

Date Correction Plan Due 11/30/2021	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL 608-422-6765
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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 Kiddie Korner Of Lodi Inc - School Age		Provider Number / Facility ID Number 0000573820 / 003 - 2002024	
Address - Facility (Street, City, State, Zip Code) 101 School St Lodi WI 535551046		Telephone Number 608-592-1027	Date - Regulation Visit 11/15/2021
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date
1	251.07(6)(f)1.a. Medication Administration - Parent Authorization Description: A written authorization that includes the length of the authorization was not maintained when an authorization for an EpiPen did not include a begin date and end date.	Filled out The Medication time period on child's Authorization to Administer Medication form for the EpiPen.	11/18/2021

NAME - Certification Worker / Licensing Specialist
Amanda Carrizales

Date Issued
11/16/2021

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed 11/18/2021