Division of Early Care and Education NONCOMPLIANCE STATEMENT AND CORRECTION TO FILE A COMPLAINT CALL **Date Correction Plan Due** 608-422-6765 3/24/2022 **PLAN**

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

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Telephone Number 608-845-3245	Date - Regulation Visit 3/10/2022	
Correction Plan	Expected Completion Date	Verification Date
Test monthly starting Echicary Moran, April and thereafterSet a tenting data I month in advance	4/27/22	
	Telephone Number 608-845-3245 Correction Plan Test monthly starting Echicard Moran, April and there afterSet a tenting data I many	Telephone Number 608-845-3245 Correction Plan Expected Completion Date Test monthly starting Fichicary Morin, April and thereafterSet a tenting data I month

NAME - Certification Worker / Licensing Specialist Amy Anderson	Date Issued 3/10/2022
SIGNATURE - Certified Operator or Designee / Licensee or Designee	Date Signed
Well of Manne	3/14/2022
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