| 608-422-6765 | PLAN | 3/21/2022 |
|--------------------------|--|--------------------------|
| TO FILE A COMPLAINT CALL | NONCOMPLIANCE STATEMENT AND CORRECTION | Date Correction Plan Due |

may submit plans of correction however are not required to do so. and (2)(k). 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) 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. 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

date(s) for each item. notice of the sanction and / or penalty and your appeal rights. 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. Complete the section labeled "Correction Plan" by indicating the steps that will be taken to address and correct each of the listed noncompliance(s). Instructions: The Noncompliance Statement below identifies the violation(s) of child care statute and / or administrative rule identified by the certification / licensing specialist 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 This request for a correction plan is not an order imposing a sanction or Identify expected completion

| Nam | Name - Certified Operator / Licensed Center | Provide | Provider Number / Facility ID Number | ber |
|----------------|---|--|--------------------------------------|----------------------|
| Swt | Swtc Kids Town Usa Ccc | 10005 | 1000559701 / 001 - 120638 | |
| Add 180 | Address - Facility (Street, City, State, Zip Code) 1800 Bronson Blvd Fennimore WI 53809 | Telephone Number 608-822-3262 | Date - Regulation Visit 8/4/2021 | isit |
| | Rule/Statute Number Noncompliance Statement | Correction Plan | Expected Completion Date | Verification Date |
| _ | 251.04(2)(m) Health, Safety & Welfare Of Children | Discussed safety protocols | 8-19-2021 | |
| | Description: On 7/28/21, a staff person was playing with a child in the gym when the child fell onto the floor and sustained an injury. | activities with the | | |
| | This incident was self-reported by the center. | 1 children | 1-12-2022 | |
| | 2 Safe Lifting Ped | (2) safe Lifting led Reviewed with all staff in Child care | nechanic S | |
| N | 251.05(2)(a)6. | tion | | |
| | Staff Record - Days & Hours Worked | Informed Staff to Sign | | |
| | Description: On 7/28/21 in the gym. documentation of hours worked | out for lunches and | | |
| | was missing for two staff when their time out and back in again for | anytime when they are | | |
| | lunch was missing, and when they did not sign out in the afternoon. | not directly work in the | 8-19-2021 | |
| | | room with the children. | | |
| | | Reviewed with all staff | | |

NAME - Certification Worker / Licensing Specialist Name - Certified Operator / Licensed Center Address - Facility (Street, City, State, Zip Code)
1800 Bronson Blvd Fennimore WI 53809 Swtc Kids Town Usa Ccc Noncompliance Statement Rule/Statute Number **Telephone Number** 608-822-3262 Correction Plan Provider Number / Facility ID Number 1000559701 / 001 - 120638 Date Issued 3/7/2022 Completion Date Expected Date - Regulation Visit 8/4/2021 Verification

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Amy Anderson

Date Signed