

<b>Date Correction Plan Due</b> 9/5/2024	<b>NONCOMPLIANCE STATEMENT AND CORRECTION PLAN</b>	<b>TO FILE A COMPLAINT CALL</b> 262-446-7800
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**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)(l) 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.

<b>Name - Certified Operator / Licensed Center</b>		<b>Provider Number / Facility ID Number</b>		
Hcls Extended Care		5000560275 / 002 - 1003112		
<b>Address - Facility (Street, City, State, Zip Code)</b> 12300 W Janesville Rd Hales Corners WI 531302350		<b>Telephone Number</b> 414-529-6701	<b>Date - Regulation Visit</b> 8/20/2024	
	<b>Rule/Statute Number Noncompliance Statement</b>	<b>Correction Plan</b>	<b>Expected Completion Date</b>	<b>Verification Date</b>
1	<p>251.06(3)(b)4. <b>Emergencies - Record Of Fire / Tornado Drills</b></p> <p>Description: There was no documentation that the required monthly fire drills were conducted in April 2024. And there was no documentation that the required tornado drills were conducted May 2024.</p>	<p><i>Ensure future drills are done consistently</i></p>	<p><i>9/5/24</i></p>	
2	<p>251.07(3)(f) <b>Trampolines &amp; Inflatable Bounce Surfaces</b></p> <p>Description: Inflatable bounce toys were observed in the outdoor play space and accessible to children. **This was corrected during the monitoring visit**</p>	<p><i>Bounce toys were removed from premises.</i></p>	<p><i>9/23/24</i></p>	

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			<b>Verification Date</b>

NAME - Agency Worker  
Kristin Keck

Date Issued  
8/22/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee

*Diane Shippell*

Date Signed

9/5/24