DEPARTMENT OF CHILDREN AND FAMILIES
Division of Early Care and Education

STATE OF WISCONSIN

Date Correction Plan Due
12/5/2023

NONCOMPLIANCE STATEMENT AND CORRECTION
TO FILE A COMPLAINT CALL
715-361-7700

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)(ii) 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 I or administrative rule identified by the certification I 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 I 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 I or penalty for facts arising from this finding or a future finding, you will be given a notice of the sanction and I or penalty and your appeal rights.

| Name - Certified Operator / Licensed Center  | Provid   | Provider Number / Facility ID Number |                      |  |
|--|--|--------------------------------------|----------------------|--|
| Story Book Kids  | 8000583968 / 001 - 1013512   |                                      |                      |  |
| Address - Facility (Street, City, State, Zip Code)<br>658 Maple Ridge Rd Mosinee WI 544559272  | Telephone Number<br>715-693-5580   | Date - Regulation Visit<br>11/2/2023 |                      |  |
| Rule/Statute Number<br>Noncompliance Statement   | Correction Plan  | Expected<br>Completion Date          | Verification<br>Date |  |
| 251.06(2)(i)  Deteriorating Paint  Description: The walls had areas of flaking or deteriorating paint in the 2 year old and 4k classrooms that were accessible to children.  | Aprofessional painter hos been conta<br>and will come repulnity batch<br>walls                     | Hal 111124                           |                      |  |
| 2 251.07(6)(dm)4.  Medical Log - Reviewing Injury Records  Description: The medical logs in the 1 year old, 1,5 year old, and 3 year old classrooms were not reviewed within the last 6 months.  Repeat violation: Previously cited on 1/19/2022 | Monawas and melissa<br>Holtzwill add it to their<br>calendar as a reminder to<br>check over 1 lemo | 1a1112-3                             |                      |  |

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|   |  |  | der Number / Facility ID Number<br>583968 / 001 - 1013512 |                      |
|---|--|--|---|----------------------|
|   |  |  |   |                      |
|   | Rule/Statute Number<br>Noncompliance Statement   | Correction Plan  | Expected<br>Completion Date                               | Verification<br>Date |
| 3 | 251.09(4)(a)3. Infant & Toddler - Diaper Changing Surface Disinfection  Description: Per interview and observation, staff in the infant classroom are not using the disinfectant product per the product label instructions. | Labels of Step Land Step Z<br>were placed on each bottles<br>leaving to guistions. Staff<br>Meeting table held to go over<br>the Drocess | 1216/23   |                      |

NAME - Agency Worker Heather Struck Date (ssued 11/20/2023

SIGNATURE,- Certified Operator or Designee / Licensee or Designee

Date Signed

Page 3 of 3