Date Correction Plan Due 2/7/2022

NONCOMPLIANCE STATEMENT AND CORRECTION PLAN

TO FILE A COMPLAINT CALL 715-361-7700

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 I or administrative rule identified by the certification I 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 I 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 I or penalty for facts arising from this finding or a future finding, you will be given a police of the sanction and I or penalty and your appeal rights.

d / or penalty and your appeal rights.	Provider Number / Facility ID Number		
		559687 / 001 - 1002451	
eet, City, State, Zip Code) ens Point WI 544813178	Telephone Number 715-341-2878	Date - Regulation 2/7/2022	Visit
le/Statute Number	Correction Plan	Expected Completion Date	Verification Date
icense - Application Materials Submission	Submittal of all continuation materials/fees.	Hailed 02/07/22	02/07/22
least 30 days before the continuation review of the olicant for license renewal shall submit to the requested continuation materials and fees.		emailed to Licenser 2/07/22	
	cor / Licensed Center Childhood Center eet, City, State, Zip Code) eens Point WI 544813178 le/Statute Number compliance Statement License - Application Materials Submission least 30 days before the continuation review of the olicant for license renewal shall submit to the	tor / Licensed Center Childrood Center Telephone Number 715-341-2878 Telephone Number 715-341-2878 Telephone Number 715-341-2878 Telephone Number 715-341-2878 Submittal of all continuation materials/fees. Telephone Number 715-341-2878 Submittal of all continuation materials/fees.	Childhood Center Childhood Center Childhood Center Telephone Number Point WI 544813178 Telephone Number Tolephone Number

NAME - Certification Worker /	Licensing Specialist	Date Issued 2/7/2022
Dezarae Wierzba		

SIGNATURE_Certified Operator or Designee / Licensee or Designee

02/07/2022

DCF-F-CFS0294-E (R.06/2011