

Date Correction Plan Due
5/8/2024

NONCOMPLIANCE STATEMENT AND CORRECTION PLAN

TO FILE A COMPLAINT CALL
608-422-6765

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

Country Grove Preschool

2000582842 / 001 - 1012298

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

3201 Tanglewood Dr Madison WI 53719

Telephone Number
608-845-7988

Date - Regulation Visit
4/15/2024

Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1 251.07(6)(f)5. Medication Administration - As Labeled & Authorized Description: Medications were not administered as labeled and authorized when an inhaler found on site was past its discard by date.	We sent the expired medication home with the family that night, And asked they send a new medication if necessary	4/15/24	

NAME - Agency Worker
Robert Mccoy

Date Issued
4/24/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed