

<b>Date Correction Plan Due</b> 9/9/2024	<h2 style="margin: 0;">NONCOMPLIANCE STATEMENT AND CORRECTION PLAN</h2>	<b>TO FILE A COMPLAINT CALL</b> 608-422-6765
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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.

<b>Name - Certified Operator / Licensed Center</b>		<b>Provider Number / Facility ID Number</b>		
Rise High Learning Academy		7000589727 / 001 - 2004397		
<b>Address - Facility (Street, City, State, Zip Code)</b>		<b>Telephone Number</b>	<b>Date - Regulation Visit</b>	
6200 Nesbitt Rd A Fitchburg WI 537191949		608-395-4826	8/22/2024	
	<b>Rule/Statute Number Noncompliance Statement</b>	<b>Correction Plan</b>	<b>Expected Completion Date</b>	<b>Verification Date</b>
1	251.04(6)(a)8.b. <b>Child Record - Physical Exam - Over 2, Under 5</b>  Description: Child A was missing a follow-up health exam.	<i>An updated physical exam has been placed on the file. Picture is attached in the email.</i>	<i>done.</i>	
2	251.05(3)(b) <b>Abusive Head Trauma Prevention Training</b>  Description: Staff A did not have documentation of having completed Abusive Head Trauma Prevention Training prior to beginning to work with children under 5 years of age.	<i>The training has been completed &amp; certificate has been placed on the file. Picture is attached in the email</i>	<i>done</i>	

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3	251.055(1)(b) <b>Supervision - Teacher Per Group Of Children</b>  Description: The toddlers' room was supervised by a volunteer counted-in-ratio and completed 240 cumulative hours of work who was not qualified as a lead teacher.	- The teacher is moved on the other side to work under the lead teacher.	done	
4	251.055(2)(a) <b>Group Size - Maximum</b>  Description: The preschool room exceeded the maximum group size when 11 children were present and a child under the age of two-years old was part of the group.	- The kids will be divided in 2 groups in the morning so the group size does not increase from 8 & we can transition the kids slowly	done.	
5	251.06(2)(b) <b>Electrical Or Hot Surface Protection</b>  Description: An outlet at the Toddler's room was not protected by a guard.	outlet covers have been placed.	Done.	
6	251.06(2)(d) <b>Access To Materials Potentially Harmful To Children</b>  Description: Potentially harmful materials were accessible to children when a hand lotion and disinfecting products were reachable by the main entrance.	The bottles are moved in the back where children cannot reach.	Done.	

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Correction Plan	Expected Completion Date	Verification Date	

NAME - Agency Worker  
Luzdarys Marquez

Date Issued  
8/26/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee

*Surosh Masood*

Date Signed  
9/6/24