

DEPARTMENT OF CHILDREN AND FAMILIES
Division of Early Care and EducationDate Correction Plan Due
12/18/2024**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 notice of the sanction and / or penalty and your appeal rights.

Name - Certified Operator / Licensed Center Wishing Well 2.0 School Age Program		Provider Number / Facility ID Number 0000581600 / 002 - 2001246	
Address - Facility (Street, City, State, Zip Code) 529 W North St Deforest WI 535321085		Telephone Number 608-842-0773	Date - Regulation Visit 12/2/2024
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date
1	251.05(2)(a)3.a. Staff Record - Physical Examination Description: A report on a physical exam was not completed within 30 days of a person being hired when Staff B's start date was 9/23/2024 and they have not completed a physical health exam indicating that they are free from illness detrimental to children.	Staff member could not see their physician until 12/19/24 Staff member will have their health report with that appointment	12/20/24
			Verification Date

NAME - Agency Worker
Kimberly LiebhartDate Issued
12/4/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed

12/4/2024