

NONCOMPLIANCE STATEMENT AND CORRECTION PLAN

Date Correction Plan Due
 5/6/2024

TO FILE A COMPLAINT CALL
 608-422-6765

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)(O), DCF 262.4(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
 Y Kids Prairie View
 Provider Number / Facility ID Number
 9000556279 / 005 - 1000462

Address - Facility (Street, City, State, Zip Code)
 510 N Crystal Lake Rd Beaver Dam WI 539161993
 Telephone Number
 920-887-8811
 Date - Regulation Visit
 4/18/2024

Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1 251.07(6)(1)a. Medication Administration - Parent Authorization Description: A written authorization did not include the length of authorization when there no begin or end date on the authorization form for an inhaler for a child.	STAFF SPOKE WITH PARENT THAT AFTERNOON FOR CORRECT AUTHORIZATION FORM. FORM IS NOW COMPLETED IN PLACE.	4-19-22	

NAME - Agency Worker
 Kimberly Liebhart
 Date Issued
 4/22/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee

 Date Signed
 4.22.24