

<b>Date Correction Plan Due</b> 6/7/2024	<b>NONCOMPLIANCE STATEMENT AND CORRECTION PLAN</b>	<b>TO FILE A COMPLAINT CALL</b> 920-785-7811
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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)(l) 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> Country Kids Day Care		<b>Provider Number / Facility ID Number</b> 0000573430 / 001 - 1010950		
<b>Address - Facility (Street, City, State, Zip Code)</b> N7473 37Th Ave Ripon WI 549719426		<b>Telephone Number</b> 920-748-1302	<b>Date - Regulation Visit</b> 5/23/2024	
	<b>Rule/Statute Number</b> <b>Noncompliance Statement</b>	<b>Correction Plan</b>	<b>Expected Completion Date</b>	<b>Verification Date</b>
1	250.04(6)(a)4.b. <b>Child Record - Physical Exam - Over 2, Under 5</b>  Description: Based upon review on May 23, 2024, Child #4, #5 and #7 of the Child Record Checklist did not have documentation of a current follow-up health examination on file.  Repeat violation: Previously cited on 6/1/2023	Sent memo to all families with child in current care as a reminder to have their child's doctor fill out records every time child goes for well check.	Done 6/6/2024	
2	250.05(4)(c)1. <b>Continuing Education - Requirement &amp; Training Topics</b>  Description: Based upon review on May 23, 2024, the provider did not complete 15 hours of continuing education in 2023.	Have Completed current Cont Ed - Printed off Cont Ed record sheet to immediately document future continuing edue	Done 5/23/2024	

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5/23/2024

Rule/Statute Number	Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
5	Completed 12 hours of continuing education in 5053 Description: Based upon review on May 23, 2024, the provider did not Continuing Education - Requirements & Training Topics 520 02(4)(c)	Completed 12 hours of continuing education in 5053 Description: Based upon review on May 23, 2024, the provider did not Continuing Education - Requirements & Training Topics 520 02(4)(c)	2/23/2024 DOUS	
1	Physical examination on file Description: Based upon review on May 23, 2024, the provider did not have Child Record - Physical Exam - Over 3' Under 2 520 02(4)(d)	Physical examination on file Description: Based upon review on May 23, 2024, the provider did not have Child Record - Physical Exam - Over 3' Under 2 520 02(4)(d)	6/10/2024 DOUS	

NAME - Agency Worker  
Jamie Brandt

Date Issued  
5/24/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee

*Muse K. Estus*

Date Signed

6-7-2024