

Date Correction Plan Due
11/23/2022

NONCOMPLIANCE STATEMENT AND CORRECTION PLAN

TO FILE A COMPLAINT CALL

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 202.06, DCF 200.04(2)(b) and (3)(d), DCF 201.04(2)(b) and (3)(d), DCF 202.04(1)(b) and (2)(d). 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. 48.057. This request for a correction plan is not an order imposing a sanction or penalty pursuant to Wis. Stat. 48.705. 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

Provider Number / Facility ID Number

4000574074 / 001

Florida Wells

Address - Facility (Street, City, State, Zip Code)
6219 Raymond Rd Madison WI 53714105

Telephone Number
608-209-6279

Date - Regulation Viol
10/28/2022

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	202.06(1m)(a)6. A Certified Child Care Operator Shall Maintain A Current Written Record On Each Child In Care, Including The Provider's Own Children Under 7 Years Of Age, And Make The Record Available To A Child Care Certification Worker Upon Request. Description: Child #5 and Child #9's Health Report is in file but not current.	I will make sure all Health Care Records are up to date Child #5 has appointment January 12, 2023	11-23-2022	child #9 verified on 11-3-2022 — 0 — 11-22-2022
2	202.06(4)(a) Health Form: A Certified Child Care Operator Shall Have A Current Report Of A Physical Examination On File For Each Child, Including The Operator's Own Children, Who Are Not Enrolled In A Public Or Private School. Description: Child #5 and Child #9's Health Report is on file but not current.	Will ask parents to provide health records or I will not be able to keep child	11-23-2022	child #9 verified on 11-3-2022 — 0 — 11-22-2022

Name - Certified Operator / Licensed Center Florida Wells		Provider Number / Facility ID Number 4000574074 / 001	
Address - Facility (Street, City, State, Zip Code) 6219 Raymond Rd Madison WI 537114105		Telephone Number 608-299-4270	Date - Regulation Visit 10/28/2022
Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
3 202.08(4)(a)1. For Each Child Under 2 Years Of Age, A Report Of A Physical Examination Conducted Not More Than 6 Months Prior To Now Later Than 3 Months After The Child Is Admitted, And A Follow-Up Health Examination At Least Once Every 6 Months Thereafter. Description: Child 65's Health Report is on file but not current.	Will Remind parent to keep up date Health Reports of Doc. Appt. and give me records to put in my file	11-23-2022	11-22-2022

NAME - Agency Worker
Hansel Ehlert

Hansel Ehlert

11-23-2022

Date Signed
10/28/2022

NAME - Agency Worker
Hansel Ehlert

Hansel Ehlert

Date Signed

11-22-2022