

Date Correction Plan Due 8/22/2024	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL 920-785-7811
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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 Grammys Child Care		Provider Number / Facility ID Number 8000 91678 / 001 - 2007007		
Address - Facility (Street, City, State, Zip Code) 1116 Wilbert St Crivitz WI 541141616		Telephone Number 715-927-0642	Date - Regulation Visit 7/30/2024	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	250.04(6)(a)1m. Child Record - Health History Description: The center had 4 children who did not have documentation of the required health history form in the files.	New Health History forms were handed out and the forms are expected to be returned. Children will not be able to attend until the forms are returned.	8/26/24	
2	250.04(6)(a)4m. Child Record - Immunization History Compliance Description: The center had two children who did not have documentation of immunizations in the file.	I have requested the immunization forms to be returned to me. Children will not be able to attend until the forms are returned.	8/26/24	

NAME - Agency Worker

Jody Beyer

Angela Nejedlo 8-26-24

Date Issued

8/8/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee

DCF-F-CFS0294-E (R.06/2011)

Date Signed