Date Correction Plan Due 10/9/2020 NONCOMPLIANCE STATEMENT AND CORRECTION 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.

Prov	Provider Number / Facility ID Number			
0000564650 / 002 - 1012359				
Telephone Number 715-835-7861	Date - Regulation Visit 9/9/2020			
Correction Plan	Expected Completion Date	Verification Date		
Report was filed		6		
employee 15 no	Completed			
longer at center.	9/3/2020	٠		
E	REC	EIVEC		
	715-835-7861	Telephone Number 715-835-7861 Correction Plan Expected Completion Date Report was filed with CPS and the		

JAN 0 5 2021

State of Wiscontin
Dept. of Children and Families

NAME - Certification	Worker/1/	censing Spe	cialist	1
Jeffrey Olson	1/	1//		1

Date Issued 9/22/2020

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed

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