

Date Correction Plan Due
3/4/2024

NONCOMPLIANCE STATEMENT AND CORRECTION PLAN

TO FILE A COMPLAINT CALL
608-422-6765

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)(l) 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.

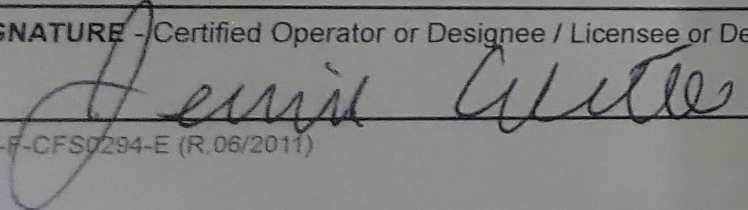
Instructions: The Noncompliance Statement below identifies the violation(s) of child care statute and / or administrative rule identified by the certification / licensing specialist. Complete the section labeled "Correction Plan" by indicating the steps that will be taken to address and correct each 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.

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|--|---|---|--------------------------------------|
| Name - Certified Operator / Licensed Center In His Hands Child Enrichment Ctr | | Provider Number / Facility ID Number 2000565052 / 001 - 120846 | |
| Address - Facility (Street, City, State, Zip Code) 315 S Madison St Waupun WI 53963 | | Telephone Number 920-324-3321 | Date - Regulation Visit 2/13/2024 |
| | Rule/Statute Number Noncompliance Statement | Correction Plan | Expected Completion Date |
| 1 | 251.05(2)(a)2. Staff Record - Completed Background Check Description: Documentation that indicated a background check was completed in compliance with timelines that the person is eligible to work in a child care program was not completed when two teachers were working at the center and did not have completed background checks. Repeat violation: Previously cited on 11/14/2023 | Scheduled a fingerprint background check for March 8th at 4:30pm. | 3-8-24 |
| | | | Verification Date |

NAME - Agency Worker
Kimberly Liebhart

Date Issued
2/19/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee



Date Signed

2-27-24