

*Received via email on 10/16/24*

**NONCOMPLIANCE STATEMENT AND CORRECTION PLAN**

TO FILE A COMPLAINT CALL

Date Correction Plan Due  
 10/18/2024

Use of Form: This form is used by certification / licensing staff to identify statute and / or administrative rule violation(s) and to outline proposed dates of correction, if applicable. This form is used by certified operators / licensed centers to meet the requirements of DCF 202.005, DCF 202.04(2)(b) and (3)(d), DCF 261.04(2)(b), and (3)(b), DCF 252.41(1)(b) 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 required 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: **1000559871 / 001** Provider Number / Facility ID Number

Center Name: **Ker Berts**

Address - Facility (Street, City, State, Zip Code): **6693 Fairway Ct Windsor WI 535999740**

Telephone Number: **608-279-0922**

Date - Regulation Visit: **10/8/2024**

Correction Plan: **sent picture to nana**

Expected Completion Date: **NOVEMBER 10-9-24.**

Verification Date: **10/9/2024**

Noncompliance Statement: **Return this form by 10-18-24.**

Description: **Child #3 had a Health Report on file but not current.**

NAME - Agency Worker  
 Hanaka Ehler

Date Issued  
 10/9/2024

Date Signed

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

*10-15-24*