

Date Correction Plan Due <i>1/6/25</i>	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 Kids View Learning Center		Provider Number / Facility ID Number 7000556587 / 001 - 520061		
Address - Facility (Street, City, State, Zip Code) 220 N Lockwood St Woodville WI 540289577		Telephone Number 715-698-2878	Date - Regulation Visit 12/4/2024	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.05(2)(a)3.a. Staff Record - Physical Examination Description: The file for Staff C did not contain documentation of a physical examination report on a form provided by the department, completed within 12 months before or within 30 days after beginning work with children in care, indicating the person is free from illness detrimental to children, including tuberculosis, and physically able to work with young children.	<i>Staff C received her physical examination on 12/24/24</i>	<i>12/24/24</i>	
2	251.05(3)(c) Cardiopulmonary Resuscitation Training Description: Staff D & E was missing documentation of having maintained a current certificate of completion for infant and child cardiopulmonary resuscitation (CPR) and automated external defibrillator (AED) use from an agency approved by the Department.	<i>Staff D & E will take CPR class as soon as it is available.</i>	<i>3/28/25</i>	

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715-698-2878

12/4/2024

Rule/Statute Number
Noncompliance Statement

Correction Plan

Expected
Completion Date

Verification
Date

NAME - Agency Worker

Kimberly Jasper

Date Issued

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Diane H. Sedatus

Date Signed

1/6/25