

Date Correction Plan Due 6/28/2024	<h2 style="margin: 0;">NONCOMPLIANCE STATEMENT AND CORRECTION PLAN</h2>	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		Provider Number / Facility ID Number		
Squeals Of Joy		7000572247 / 001 - 1002345		
Address - Facility (Street, City, State, Zip Code)		Telephone Number		Date - Regulation Visit
4808 Mckenna Rd Monona WI 53716		608-320-1628		6/13/2024
	Rule/Statute Number	Correction Plan	Expected Completion Date	Verification Date
	Noncompliance Statement			
1	250.04(6)(b) Current, Accurate Daily Attendance Record Description: Attendance was not current and accurate when 2 children who were present were not signed in. This was corrected immediately.	I'll make sure when children come I'll sign them in right away	6/13/24	
2	250.05(3)(g) Provider Training - Abusive Head Trauma Description: Substitute did not complete abusive head trauma prevention training prior to providing care and supervision to children.	I sent ^{the} substitute the link for the video. She will watch it and complete it. I will complete it too.	6/30/24	

NAME - Agency Worker
Rebecca Brickson

Date Issued
6/14/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed
6/26/24

