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	PLAN	e Correction Plan Due NONCOMPLIANCE STATEMENT AND CORRECTION TO FILE A COMPLAINT CALL
	- Charles Called	TO FILE A COMPLAINT CALL

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 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) may submit plans of correction however are not required to do so.

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 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 Complete the section labeled "Correction Plan" by indicating the steps that will be taken to address and correct each of the listed noncompliance(s). notice of the sanction and / or penalty and your appeal rights. Instructions: The Noncompliance Statement below identifies the violation(s) of child care statute and / or administrative rule identified by the certification / licensing specialist. 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 Identify expected completion

Nam	Name - Certified Operator / Licensed Center	Provid	Provider Number / Facility ID Number	nber
Kat	Kathy's Day Care	10005	1000567741 / 001	
Add	Address - Facility (Street, City, State, Zip Code)	Telephone Number	Date - Regulation Visit	lisit
427	427 North St Tomah WI 546601234	608-372-7471	6/17/2021	
The state of the s	Rule/Statute Number	Correction Plan	Expected	Verification
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500 0 000000	An Operator Shall Have A Written Plan For Taking Appropriate Action In The Event Of An Emergency Including A Fire; A	compete and	6.32.21	
de molyvicolog icą z pademiczaczaczą	Tornado; A Flood; Extreme Outdoor Heat Or Cold; A Loss Of Building Service, Including No Heat, Water, Electricity Or Tolenhone: Human-Caused Events, Such As Threats To The	send Emergency	7	
MINEROAN GROWN	Building Or Its Occupants; Allergic Reactions; Lost Or Missing Children: Vehicle Accidents: A Provider's Family Situation, Such	Procedures		***************************************
····	As Medical Emergency Or Illness; Or Other Circumstances	Sing class and the		
************	Requiring Immediate Attention.		Proposity 84-20-11	

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DCF-F-CFS0294-E (R.08/2011) Jan Burns-Fuchs, Rachel Siegersma / Licensee or Designee Date Signed
(b. 22, 2) 6/17/2021 Date Issued Page 1 of 1

NAME - Certification Worker / Licensing Specialist

7/1/2021	Date Correction Plan Due
PLAN	Date Correction Plan Due NONCOMPLIANCE STATEMENT AND CORRECTION
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	NAME - Certification Worker / Licensing Specialist Jan Burns-Fuchs, Rachel Siegersma	Date Issued 6/17/2021
	Jan Burns-Fuchs, Rachel Siegersma	6/17/2021
4 ato, m 0 3 i.d. ~ 6, 22, 31	SIGNATURE - Certified Operator or Designee / Licensee or Designee	-