

Date Correction Plan Due 2/4/2025	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL 715-530-1148
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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 200.04(2)(c) and (3)(d), DCF 251.04(2)(L) and (3)(J), 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 this noncompliance statement and correction plan near the license in accordance with Wis. Stat. 48.837. 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.

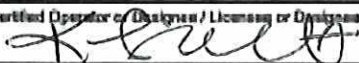
Name - Certified Operator / Licensed Center Kayla's Kozy Kidz Childcare		Provider Number / Facility ID Number 4000583124 / 003 - 1014993		
Address - Facility (Street, City, State, Zip Code) W15709 Usa Highway 10 Fairchild WI 547418014		Telephone Number 715-533-2438	Date - Regulation Viol 12/3/2024	
Rule/Statute Number Noncompliance Statement	Correction Plan		Expected Completion Date	Verification Date
<p>1 250.05(3)(m) Biennial Training - Child Abuse & Neglect</p> <p>Description: The provider was missing documentation of having received training within the past two years on child abuse and neglect laws, identification, and reporting</p>	<p>WILL TAKE MAND REPORTER CHILD ABUSE + NEGLECT TRAINING</p>		<p>MAR 25</p>	
<p>2 250.06(8)(b)1.a. Private Well - Annual Bacteria Test</p> <p>Description: Annual water test for bacteria levels required for a private well were not completed on the center's well during 2024. The last test results on file for the center were from 10/3/2023.</p>	<p>WILL TEST</p>		<p>MAR 25</p>	

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Name - Certified Operator / Licensed Center Kayla's Kezy Kidz Childcare		Provider Number / Facility ID Number 4000583194 / DC3 - 1014093		
Address - Facility (Street, City, State, Zip Code) W15700 Us Highway 10 Falschid WI 547418014		Telephone Number 716-633-2438	Date - Regulation Visit 12/2/2024	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
3	250.08(8)(b)2 a. Private Well - Annual Nitrate Test Description: Annual water test for Nitrate levels required for a private well were not completed on the center's well during 2024. The last test results on file for the center were from 10/3/2023.	Will test water	March 2025	

NAME - Agency Worker Jerrelia Stubbs	Date Issued 1/21/2025
SIGNATURE - Certified Operator or Designer / Licensee or Designer 	Date Signed 1/23/25

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