

Date Correction Plan Due 10/21/2024	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL 715-930-1148
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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 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 God's Kidom		Provider Number / Facility ID Number 6000590486 / 001 - 2005532		
Address - Facility (Street, City, State, Zip Code) 903 Riders Club Rd Onalaska WI 546502041		Telephone Number 608-783-3866	Date - Regulation Visit 9/23/2024	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.04(6)(a)6m. Child Record - Immunization History Description: On the day of the monitoring visit child 2 & 4 were missing immunization history in their file.	Child 2's immunization record has been located and is now in the child's file. <hr/> Child 4's immunization record has been located and is now in the child's file.	10-7-2024	
2	251.04(6)(a)8.a. Child Record - Physical Exam - Under 2 Description: On the day of the monitoring visit child 2 was missing an updated health report in the file.	Child 2's Health report was on the premises, but was not yet added to the child's electronic file. Health report has been added to the file.	10-7-2024	

NAME - Agency Worker
Kimberly Jasper

Date Issued
10/7/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed



10-7-2024