

Date Correction Plan Due 10/28/2019	<b>NONCOMPLIANCE STATEMENT AND CORRECTION PLAN</b>	TO FILE A COMPLAINT CALL 715-361-7700
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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 Kids Kampus		Provider Number / Facility ID Number 1000584871 / 001 - 1014495		
Address - Facility (Street, City, State, Zip Code) 321A 20Th Ave S Wisc Rapids WI 544952352		Telephone Number 715-424-2514	Date - Regulation Visit 10/7/2019	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	250.04(6)(a)4. <b>Child Record - Physical Exam</b>  Description: Documentation of a health examination every two years are not on file for Child #2 and Child #3.	#3 Parent made appt Letter of vaccination enclosed signed By Parent  #2 Parent made appt Letter of vaccination included Signed by Parent	12-19-19 1:45 PM	
2	250.04(6)(a)4m. <b>Child Record - Immunization History Compliance</b>  Description: Documentation of immunization history is not on file for Child #6.	In file 10-8-19		

**NAME** - Certification Worker / Licensing Specialist  
Kimberly Gachnang

Date Issued  
10/14/2019

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

Date Signed

*Shelly McC...*

10-21-19

