

Date Correction Plan Due

6/10/24

NONCOMPLIANCE STATEMENT AND CORRECTION PLAN

TO FILE A COMPLAINT CALL

STATE OF WISCONSIN



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. This form is used by certified operators / licensed centers to meet the requirements of DCF 202.065, DCF 250.04(2)(f) and (3)(d), DCF 251.04(2)(L) and (3)(f), DCF 202.04(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

Ree's Enrichment Center

Provider Number / Facility ID Number

8000590678 / 001

Address - Facility (Street, City, State, Zip Code)
10050 N Dardis Ln Phillips WI 54555

Telephone Number
920-505-0669

Date - Regulation Visit
5/17/2024

Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1 202.08(1)(a)2. Each Child Care Operator Shall Demonstrate That The Operator Is Free From Tuberculosis Prior To Initial Certification. Each Provider Shall Demonstrate That He Or She Is Free From Tuberculosis Prior To The Date The Provider Begins Working With Children In Care.	Staff will contact physician for clear chest x-ray by August 1st, 2024	August 1st, 2024	

Agency: Certification Operator / Licensed Center

Agency Enrollment Center

Address: Facility (Street, City, State, Zip Code)

10050 N Davids Ln Phillips WI 54555

Provider Number / Facility ID Number
8000590578 / 001

Telephone Number
920-505-0669

Date - Regulation Visit
5/17/2024

Rule/Statute Number	Correction Plan	Expected Completion Date	Verification Date
202.08(1)(b)3.d Each Certified Operator And Each Provider Shall Comply With S. 48.851 And Obtain And Recertify As Necessary To Maintain Current Certification In Infant And Child Cardiopulmonary Resuscitation (Cpr). The Cpr Training Must Result In A Certificate Of Completion. If The Certificate Of Completion Does Not Have A Date Specifying The Length Of Time For Which It Is Valid, The Cpr Training Must Be Renewed Every Year.	Renew CPR every year	July 15 th 2024	
202.08(2)(h) If The Home Gets Water From A Private Well, Water Samples From The Well Shall Be Tested Annually By A Laboratory Certified Under Ch. Atop 77 And Shall Be Found Bacteriologically Safe. If Water Test Results Indicate The Water Is Bacteriologically Unsafe, The Water Shall Be Appropriately Treated And Retested Until It Is Determined To Be Safe. Bottled Water Shall Be Used Until The Water Is Determined To Be Safe.	Water test submitted to U.W extension Stevens Pointe	July 15 th 2024	
202.08(9)(1) Prior To The Day A Driver First Transports Children In Care, The Operator Shall Submit To The Certification Agency A Copy Of The Driving Record For Each Driver And Obtain Approval Of The Driver From The Certification Agency. Description: Driving record is being requested	Forward information to Agency	July 15 th 2024	Rec'd 7-8-24

Enrichment Center
 10350 N Dardis Ln Phillips WI 54555

Provider Number / Facility ID Number
 800059067B / 001

Rule/Statute Number Noncompliance Statement	Telephone Number Correction Plan	Date - Regulation Visit Expected Completion Date	Verification Date
5 202.09(9)(2) In Determining Whether A Driver May Pose A Threat To The Children, The Certification Worker Shall Consider The Totality Of The Driver's A.S. Record, Any Other Relevant Facts, And The Following Factors In Combination: A. The Seriousness Of Any Accidents Or Violations, B. The Amount Of Time That Has Passed Since An Accident Or Violation Occurred, C. The Number Of Accidents Or Violations, D. The Likelihood That A Similar Incident Will Occur.	920-505-0699 Provide copy of driving record	5/17/2024 July 15, 2024	Receipt 7-8-24

NAME - Agency Worker
 Lisa Cottrill

Date Issued

SIGNATURE Certified Operator or Designer / Licensee of Designee
Lisa Cottrill

Date Signed
 10/30/24