

| | | |
|---|--|---|
| Date Correction Plan Due 1/6/2026 | NONCOMPLIANCE STATEMENT AND CORRECTION PLAN | TO FILE A COMPLAINT CALL 715-930-1148 |
|---|--|---|

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 Jay's Geniuses Family Day Care | | Provider Number / Facility ID Number 7000571137 / 001 - 1003736 | | |
| Address - Facility (Street, City, State, Zip Code) 801 W Spence St Colby WI 544219621 | | Telephone Number 715-797-1372 | Date - Regulation Visit 11/20/2025 | |
| | Rule/Statute Number Noncompliance Statement | Correction Plan | Expected Completion Date | Verification Date |
| 1 | 250.04(6)(a)4m. Child Record - Immunization History Compliance Description: Center's child record files did not have the Immunization records for Child #1. Repeat violation: Previously cited on 12/19/2024 | Have parent complete new record and return | 1-15-26 | |
| 2 | 250.05(3)(fm) Biennial Training - Child Abuse & Neglect Description: The provider did not complete the training in Child Abuse and Neglect within the past 2 years. | Training is completed | 11-21-25 | |

| | | | | |
|---|--|--|--|------------------------------|
| Name - Certified Operator / Licensed Center Jay's Geniuses Family Day Care | | Provider Number / Facility ID Number 7000571137 / 001 - 1003736 | | |
| Address - Facility (Street, City, State, Zip Code) 801 W Spence St Colby WI 544219621 | | Telephone Number 715-797-1372 | Date - Regulation Visit 11/20/2025 | |
| | Rule/Statute Number Noncompliance Statement | Correction Plan | Expected Completion Date | Verification Date |
| 3 | 250.05(4)(c)1. Continuing Education - Requirement & Training Topics Description: The provider did not complete 15 hours of continuing education training for the 2024 annual period. | Complete 15 hours of training in the future for '26 | 12-31-26 | |
| 4 | 250.055(1)(h) Provider Other Activities Or Occupations Description: On 11-19-2025, the provider took her son to an orthodontist appointment in the city Wausau, WI and the children in care went along on this trip. The trip to Wausau occurred during the center's hours of operation. The provider may not be engaged in any other activity during the hours of operation of the center when children are in care, except for daily maintenance of the home. | Sign children in and out for activities outside of Childcare. Have alternative release and arrival form signed | 1-15-26 | |

NAME - Agency Worker
Sou Yang

Date Issued
12/23/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee
Jayme Prein-Malzahn

Date Signed
1-16-26