

Date Correction Plan Due 3/29/2019	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL
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RECEIVED
3/29/2019

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 Lisa Woods	Provider Number / Facility ID Number 1000575661 / 002
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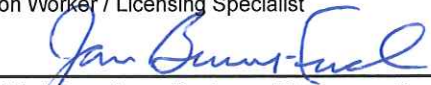
Address - Facility (Street, City, State, Zip Code) 933 Avon St 1 La Crosse WI 546032619	Telephone Number 608-556-2668	Date - Regulation Visit 3/12/2019
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	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	<p>202.08(12)(f)1-3 The Certified Child Care Operator Shall Be In Ongoing Communication With A Child's Parent Or Ensure That A Substitute Child Care Provider Is In Ongoing Communication With A Child's Parent By Using An Enrollment Form That Includes: 1. The Parents' Home And Work Phone Numbers, 2. Parents' Signed Consent For Emergency Medical Care, 3. A Name And Number To Call If The Child Requires Emergency Medical Care</p> <p>Description: Child 1 & Child 2 do not have enrollment forms that include parents' home & work numbers, parent's signed consent for emergency medical care, or emergency contact information.</p>	<p><i>I plan to give paperwork to parent at pickup time, I will give a date to have it back in to avoid any violations in the future I will go through all paperwork every six months to make them updated.</i></p>	<p><i>3/14/2019</i></p>	

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Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
2 202.08(4)(a) Health Form: A Certified Child Care Operator Shall Have A Current Report Of A Physical Examination On File For Each Child, Including The Operator's Own Children, Who Are Not Enrolled In A Public Or Private School. Description: Provider does not have reports of physical examinations for child 1, 2, or 3.	<i>Paper work will be giving to parent at the end of day and ask that it be returned by said date. to avoid violations in the future paper work will be done each six months.</i>	3/14/2019	
3 202.08(4)(e) The Certified Child Care Operator Shall Have On File A Written Record Verifying That Each Child In In Care Has Been Immunized In Accordance With S. 252.04, Stats., And Ch. Hfs 144. Description: Provider does not have immunization records for child 1 or 2.		4/5/2019	

NAME - Certification Worker / Licensing Specialist

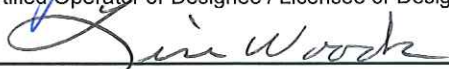
Jan Burns-Fuchs



Date Issued

3/12/2019

SIGNATURE - Certified Operator or Designee / Licensee or Designee



Date Signed

3/25/2019