

Date Correction Plan Due 7/10/2023	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL 608-422-6765
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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 Christina's Family Day Care		Provider Number / Facility ID Number 6000555566 / 002 - 2005736	
Address - Facility (Street, City, State, Zip Code) 1334 19Th St Monroe WI 535662924		Telephone Number 608-293-1104	Date - Regulation Visit 6/6/2023
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date Verification Date
1	250.04(6)(a)4.a. Child Record - Physical Exam - Under 2 Description: Child 3 did not have documentation of initial physical examination on file as required.	Requested copy from Parent Will make sure have hard copy on file for all under 2	6/9/23
2	250.04(6)(a)4.m. Child Record - Immunization History Compliance Description: Child 3 did not have an immunization record on file as required within 6 weeks of starting care.	Requested copy from Parent	6/9/23

NAME - Agency Worker
Sara Rossingham Obrien

Date Issued
6/26/2023

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed

I have Reached out to WESSen Regarding This information on the ELV GAROLMENT Site but have not heard anything Back.