

RECEIVED

11/7/2024

Date Correction Plan Due 11/11/2024	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL
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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 Barbara Miller		Provider Number / Facility ID Number 8000576068 / 001		
Address - Facility (Street, City, State, Zip Code) W5679 County Road F La Crosse WI 54601		Telephone Number 608-782-1296	Date - Regulation Visit 10/24/2024	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	<p>202.08(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.</p> <p>Description: Operator does not have current reports of a physical examination on file for all children in care.</p>	<p>On Oct. 31, 2024 I gave [redacted] 2 child Health Report Forms. [redacted] get the printouts of the children's most recent physical exam [redacted] email them to me.</p>	Nov. 8, 2024	

NAME - Agency Worker
Jan Burns-Fuchs *qbf*

Date Issued
10/24/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee
Barbara Miller

Date Signed
Nov. 6, 2024