

Date Correction Plan Due 9/1/2021	<b>NONCOMPLIANCE STATEMENT AND CORRECTION PLAN</b>	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 8/4/2021	
	<b>Rule/Statute Number Noncompliance Statement</b>	<b>Correction Plan</b>	<b>Expected Completion Date</b>	<b>Verification Date</b>
1	251.04(2)(m) <b>Health, Safety &amp; Welfare Of Children</b>  Description: On 7/28/21, a staff person was playing with a child in the gym when the child fell onto the floor from a height of approximately 4 feet and sustained an injury.	Correction Plan already submitted on 8-19-2021		
2	251.05(2)(a)6. <b>Staff Record - Days &amp; Hours Worked</b>  Description: On 7/28/21 in the gym, documentation of hours worked in the classroom was missing for two staff when their time out and back in again for lunch was missing, and when they did not sign out in the afternoon.			

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			<b>Verification Date</b>

**NAME - Certification Worker / Licensing Specialist**  
Amy Anderson

**Date Issued**  
8/18/2021

**SIGNATURE - Certified Operator or Designee / Licensee or Designee**

*Emily McBe*

**Date Signed**

09-07-2021