Date Correction Plan Due 11/17/2023

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.

State			er Number / Facility ID Num 83619 / 001 - 1015426	nber
Address - Facility (Street, City, State, Zip Code) 3491 Camelot Ave Sparta WI 54656	DCF DECE BECR	Telephone Number 608-769-1175	Date - Regulation V 10/25/2023	/isit
Rule/Statute Number Noncompliance Statement		Correction Plan	Expected Completion Date	Verification Date
250.04(6)(b) Current, Accurate Daily Attendance Record Description: The attendance was not current and a of the licensing visit when two of the children were the attendance record.	not signed out on	wher exit time by referring Bright wheel app that is red daily for parent Mynunication ontinus to lucu exittenter	(dune in licensor prescence using the app)	
2 250.05(3)(fm) Biennial Training - Child Abuse & Neglect Description: Provider was missing documentation training within the past two years on child abuse a identification, and reporting.	of having received	nes as according available a WIDCF website	10/31/2023 2/29/2024	٠

Name - Certified Operator / Licensed Center	Provider Number / Facility ID Nu	der Number / Facility ID Number 583619 / 001 - 1015426	
Kidcare On Camelot	9000583619 / 001 - 1015426		
Address - Facility (Street, City, State, Zip Code) 3491 Camelot Ave Sparta WI 54656	Telephone Number 608-769-1175	Date - Regulation Visit 10/25/2023	
Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
		•	
AME - Agency Worker ennifer Stubbe	Date Issued 11/3/2023		
SIGNATURE - Certified Operator or Designee / Licensee or Designee		Date Signed	

DCF-F-CFS0294-E (R.06/2011)