

Date Correction Plan Due 2/19/2019	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 Swtc Kids Town Usa Ccc		Provider Number / Facility ID Number 1000559701 / 001 - 120638		
Address - Facility (Street, City, State, Zip Code) 1800 Bronson Blvd Fennimore WI 53809		Telephone Number 608-822-3262	Date - Regulation Visit 2/5/2019	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.04(6)(a)6m. Child Record - Immunization History Description: Child 1, who has been enrolled longer than 6 weeks, was missing an immunization record.	Contacted parent to provide copy of child's immunization record.	2-8-2019	
2	251.09(1)(b) Infant & Toddler - Location & Sharing Intake Information Description: Admission information for an infant or toddler was not kept in the room or area to which the child is assigned when the information for all infants is kept in a separate room.	Place intake forms in folder in infant area of all children. Place intake forms in folder in toddler area.	2-7-2019	

NAME - Certification Worker / Licensing Specialist
Amy Anderson

Date Issued
2/5/2019

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Emily McBee

Date Signed

2-6-2019