

Date Correction Plan Due 9/1/2025	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL 608-422-6765
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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 notice of the sanction and / or penalty and your appeal rights.

Name - Certified Operator / Licensed Center Wee Care Child Center		Provider Number / Facility ID Number 9000559959 / 001 - 120741		
Address - Facility (Street, City, State, Zip Code) 1 W Brown St Waupun WI 539631923		Telephone Number 920-324-9558	Date - Regulation Visit 8/11/2025	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.04(3)(a) Report - Incident Or Accident Description: An incident that occurred while a child was in care that resulted in a medical evaluation was not reported to the department within 24 hours when a three old child received a head injury on July 25, 2025, and the center reported the incident on July 28, 2025.	<i>This incident Happened on a Friday evening. We reported on Monday morning as soon as we received all paper work. We will be sure in the future to report within the 24 hour time frame</i>	<i>8/19/2025</i>	
2	251.07(6)(dm)3.b. Medical Log - Injury In Care Description: An injury received by a child while in care of the center was not recorded in the medical log book when a child received a head injury on July 25, 2025 and the child's name, the date and time of the injury, and a brief description of the facts were not recorded.	<i>At our staff meeting 8/25 we will review procedures with staff on completing log books</i>	<i>8/25/25</i>	

NAME - Agency Worker
Kimberly Liebhart

Date Issued
8/18/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Miranda Bukowski

Date Signed

8/19/25