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|-----------------------------------------------|----------------------------------------------------|--------------------------------------------|
| <b>Date Correction Plan Due</b><br>10/17/2025 | <b>NONCOMPLIANCE STATEMENT AND CORRECTION PLAN</b> | <b>TO FILE A COMPLAINT</b><br>715-930-1148 |
|-----------------------------------------------|----------------------------------------------------|--------------------------------------------|

**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. 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)(M) 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. Providers 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 staff. 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 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, provide 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 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 receive notice of the sanction and / or penalty and your appeal rights.

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| <b>Name - Certified Operator / Licensed Center</b><br>Firehouse Friends Childcare Center Llc | <b>Provider Number / Facility ID Number</b><br>8000588298 / 001 - 2002032 |
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| <b>Address - Facility (Street, City, State, Zip Code)</b><br>1123 Pine St Stanley WI 547681297 | <b>Telephone Number</b><br>715-644-0859 | <b>Date - Regulation</b><br>6/11/2025 |
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|   | Rule/Statute Number<br>Noncompliance Statement                                                                                                                                                                                | Correction Plan                                                                                                                                                   | Expected<br>Completion Date |
|---|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|
| 1 | 251.07(6)(i)2.<br><b>Adult Handwashing</b><br><br>Description: Surveillance video showed a worker not washing her hands before and after diapering a child on May 28, 2025 at around 11:45 am in the Fire Fighters classroom. | 5/28/25 + 5/29/25 All FF room staff were personally reminded about handwashing. Staff apologized + didn't realize forgot before + after diapering. All staff were | 5/29/25                     |

reminded @ June 5<sup>th</sup> staff meeting as well as told to remind each other as staff + hold each other accountable.

|                                         |                                 |
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| <b>NAME - Agency Worker</b><br>Sou Yang | <b>Date Issued</b><br>10/3/2025 |
|-----------------------------------------|---------------------------------|

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| <b>SIGNATURE - Certified Operator or Designee / Licensee or Designee</b><br> | <b>Date Signed</b><br>10/16/25 |
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