

NONCOMPLIANCE STATEMENT AND CORRECTION PLAN

TO FILE A COMPLAINT CALL
715-930-1148

Date Correction Plan Due
6/11/2024

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, you will be given a notice of the sanction and / or penalty and your appeal rights.

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| Name - Certified Operator / Licensed Center Preschool Childcare Center | | Provider Number / Facility ID Number 4000591254 / 001 - 2006428 | |
| Address - Facility (Street, City, State, Zip Code) 427 Gillette St La Crosse WI 546032232 | | Telephone Number 608-783-4002 | Date - Regulation Visit 5/14/2024 |
| Rule/Statute Number 1 | Noncompliance Statement 251.05(2)(a)3.a. Staff Record - Physical Examination Description: Staff B and E did not have documentation of having a Staff Health Report on file on the day of the monitoring visit. | Correction Plan Both staff were made aware that they had 3 weeks to turn in a Health report. | Expected Completion Date 6/14/24 Verification Date |

NAME - Agency Worker
Kimberly Jasper

Date Issued
5/28/2024

SIGNATURE Certified Operator of Designee / Licensee or Designee

Date Signed
6/13/24