DEPARTMENT OF CHILDREN AND FAMILIES Division of Early Care and Education

JAN 1 (1 2023

STATE OF WISCONSIN

Date Correction Plan Due 11/3/2022

NONCOMPLIANCE STATEMENT AND CORRECTION PLAN

TO FILE A COMPLAINT CALL 608-422-6765

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 status of the constitution and / or penalty and your appeal rights.

Nan	e of the sanction and / or penalty and your appeal rights. ne - Certified Operator / Licensed Center ry Time Child Care	Provider Number / Facility ID Number 8000568326 / 001 - 1002289		
Address - Facility (Street, City, State, Zip Code) 335 Wells St Darlington WI 53530		Telephone Number 608-482-1571	Date - Regulation Visit 10/18/2022	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
	250.04(6)(a)4.a. Child Record - Physical Exam - Under 2 Description: Each child under 2 years of age did not have an initial health examination on file when Child 2 did not have one available for review.	Send home the form to be filled out and put in File	12-18.22	
	250.04(6)(b) Current, Accurate Daily Attendance Record Description: The licensee did not maintain a current, accurate written record of daily attendance when 3 children were not signed in upon arrival.	Sent home a reminded letter to have ravents sign in their kids. - continue to remind them in mothly news letters - check daily myself	11-1-22	

	ne - Certified Operator / Licensed Center ry Time Child Care	der Number / Facility ID Number 9568326 / 001 - 1002289		
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	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
3	250.06(2)(c) Access To Materials Potentially Harmful To Children Description: Provided TA on baby locks	E had a drawn with a SCISSOTS in it. I removed the scissorsbe sure looks are on doo r cabinets		
4	250.06(2)(k) Deteriorating Or Toxic Paint Description: The premises was not free from flaking and deteriorating paint when chipping paint was observed on the windowsills accessible to children in the play room.	I repainted the windowsills.	12-12-22	
5	250.07(3)(e) Trampolines & Inflatable Bounce Surfaces Description: A mini-trampoline was observed in the play space in an area accessible to children.	I got rid of the small a state har that was 5° off the ground. (eye 1011)	0 10-23-22	

NAME - Agency Worker Amanda St. Martin, Casey Allison Date Issued 10/20/2022

SIGNATURE - Certified Operator or Designee / Licensee or Designee

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Date Signed

2/5/23