| | 3/28/2023 | Date Correction Plan Due |
|---|--------------|--|
| , | PLAN | NONCOMPLIANCE STATEMENT AND CORRECTION |
| | 262-446-7800 | TO FILE A COMPLAINT CALL |

may submit plans of correction however are not required to do so. 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 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

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 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 notice of the sanction and / or penalty and your appeal rights. date(s) for each item. Return the original to your certification / licensing specialist for approval and retain a copy. 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 Instructions: The Noncompliance Statement below identifies the violation(s) of child care statute and / or administrative rule identified by the certification / licensing specialist If this is a licensed child care, post your copy of the

| | | (defendant on weather) | Description: There is flaking/deteriorating paint on the wall of the building in the outdoor play space. | |
|--------------|--------------------------------------|-------------------------------------|---|---------------------------------------|
| | 5/30/23 | painted as soon as | 2 251.06(2)(i) Deteriorating Paint | N |
| | (| profession, some with staff 4 | | |
| | 311) UG | STORE D - Churching Para Profission | Childhood Education to be qualified as an assistant child care worker. Both staff A and Staff D have been employed for more than 6 months. | · · · · · · · · · · · · · · · · · · · |
| | papara | if child Development classes in | Description: Staff A and Staff D do not have documentation of Early | |
| | if course | Staff A - high school diploma | 1 251.05(3)(g)2. Assistant Child Care Teacher - Qualifications | |
| Date | Completion Date | | Noncompliance Statement | T |
| Verification | Expected | Correction Plan | Rule/Statute Number | |
| | 3/2/2023 | 262-367-0200 | 3325 Hwy 83 Hartland WI 53029 | 332 |
| Visit | Date - Regulation Visit | Telephone Number | Address - Facility (Street, City, State, Zip Code) | Add |
| | 0000564280 / 001 - 225226 | 000056 | Wee Know School | ₩e |
| nber | Provider Number / Facility ID Number | Provide | Name - Certified Operator / Licensed Center | Nan |

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251.06(4)(jm)2.

Noncompliance Statement

Rule/Statute Number

Fire Alarms & Smoke Detectors - Testing

system in January or February 2023.

Description: There is no documentation of the testing for the fire alarm

double check in future tire dail marked. will

that both boxes are completed

Proms + smoke detectors

Completion Date Expected

> Verification Date

Correction Plan

Telephone Number 262-367-0200

Provider Number / Facility ID Number

0000564280 / 001 - 225226

3/2/2023

Date - Regulation Visit

fire drills. In error conly checked monthly with 3325 Hwy 83

Address - Facility (Street, City, State, Zip Code)

Hartland WI 53029

Name - Certified Operator / Licensed Center

Wee Know School

Administrator

Date Issued 3/14/2023

SIGNATURE - Certified Operator or Designee / Licensee or Designee NAME - Agency Worker Ance Well 3-22-33 Date Signed

DCF-F-CFS0294-E (R.06/2011)