

Date Correction Plan Due

CHILD WELFARE NONCOMPLIANCE STATEMENT AND CORRECTION PLAN

TO FILE A COMPLAINT CALL:
 (608) 267-7932

Use of form: This form is used by the Bureau of Permanence and Out-of-Home Care staff to identify statute and / or administrative rule violation(s) and to outline the licensee's correction plan.

Instructions: The Noncompliance Statement below identifies the violation(s) of the child welfare statute and / or administrative rule identified by the licensing specialist(s). 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 licensing specialist for approval and retain a copy. If this is a group home facility, 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 to an administrative hearing.

Name – Facility			Provider ID Number		
Address – Facility (Street, City, State, Zip Code)			Telephone Number	Date – Licensing Visit	Date Issued
Item No.	Rule / Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date	
1.					

Name – Person Conducting Licensing Visit

SIGNATURE – Licensing Specialist	Date Signed	Telephone Number – Licensing Specialist
SIGNATURE – Licensee or Designee	Date Signed	