

<b>Date Correction Plan Due</b> 2/21/2025	<b>NONCOMPLIANCE STATEMENT AND CORRECTION PLAN</b>	<b>TO FILE A COMPLAINT CALL</b> 608-422-6765
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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.

<b>Name - Certified Operator / Licensed Center</b> Kit's Creek Childcare		<b>Provider Number / Facility ID Number</b> 7000592137 / 001 - 2007334		
<b>Address - Facility (Street, City, State, Zip Code)</b> 304 E State St Albany WI 535029583		<b>Telephone Number</b> 608-862-5437	<b>Date - Regulation Visit</b> 2/5/2025	
	<b>Rule/Statute Number Noncompliance Statement</b>	<b>Correction Plan</b>	<b>Expected Completion Date</b>	<b>Verification Date</b>
1	251.04(6)(a)8.a. <b>Child Record - Physical Exam - Under 2</b>  Description: Child 1 did not have documentation on file of a follow-up examination at least once every 6 months after an initial exam as required when the last health report was dated April 2024.	<i>Information was requested from family</i>	<i>3/14/2025</i>	
2	251.05(3)(c) <b>Cardiopulmonary Resuscitation Training</b>  Description: Staff B did not have documentation on file of having completed CPR/AED within 3 months after beginning work with children.	<i>Staff B was scheduled for CPR/AED training.</i>	<i>3/14/2025</i>	

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304 E State St Albany WI 535029583		608-862-5437	2/5/2025	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
3	251.055(1)(c) <b>Supervision - Opening &amp; Closing Hours</b>  Description: Assistant child care teachers who are regularly opening and closing classrooms have not completed a course qualifying them to be left alone with children the first two and last two hours of the day.	All Assistant Teachers on Staff completed "Introduction to the childcare Profession"	2/21/2025	
4	251.06(3)(b)4. <b>Emergencies - Record Of Fire / Tornado Drills</b>  Description: Documentation of dates and times all fire and tornado drills were practiced was not available for review.	Staff received education on the location of fire & tornado drill records.	3/3/2025	
5	251.07(5)(a)4. <b>Meals &amp; Snacks - Minimum Meal Requirements</b>  Description: Each meal and snack provided to children did not meet the U.S.D.A. child food program minimum meal requirements when whole milk was not available to be served for 1-year-old children.	Whole milk was obtained and is now available for staff to utilize	2/14/2025	
6	251.07(6)(dm)1. <b>Medical Log Book</b>  Description: The center did not meet the requirement for the medical log book when staff were unable to locate a medical log in the infant room.	The misplaced medical log book was replaced as added to each room.	2/16/2025	

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Correction Plan

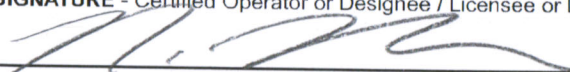
Expected  
Completion Date

Verification  
Date

NAME - Agency Worker  
Sara Bossingham Obrien

Date Issued  
2/7/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee



Date Signed  
2/21/2025