

RECEIVED

STATE OF WISCONSIN

Date Correction Plan Due
8/21/2023

**NONCOMPLIANCE STATEMENT AND CORRECTION
PLAN**

TO FILE A COMPLAINT CALL

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 Kathryn Shisler		Provider Number / Facility ID Number 1000567741 / 001		
Address - Facility (Street, City, State, Zip Code) 427 North St Tomah WI 546601234		Telephone Number 608-377-2169	Date - Regulation Visit 8/1/2023	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	202.08(12)(f)1-4 Prior To A Child's First Day Of Attendance For Any Child In Care, Obtaining Information On A Form Prescribed By The Department With Enrollment And Health History Information, Including All Of The Following: 1. The Parents' Home And Work Phone Numbers. 2. Health History, Including Information Relating To A Child's Special Health Care Needs And Emergency Care Plan. 3. The Parents' Signed Consent For Emergency Medical Care. 4. A Name And Number To Call If The Child Requires Emergency Medical Care. Description: The enrollment form for child #3 did not include a name and number to call if child requires emergency medical care.	Child #3 last day was July 24, '23 No Notice was given. Received a text on 8, 7, 23 saying she won't be coming there any more. works p.m.		

Name Certified Operator / Licensed Center Kathryn Shisler		Provider Number / Facility ID Number 1000567741 / 001	
Address - Facility (Street, City, State, Zip Code) 427 North St Tomah WI 546601234		Telephone Number 608-377-2169	Date - Regulation Visit 8/1/2023
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date Verification Date
2	<p>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.</p> <p>Description: Operator did not have a current health report for child #1.</p>	<p>Imformed mom of health form. She emailed the after visit Summary</p>	<p>was completed on 8.14.23 printed out in folder.</p>

NAME - Agency Worker
Jan Burns-Fuchs

Date Issued
8/1/2023

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Kathryn Shisler

Date Signed

8.14.2023