

Date Correction Plan Due 11/28/2024	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL 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)(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		Provider Number / Facility ID Number		
Mother Goose Family Daycare Center		2000590152 / 001 - 2005155		
Address - Facility (Street, City, State, Zip Code)		Telephone Number	Date - Regulation Visit	
N9094 Hwy 45 Clintonville WI 54929		715-823-6900	11/13/2024	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.04(6)(a)6m. Child Record - Immunization History Description: Child #1 on the child record checklist failed to have documentation of immunization records on file.	Family was given notice to have this turned into our office within 30 days.	11/30/2024	11/20/24
2	251.04(6)(a)8. Child Record - Physical Examination Description: Child #3 on the child record checklist failed to have an updated health report on file. Repeat violation: Previously cited on 10/20/2023	Family was given notice to have this turned into our office within 30 days	12/10/2024	11/20/24

NAME - Agency Worker
Gina Linssen

Date Issued
11/14/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Jessica Schroeder

Date Signed
11/20/2024