

Date Correction Plan Due 12/30/2024	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL 715-930-1148
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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 Sherry's Day Care		Provider Number / Facility ID Number 0000557820 / 001 - 1005342	
Address - Facility (Street, City, State, Zip Code) 569 155Th St Amery WI 54001		Telephone Number 715-268-4835	Date - Regulation Visit 12/11/2024
Rule/Statute Number Noncompliance Statement		Correction Plan	Expected Completion Date
1	250.04(6)(a)4.a. Child Record - Physical Exam - Under 2 Description: Child 1 and 5 did not have updated health reports in their file on the day of the monitoring visit.	I gave parentstil the end of January to get a copy of this form to me.	11/31/25
2	250.04(6)(a)4.b. Child Record - Physical Exam - Over 2, Under 5 Description: Child 2 & 3 did not have updated health reports in their file at the time of the monitoring visit.	I gave parents til the end of January to get a copy of this form to me.	1/31/25

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	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date
3	250.05(3)(e)2. Provider Training - Current Cpr Certificate Description: On the day of the monitoring visit the provider's CPR certificate was expired.	I will have this completed by January 31st.	1/31/25

NAME - Agency Worker
Kimberly Jasper

Date Issued
12/16/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed

Sherry L. Amodeo

12/31/24