

Date Correction Plan Due 1/27/2025	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL 715-930-1148
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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.

Name - Certified Operator / Licensed Center Kidcare On Camelot		Received State of Wisconsin		Provider Number / Facility ID Number 9000583619 / 001 - 1015426	
Address - Facility (Street, City, State, Zip Code) 3491 Camelot Ave Sparta WI 54656		Telephone Number 608-769-1175		Date - Regulation Visit 10/24/2024	
	Rule/Statute Number 250.07(6)(f)5.	DCF DECE BECP WRO	Correction Plan <i>annual</i> Have parent sign authorization to match long term doctor's approval		Expected Completion Date 10-24-2024
1	Noncompliance Statement Description: The provider did not have a current parent authorization form for one child's prescription medication. A current medical authorization from the parent is required when medication is kept on the daycare premises.				Verification Date

NAME - Agency Worker Jennifer Stubbe	Date Issued 1/10/2025
SIGNATURE - Certified Operator or Designee / Licensee or Designee <i>Patricia A Stange</i>	Date Signed 1-10-2025

emailed 1-11-2025 PMS