

Date Correction Plan Due 2/25/2021	<b>NONCOMPLIANCE STATEMENT AND CORRECTION PLAN</b>	TO FILE A COMPLAINT CALL 715-930-1148
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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. 48.667. 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 And Company Day Care		Provider Number / Facility ID Number 3000559683 / 001 - 520542		
Address - Facility (Street, City, State, Zip Code) 500 E Veterans St Tomah WI 54660		Telephone Number 608-372-1694	Date - Regulation Visit 1/13/2021	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	<p>251.04(3)(a) Report - Incident Or Accident</p> <p>Description: The center failed to report to the department, within 24 hours of the center becoming aware of the medical evaluation, an incident or accident that occurred while a child was in care of the center that resulted in professional medical evaluation of the child.</p>	<p>I was unaware of this policy. Going forward, if I am notified, I will forward that information to the state.</p>	<p>01/18/2021 (Inservice Day)</p>	
2	<p>251.04(4)(a)2.c. Parent Notification - Injury, Consumption Of Allergen, Incorrect Medication</p> <p>Description: The center failed to notify a parent immediately when a child experienced a head injury while in care of the center that was recorded in the medical log book as "he hit hard".</p>	<p>That staff member no longer works for Kids &amp; Co. as of January 8, 2021. Going forward, staff has been made aware of the policy and changes have been made.</p>	<p>01/18/2021 (Inservice Day)</p>	

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**NAME - Certification Worker / Licensing Specialist**  
Jennifer Stubbe

**Date Issued**  
2/11/2021

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

*Lindsay Chick*

**Date Signed**

02/12/2021