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	112512022	Late Collection Flatt Due	to Compation Disa Jun
	PLAN	TOTAL CONTROL	NONCOMPLIANCE ATTEMPT AND CORPORTOR
	608-422-6765	TO FILE A COMPLAINT CALL	

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). Fallure 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. 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

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 date(s) for each item. Complete the section labeled "Correction Plan" by indicating the steps that will be taken to address and correct each of the listed noncompliance(s). 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 The Noncompliance Statement below identifies the violation(s) of child care statute and / or administrative rule identified by the certification / licensing specialist 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 Identify expected completion

Nam Uw	Name - Certified Operator / Licensed Center Uw Platteville Childrens Center	Provide 40005	Provider Number / Facility ID Number 4000559624 / 031 - 120809	nber
1 Add	Address - Facility (Street, City, State, Zip Code) 1 University Plz Platteville WI 538183001	Telephone Number 608-342-1260	Date - Regulation Visit	Visit
	Rule/Statute Number	Correction Plan	Expected	Verification
→ [251.055(1)(a)		Completion Date	Date
 -	Supervision Of Children			
	Description: On 11/02/21 a toddler was left unsupervised in the outdoor play space for 2 to 3 minutes when the group transitioned inside. Staff then discovered the child was outside and returned the child to the	Immediately reviewed supervision guidelines and whereabouts of children in care with staff involved in incident. Also reviewed this at next staff meeting with all Children Coates Staff	Complete	
Ŋ	251.055(1)(f) Child Tracking Procedure			to destroy the second transfer of the second
	Description: On 11/02/21 the center did not implement its procedure to ensure that the number, names and whereabouts of children in care are known to child care workers at all times when staff didn't realize	Will implement supervision guidelines and whereabouts of children in care at all times	Complete	
	after two tracking stops, that a child was left in the outdoor play space when the group transitioned inside.	when caring for children.	7	·

NAME - Certification Worker / Licensing Specialist Amy Anderson 1/11/2		Rule/Statute Number Correction Plan C	Address - Facility (Street, City, State, Zip Code) 1 University PIz Platteville WI 538183001 608-342-1260		Name - Certified Operator / Licensed Center Provider Name
Date Issued 1/11/2022) , , , , , , , , , , , , , , , , , , ,	Expected Completion Date	Date - Regulation Visit 11/4/2021	4000559624 / 031 - 120809	Provider Number / Facility ID Number
		Verification Date	Visit	A TRANSPORT TRANSPORT	nber

SIGNATURE - Ce

fied Sperator or Designee / Licensee or Designee