed Center</b> Konkels Kids Komer	<b>Provider Number / Facility ID Number</b> 0000563730 / 001 - 131624
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<b>Address - Facility (Street, City, State, Zip Code)</b> N3688 Hwy Tt Columbus WI 53925	<b>Telephone Number</b> 920-623-5288	<b>Date - Regulation Visit</b> 11/4/2024
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	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	250.05(4)(a) <b>Staff Orientation - Documentation</b>  Description: Each employee, volunteer, or substitute did not receive an orientation before the individual began working with children when a volunteer who started working with children in 2022, has not received an orientation.	Volunteer is away at college, currently, and will be returning on December 23rd.  orientation will be done in person immediately on that morning.	12/23/24	
2	250.06(4)(b) <b>Fire Extinguisher</b>  Description: An operable fire extinguisher did not have a minimum rating of 2A-10BC when the fire extinguisher in the kitchen had a minimum rating.	Purchase & install a new 2A-10BC fire extinguisher in the kitchen.	11/06/24	

Name - Certified Operator / Licensed Center

Konkels Kids Korner

Provider Number / Facility ID Number

0000563730 / 001 - 131624

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N3688 Hwy Tr Columbus WI 53925

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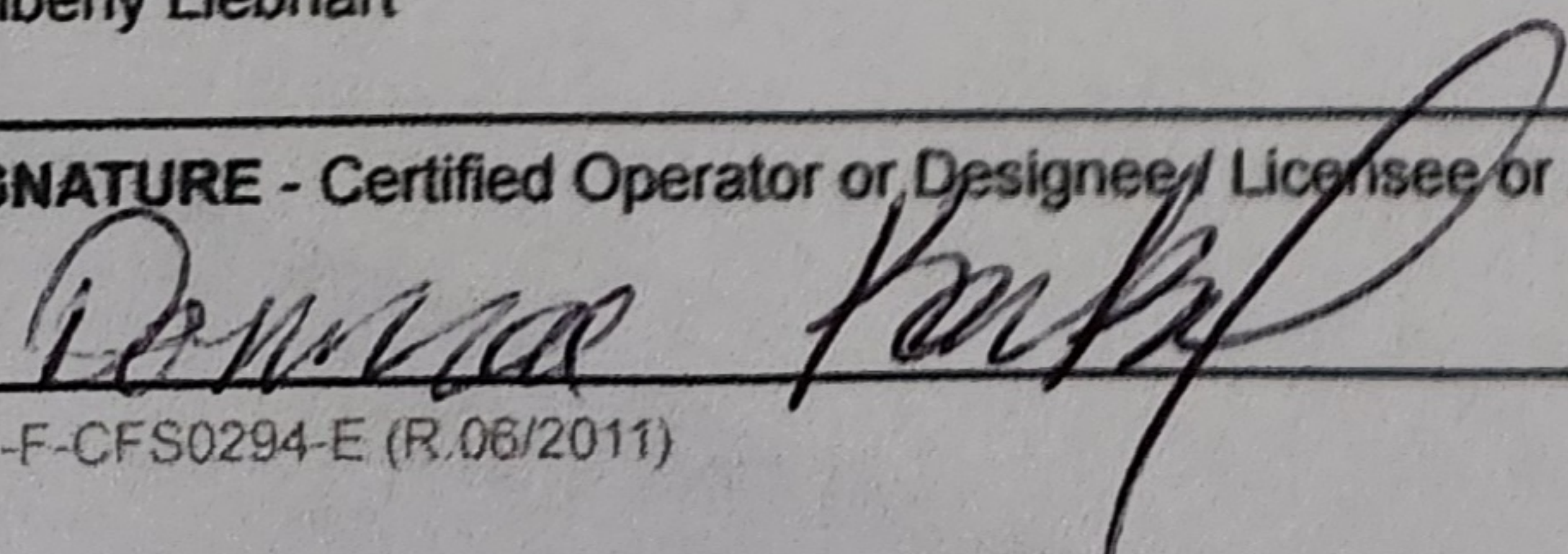
NAME - Agency Worker

Kimberly Liebhart

Date Issued

11/11/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee



Date Signed

11/14/2024