

Date Correction Plan Due 8/8/2025	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 Kendra's In-Home Child Care		Provider Number / Facility ID Number 2000589782 / 001 - 2004491		
Address - Facility (Street, City, State, Zip Code) W757 County Road Z Mondovi WI 547558311		Telephone Number 715-530-1072	Date - Regulation Visit 6/12/2025	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	250.05(4)(c)1. Continuing Education - Requirement & Training Topics Description: The licensee could not locate documentation of having completed 15 hours of continuing education for 2024. Each licensee and provider shall satisfactorily complete at least 15 hours of qualifying continuing education annually.	I will make sure I have at least 15 hours of qualifying continuing education annually and have it documented appropriately.	July 28, 2025	
2	250.06(6)(b)1.a. Private Well - Annual Bacteria Test Description: Documentation of the well water having been tested annually for coliform and E. Coli could not be located. The last documented test results were dated 08/17/23.	Coliform and E.Coli water test results were sent to licenser on June 26, 2025. I will make sure I have water tested annually.	June 26, 2025	

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3	250.06(6)(b)2.a. Private Well - Annual Nitrate Test Description: Documentation of the well water having been tested annually for nitrates could not be located. The last documented test results were dated 08/17/23.	Nitrate test results were sent to licensor on June 26, 2025. I will make sure I have water tested annually.	June 26, 2025	
4	250.06(6)(b)3.a. Private Well - Lead Test Description: Documentation of the well water having been tested for lead could not be located. The center shall have the well tested for lead every 5 years using a laboratory certified by the department of natural resources under ch. NR 149.	Lead test results were sent to licensor on June 26, 2025. I will make sure I have water tested annually.	June 26, 2025	

NAME - Agency Worker
April Callihan, Amelia Gruber

Date Issued
7/25/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Kendra R. Kennedy

Date Signed

07/28/2025