

Date Correction Plan Due 4/4/2025	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL 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)(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 In His Arms Early Childhood Center		Provider Number / Facility ID Number 3000561003 / 001 - 225030		
Address - Facility (Street, City, State, Zip Code) 417 S Kane St Burlington WI 531052111		Telephone Number 262-763-3883	Date - Regulation Visit 3/18/2025	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.06(11)(b)7. Outdoor Play Space - Enclosure Description: Fence near the west corner not measuring 4 feet l. Height along inside line	The fence in the west corner will be lifted to ensure it is not less than 4 feet high.	7-1-25	
2	251.07(6)(f)1.a. Medication Administration - Parent Authorization Description: Medication authorization form reviewed lacked proper documentation of intervals of use as required by rule	The pre-scribed diaper cream was sent home. We will ensure all medications have a "From" + "To" period.	3-18-25	

NAME - Agency Worker
Paul Spink

Date Issued
3/21/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Linda Wingreen

Date Signed

3-21-25