

NONCOMPLIANCE STATEMENT AND CORRECTION PLAN

Date Correction Plan Due
2/17/2025

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 Wee Know School
Provider Number / Facility ID Number 0000564280 / 001 - 225226

Address - Facility (Street, City, State, Zip Code) 3325 Hwy 83 Hartland WI 53029
Telephone Number 262-367-0200
Date - Regulation Visit 1/28/2025

| Rule/Statute Number Noncompliance Statement | Correction Plan | Expected Completion Date | Verification Date |
|--|---|--------------------------|-------------------|
| <p>1 251.04(6)(a)6. Child Record - Health History</p> <p>Description: The Health History form for child #1 is incomplete. There is nothing in the health plan about what to give the child an over the counter medication for an allergy.</p> | <p><i>Child's father provided form on 01/29/25 to include OTC medication</i></p> | <p><i>01/29/25</i></p> | |
| <p>2 251.05(2)(a)3.a. Staff Record - Physical Examination</p> <p>Description: Staff D who has been employed for more than 30days does not have a physical on file.</p> | <p><i>Staff D is obtaining signed medical form from physician who is out of office until 2/10/25.</i></p> | <p><i>02/21/25</i></p> | |

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| 3 251.07(6)(dm)3.a. Medical Log - Observation Or Evidence Of Injury Description: There is no documentation of an injury sustained while the child was not in care in the medical log books. | * Documented in class medical log book + filed email from mom in child's file * Mentioned to staff at staff meeting on 2/17/25 - on agenda. | 02/17/25 | |

NAME - Agency Worker Date Issued

Sara Cooney 2/3/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee Date Signed

Sara Cooney 02/14/2025