

<b>Date Correction Plan Due</b> 1/22/2025	<b>NONCOMPLIANCE STATEMENT AND CORRECTION PLAN</b>	<b>TO FILE A COMPLAINT CALL</b>
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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.

<b>Name - Certified Operator / Licensed Center</b> Iza Day Care	<b>Provider Number / Facility ID Number</b> 5000566685 / 002
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<b>Address - Facility (Street, City, State, Zip Code)</b> E4304 Us Highway 14 And 60 Spring Green WI 535889508	<b>Telephone Number</b> 608-588-7261	<b>Date - Regulation Visit</b> 1/8/2025
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	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	<p>202.08(11)(d) <b>A Safe Crib Or Playpen With A Tight-Fitting Mattress With A Tight-Fitting Covering Shall Be Available For Each Child Under One Year Of Age To Use For Napping Or Sleeping. The Crib Or Playpen May Not Contain Soft Or Loose Materials, Such As Sheepskins, Pillows, Blankets, Flat Sheets, Bumper Pads, Bibs, Pacifiers With Attached Soft Objects Or Stuffed Animals. A Certified Family Child Care Operator Shall Ensure That Each Crib Used By A Child In Care Satisfies The Applicable Federal Safety Standards In 16 Cfr Part 1219 Or 1220.</b></p> <p>Description: Tight-fitting covering was not available at the time of the visit.</p>	<p><i>have new sheet in bed</i></p>	<p><i>1-22-2025</i></p>	<p><i>Briefly saw the new sheet when leaving the premise.</i></p> <p><i>1-8-25</i></p>

**JAN 22 2025**

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2	<p>202.08(2)(c)  <b>The Indoor And Outdoor Areas Of The Home Shall Be Free Of Hazards. Potentially Dangerous Items And Materials Harmful To Children, Including Power Tools, Flammable Or Combustible Materials, Insecticides, Matches, Drugs And Any Articles Labeled Hazardous To Children Shall Be In Properly Marked Containers And Stored In Areas Inaccessible To Children.</b></p> <p>Description: Pizza cutter was in one of the kitchen drawers; lock on the cabinet that had dog treats need to be fixed/replaced; MamaRoo swing/rocker was recalled in August 2022.</p>	<p><i>pizza cutter has been moved up</i></p>	<p>1-22-2025</p> <p><i>Pizza cutter was already moved up high at the time of the visit on 1/8/25. O verified via email on 2-19-25</i></p>
3	<p>202.08(4)(a)1.  <b>For Each Child Under 2 Years Of Age, A Report Of A Physical Examination Conducted Not More Than 6 Months Prior To Nor Later Than 3 Months After The Child Is Admitted, And A Follow-Up Health Examination At Least Once Every 6 Months Thereafter.</b></p> <p>Description: Child #6 had a Health Report on file but not current.</p>	<p><i>will have Health Report - every 6 mo.</i></p>	<p>1-22-2025</p> <p><i>Email Received on 2-10-25.</i></p>

NAME - Agency Worker  
Hanaka Ehlert

Date Issued  
1/8/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed

*[Handwritten Signature]*

*1-15-25*