DEPARTMENT OF CHILDREN AND FAMILIES. Division of Early Care and Education

**Date Correction Plan Due** 

8/15/2023

NONCOMPLIANCE STATEMENT AND CORRECTION **PLAN** 

TO FILE A COMPLAINT CALL 608-422-6765

STATE OF WISCONSIN

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 senction and I or negative and your appeal rights.

| Nam  | e - Certified Operator / Licensed Center   | Provide  | er Number / Facility ID Nu           | mber                 |
|--|--|--|--------------------------------------|----------------------|
| Visl   | hing Well Preschool And Cc   | 0000581600 / 001 - 1011082   |                                      |                      |
| Address - Facility (Street, City, State, Zip Code)<br>532 Old Indian Trl Deforest WI 535323079 |  | Telephone Number<br>608-846-9898   | Date - Regulation Visit<br>7/31/2023 |                      |
|  | Rule/Statute Number Noncompliance Statement  | Correction Plan  | Expected Completion Date             | Verification<br>Date |
|  | 251.06(2)(d) Access To Materials Potentially Harmful To Children  Description: Children in the three-year-old room had access to harmful materials when there was disinfectant spray that was labeled, keep out of reach of children and plastic bags, in an unlocked cupboard beneath the sink. | cabinet out of recens of children<br>Discussed with classroom staff                    | 811/2000                             |                      |
|  | 251,07(4)(cm) Naps Or Rest Periods - Sleeping Surfaces - Children 1 And Older  Description: Children were not provided with a safe sleeping area when two, four-year-old children were napping next to each other without a solid partition and were within 2 feet from one another.             | Discussed with classrom staff<br>many sine there is a feet<br>between rupping children | Elilass                              |                      |

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|---|--|---|--|
| ng Well Preschool And Cc  |  |   |  |
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| Rule/Statute Number<br>Noncompliance Statement  | Correction Plan  | Expected<br>Completion Date   | Verification<br>Date   |
| 251.07(6)(dm)4.<br>Medical Log - Reviewing Injury Records   | · corote out on Calender who no to review tograms to make Sure it is within every to   | 81,1223   |  |
| Description: The medical logbook was not reviewed every 6 months to ensure possible prevention measures were taken when it was reviewed on 9/15/2022 and 6/30/2023. | months   |   |  |
|   | ng Well Preschool And Cc ss - Facility (Street, City, State, Zip Code) Old Indian Tri Deforest Wi 535323079  Rule/Statute Number Noncompliance Statement  251.07(6)(dm)4.  Medical Log - Reviewing Injury Records  Description: The medical logbook was not reviewed every 6 months to ensure possible prevention measures were taken when it was reviewed | ### Well Preschool And Cc  ### Sas - Facility (Street, City, State, Zip Code)  ### Did Indian Tri Deforest Wi 535323079  #### Rule/Statute Number  ### Noncompliance Statement  #### Correction Plan  ################################### | ## Well Preschool And Cc  ## See - Facility (Street, City, State, Zip Code)  ## Date - Regulation   ## Date - Regu |

|                      | <del> </del> |
|----------------------|--------------|
| NAME - Agency Worker | Date Issued  |
| Kimberly Liebhart    | 8/1/2023     |
|                      |              |

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed