

Date Correction Plan Due 5/18/2026	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL 920-785-7811
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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 (j)(i), DCF 251.04(2)(L) and (3)(i), 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	
Bells And Whistles Child Care Center		4000575614 / 001 - 2003750	
Address - Facility (Street, City, State, Zip Code) N108w1750 4 Lilac Ln Germantown WI 530223825		Telephone Number 262-251-7533	Date - Regulation Visit 4/30/2026
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date Verification Date
1	<p>250.06(2)(k) Deteriorating Or Toxic Paint</p> <p>Description: Based upon observation the wall in the living room accessible to children in care had paint that was deteriorated by the toy shelf.</p>	<p>I purchased corner protectors and I am working on repairing corners and walls. After that complete I will repaint and put on corner protectors.</p>	<p>I expect to have all walls complete the weekend of June 13th.</p>
2	<p>250.07(6)(g)1. Hand & Face Washing</p> <p>Description: Based upon observation, two children had their hands washed prior to breakfast, once seated at the table they got up and touched toys and returned to the table to eat their meal without rewashing their hands.</p>	<p>I spoke with the kids about your observation and explained to them why its important not to run and play while eating. I now make them re-wash their hands if</p>	<p>5-15-26</p>

they get up while eating. I will continue to remind them to stay in their seats until they are done eating.

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4/30/2026

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<p>1. The center does not have a written policy regarding the use of physical discipline. The center does not have a written policy regarding the use of physical discipline. The center does not have a written policy regarding the use of physical discipline.</p>	<p>The center will develop a written policy regarding the use of physical discipline. The center will develop a written policy regarding the use of physical discipline. The center will develop a written policy regarding the use of physical discipline.</p>	<p>5/17/2026</p>	<p>5/17/2026</p>

NAME - Agency Worker
Amanda HolzDate Issued
5/4/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed

Romney Baier

5-17-2026