

<b>Date Correction Plan Due</b> 4/3/2024	<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>		<b>Provider Number / Facility ID Number</b>		
Mckenzie's Munchkins Day Care Llc		9000590339 / 001 - 2005146		
<b>Address - Facility (Street, City, State, Zip Code)</b>		<b>Telephone Number</b>		<b>Date - Regulation Visit</b>
2485 Pinto Trl Mcfarland WI 535589035		608-556-5747		3/21/2024
	<b>Rule/Statute Number Noncompliance Statement</b>	<b>Correction Plan</b>	<b>Expected Completion Date</b>	<b>Verification Date</b>
1	250.04(6)(a) <b>Child Record - Maintenance, Availability</b>  Description: Children files were requested to be send by email and were not received.	Files are current. Forgot to email the next day after visit. They were emailed on 3/22/24.	Sent 3/22/24	
2	250.04(6)(a)1m. <b>Child Record - Health History</b>  Description: The provider did not submit the health history form requested to be reviewed.	All files are current. forgot to email them after visit.	Sent 3/22/24	

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3	250.04(6)(a)4m. <b>Child Record - Immunization History Compliance</b>  Description: The provider did not submit the immunization record requested to be reviewed.	All files are current. Forgot to email them.	Sent 3/22/24	
4	250.04(8) <b>Mandated Reporting - Child Abuse &amp; Neglect</b>  Description: The provider did not submit the biannual Child Abuse and Neglect training requested to verify that it was taken.	Mandated reporting & child abuse & neglect courses have been done on time. Forgot to email certificate. Emailed on 3/22/24.	Sent 3/22/24	
5	250.05(4)(c)4. <b>Continuing Education - Documentation Of 12 Month Period</b>  Description: The provider did not submit the continuing education documentation requested to verify that at least 15 hrs. were completed last year.	Will complete remaining continuing education by 5/31/24.  Will designate 1.5 hours per month to continuing education going forward.	5/31/24	
6	250.06(2)(n)1.b. <b>Radon - Testing, Current Providers</b>  Description: The provider did not test for radon gas levels within the 6 months of effective date.	Will be completed by 5/31/24.	5/31/24	

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7	250.07(4)(c) <b>Naps - Sleep Surface &amp; Placement - Child 1 Year And Older</b>  Description: Sleeping surface were not placed 2 feet from the next sleeping child.	Have since been placing children 2 feet from next child.	3/22/24

**NAME - Agency Worker**  
Luzdarys Marquez

**Date Issued**  
3/22/2024

**SIGNATURE - Certified Operator or Designee / Licensee or Designee**

**Date Signed**

4/29/24