	NONCOMPLIANCE STATEMENT AND COURTER.	
Date Correction Plan Due	NUNCOMPLIANCE STATEMENT AND CORRECTION	TO FILE A COMPLAINT CALL
12/14/2022		282_446_7800
Use of Form: This form is used	Use of Form: This form is used by certification / licensing staff to identify statute and / or administration rule violation(x) and to cutting the control of the control o	

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: 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) ruening season of correction, if applicable

noncompliance statement and correction plan near the license in accordance with Wis. Stat. 48.657. penalty pursuant to Wis. Stat. 48.715. date(s) for each item. 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 notice of the sanction and / or penalty and your appeal rights. The Noncompliance Statement below identifies the violation(s) of child care statute and / or administrative rule identified by the certification / licensing specialist. Return the original to your certification / licensing specialist for approval and retain a copy. 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 This request for a correction plan is not an order imposing a sanction or If this is a licensed child care, post your copy of the

Provid	er Number / Facility ID Nu	nber
00005	80590 / 021 - 1010082	
Telephone Number 414-482-3366	Date - Regulation 11/10/2022	Visit
Correction Plan	Expected Completion Date	Verification Date
Lawncare people were present		
at time on viola and		
ne moved thistes	11/10/22	
IN STOLLAN		
	er mas	Provider Numt 0000580590 / Con Con Con Con Con Con Con Con Con Co

SIGNATURE - Agency Worker

NAME - Agency Worker Cindy Matuszak

Date Signed

Date Issued 11/30/2022