

Date Correction Plan Due	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 Country Daycare Llc	Provider Number / Facility ID Number 8000592258 / 001 - 2006767
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Address - Facility (Street, City, State, Zip Code) N8089 Town Hall Rd Eldorado WI 549328702	Telephone Number 920-948-4227	Date - Regulation Visit 1/29/2026
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	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	250.04(6)(a)1.f Child Record - Enrollment Information - Medical Contact Description: Child 2 and 4 failed to have a physician or medical facility listed on the enrollment.	Contact mom and get paperwork to state and update files update files	April 15th 2026	
2	250.04(6)(a)4.b. Child Record - Physical Exam - Over 2, Under 5 Description: Child 2 and 4 failed to have an initial health report within 3 months of being admitted.	Get paperwork to mom d have her return it and update files.	April 15th 2026	

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	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date Verification Date
3	250.04(6)(a)4m. Child Record - Immunization History Compliance Description: Child 2 and 4 failed to have an immunization record on file.	To get immunizations history updated and put in files.	April 15th

NAME - Agency Worker
Amie Bodart

Donna Menten
SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Issued

2/5/26
Date Signed