

<b>Date Correction Plan Due</b> 4/10/2024	<b>NONCOMPLIANCE STATEMENT AND CORRECTION PLAN</b>	<b>TO FILE A COMPLAINT CALL</b>
--	--	---------------------------------

**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> Kathryn Kleinhans	<b>Provider Number / Facility ID Number</b> 5000574725 / 001
---	---

<b>Address - Facility (Street, City, State, Zip Code)</b> 200 Kasper Rd Columbus WI 539259106	<b>Telephone Number</b> 920-319-0648	<b>Date - Regulation Visit</b> 3/26/2024
--	---	---

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	202.08(4m)(a)1. <b>An Operator Shall Have A Written Plan For Taking Appropriate Action In The Event Of An Emergency Including A Fire; A Tornado; A Flood; Extreme Outdoor Heat Or Cold; A Loss Of Building Service, Including No Heat, Water, Electricity Or Telephone; Human-Caused Events, Such As Threats To The Building Or Its Occupants; Allergic Reactions; Lost Or Missing Children; Vehicle Accidents; A Provider's Family Situation, Such As Medical Emergency Or Illness; Or Other Circumstances Requiring Immediate Attention.</b>  Description: Emergency plan not on file at time of visit. Left sample template with provider.	were on a hill - No worries of floods. we have wood burner so there will always be heat, no electric - grab the, big flash lights - we have cell phones - or go to neighbors house.	3/31/2024	

APR 02 2024

Name - Certified Operator / Licensed Center Kathryn Kleinhans		Provider Number / Facility ID Number 5000574725 / 001	
Address - Facility (Street, City, State, Zip Code) 200 Kasper Rd Columbus WI 539259106		Telephone Number 920-319-0648	Date - Regulation Visit 3/26/2024
Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
<p>2 202.08(4m)(e)1.-5. An Operator Shall Ensure That Each Provider, Volunteer, Substitute, And Emergency Back-Up Provider, Receives An Orientation Before Beginning Work That Covers The Following:</p> <ol style="list-style-type: none"> <li>1. The Names And Ages Of Children In Care.</li> <li>2. A Review Of Children's Records, Including Parent And Emergency Contact Information.</li> <li>3. Specific Information Relating To A Child's Special Health Care Needs, Including Administration Of Medications, Disabilities, Allergies, Or Other Special Health Conditions.</li> <li>4. A Review Of The Operator's Plan For Responding To Emergencies.</li> <li>5. A Review Of This Chapter.</li> </ol> <p>Description: Employee orientation for emergency back up provider not on file at time of visit. Left template with provider.</p>	<p>The only people (emergency contact) are their parents or aunts - or grandfather - They know what to do. Contact other parent / or grandpa</p>	3/31/2024	

NAME - Agency Worker  
Wanda Rodriguez

Date Issued  
3/27/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed

3/31/2024