

<b>Date Correction Plan Due</b> 9/25/2024	<b>NONCOMPLIANCE STATEMENT AND CORRECTION PLAN</b>	<b>TO FILE A COMPLAINT CALL</b> 920-785-7811
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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> Gamma's House Llc		<b>Provider Number / Facility ID Number</b> 0000587930 / 001 - 2001455		
<b>Address - Facility (Street, City, State, Zip Code)</b> W2189 Smies Rd Oostburg WI 530701760		<b>Telephone Number</b> 920-668-8424	<b>Date - Regulation Visit</b> 9/5/2024	
	<b>Rule/Statute Number Noncompliance Statement</b>	<b>Correction Plan</b>	<b>Expected Completion Date</b>	<b>Verification Date</b>
1	250.04(6)(b) <b>Current, Accurate Daily Attendance Record</b>  Description: Based upon record review, the children in care were not signed into care during the visit.	printed new sheet and signed kid in & out on the right day	9/5/24	
2	250.05(2)(c) <b>Staff File - Days, Hours Worked</b>  Description: Based upon record review, the provider was not signed into care for the week of the visit.	Signed in & out	9/5/24	

**RECEIVED**

SEP 17 2024

DEPT OF CHILDREN & FAMILIES  
NORTHEASTERN REGION

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3	250.05(3)(fm) <b>Biennial Training - Child Abuse &amp; Neglect</b>  Description: Based upon record review, the provider did not complete the mandated reporter biennial training within the most recent two years.	did class 9/11/24	9/12/24

**NAME - Agency Worker**  
Amanda Holz

**Date Issued**  
9/11/2024

**SIGNATURE - Certified Operator or Designee / Licensee or Designee**

**Date Signed**