Date Correction Plan Due
10/7/2021

NONCOMPLIANCE STATEMENT AND CORRECTION
PLAN

TO FILE A COMPLAINT CALL
715-930-1148

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.

Nan	ne - Certified Operator / Licensed Center	er Number / Facility ID Number 57845 / 011 - 1011988		
Υm	ca Childcare Programs			
Address - Facility (Street, City, State, Zip Code) 9 N 21St St Superior WI 54880		Telephone Number 715-392-5611	Date - Regulation Visit 9/15/2021	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.04(6)(a)2. Child Record - Emergency Medical Consent Description: The center's enrollment information does not capture written consent from the parent for emergency medical care or treatment.	CC director will meet with Camp Doc to add medical care or treatment to the online paperwork	10/3/121	
2	251.06(3)(b)2. Emergencies - Practice Written Plans Description: The center did not have written record of the dates and times fire drills were practiced. Repeat violation: Previously cited on 3/3/2021	Fire drills will be posted in the directors office.	9/15/21	

Name - Certified Operator / Licensed Center		Provider Number / Facility ID Number			
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3	251.06(4)(j) Fire Alarms & Smoke Detectors - Maintenance, Drills, Testing Description: The center did not have documentation that the fire detection and prevention system is monitored by a fire prevention agency or that the detectors are tested monthly. Repeat violation: Previously cited on 3/3/2021	The maintenance director will give CC director monthly test dates and inspection dates.	10/1/21		

NAME - Certification Worker / Licensing Specialist Emily Johnson, April Callihan

Date Issued 9/23/2021

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed
40c+ 2021