DEPARTMENT OF CHILDREN AND FAMILIES
Division of Early Care and Education

STATE OF WISCONSIN

Date Correction Plan Due	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL
11/11/2026		920-785-7811

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
Peek-A-Boo Day Care	2000560062 / 001 - 430945

Address - Facility (Street, City, State, Zip Code)	Telephone Number	Date - Regulation Visit
W7425 Blackhawk Ct Wautoma WI 54982	920-787-1075	10/27/2026

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	250.06(6)(b)1.a. **Private Well - Annual Bacteria Test** Description: The water test was not done annually - last done on 4/16/25.	2025 uploaded in Error 2026 dated 5/14 sent	11/03/2026	
2	250.07(7)(a) **Pets & Animals - Health & Immunization** Description: the dog at the facility did not have a current rabies test - his expired on 10/23/26.	Rabies vaccine done Sent 11/03/2026	11/03/2026	

NAME - Agency Worker
Jill Kellner

Date Issued
10/28/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee
Kelly Demars

Date Signed
11/03/2026