DEPAR1	MENT OF CHILDREN AND FAMILIES	
Division	of Early Care and Education	

Date Correction Plan Due	NONCOMPLIANCE STATEMENT AND CORRECTION	TO FILE A COMPLAINT CALL
11/8/2021	PLAN	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)(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.

Prov	Provider Number / Facility ID Number 7000587687 / 002 - 2002044		
700			
Telephone Number 608-628-0519	Date - Regulation Visit 11/8/2021		
Correction Plan	Expected Completion Date	Verification Date	
Submittal of all continuation materials / fees.		11/8/2021	
	Telephone Number 608-628-0519 Correction Plan Submittal of all continuation materials / fees.	Telephone Number Date - Regulation 608-628-0519 11/8/2021 Correction Plan Expected Completion Date Submittal of all continuation materials / fees.	

NAME - Certification Worker / Licensing Specialist	Date Issued
Amber Corbit	11/8/2021
SIGNATURE - Certified Operator or Designee / Licensee or Designee	Date Signed