Date Correction Plan Due	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL 262-446-7800

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		Provider Number / Facility ID Number	
Two Plus Two Equals Fish		5000589255 / 002 - 2004614	
Address - Facility (Street, City, State, Zip Code)	**Telephone Number**	**Date - Regulation Visit**	
2101 N 48Th St Milwaukee WI 532081102	414-389-7254	9/29/2026	

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.04(6)(a)8.b. **Child Record - Physical Exam - Over 2, Under 5** Description: 2 children had expired health exam reports.	I have given all my parents a health report form for their doctor to fill out and return to me within 3 weeks	10/23/2026	
2	251.05(3)(cm) **Child Abuse & Neglect - Biennial Training** Description: Staff did not have current child abuse and neglect/mandated reporter training on file. Repeat violation: Previously cited on 9/4/2025	All staff are taking this class together	10/16/2026	

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	Rule/Statute Number **Noncompliance Statement**	**Correction Plan**	**Expected Completion Date**	**Verification Date**
3	251.07(6)(dm)4. **Medical Log - Reviewing Injury Records** Description: Medical log books must be reviewed and documented every 6 months. No documented review with in 6 months was found in med log.	I will review the medical log book every 4-6 months.	10/01/2026	

NAME - Agency Worker
Jennifer Mischock

Date Issued

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Theresa Rowe

Date Signed

10/1/2026