Date Correction Plan Due 10/15/2021

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		Provider Number / Facility ID Number		
Kidcare On Camelot			9000583619 / 001 - 1015426		
3491 Camelot Ave Sparta WI 54656 OCT 1 2 2021		Telephone Number 608-769-1175	Date - Regulation Visit 9/16/2021		
	Rule/Statute Number Noncompliance Statement	State of Wisconsin Dept. of Children and Famili	Gorrection Plan	Expected Completion Date	Verification Date
SECOND	250.04(6)(a)3. Child Record - Alternate Arrival / Release Agreement Description: A written agreement, signed by parents, outlining the plan for child #5 to come to the childcare center from school, home or other activities and/or to go from the childcare center to school, home or other activities was not observed in the child's file.		will have parent sign today	9/16/2021	
2	250.04(6)(a)4.a. Child Record - Physical Exam - Under 2 Description: Each child under 2 years of age sha health examination not more than 6 months prior months after being admitted to the center, and a at least once every 6 months thereafter. Child #2 documentation of a follow-up exam within the page	II have an initial to nor later than 3 follow-up examination did not have st 6 months.	Will discuss matter with parent again and request exam notation from health provider.	9/30/2021	,

•			er Number / Facility ID Number 83619 / 001 - 1015426	
Address - Facility (Street, City, State, Zip Code) 3491 Camelot Ave Sparta WI 54656		Telephone Number 608-769-1175	Date - Regulation Visit 9/16/2021	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
3	250.06(2)(c) Access To Materials Potentially Harmful To Children Description: A container of disinfecting wipes, which is labeled "keep out of reach of children", was observed on the kitchen counter accessible to children during the monitoring visit.	Lysul wifes moved from the check infort area to the top of the fridge	immediatel upon request ob licensor	ţ
	Repeat violation: Previously cited on 10/15/2020			

NAME - Certification Worker / Licensing Specialist Jennifer Stubbe

Date Issued 10/1/2021

SIGNATURE - Certified Operator or Designee / Licensee or Designee

10/3 ZVZ)