Date Correction Plan Due

NONCOMPLIANCE STATEMENT AND CORRECTION PLAN

TO FILE A COMPLAINT CALL 608-422-6765

may submit plans of correction however are not required to do so. 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 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) 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.

notice of the sanction and / or penalty and your appeal rights. 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 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 date(s) for each item. 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 Instructions: The Noncompliance Statement below identifies the violation(s) of child care statute and / or administrative rule identified by the certification / licensing specialist. 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

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pick up items.	Description: The exit door in Room 2 was partially blocked with a small pile of backpacks and other items.	251.06(4)(d) Exits & Passageways - Unobstructed, Minimum Width	Rule/Statute Number Noncompliance Statement	Address - Facility (Street, City, State, Zip Code) 6187 Portage Rd Deforest WI 535322938	Country Creek Learning Center	Name - Certified Operator / Licensed Center
	about this policy and Room & designeted a spot away from threw exit	Each teacher was remited 4-25-202	Correction Plan	Telephone Number 608-244-3626	10005	Provid
		206-54-H	Expected Completion Date	Date - Regulation Visit 4/14/2022	1000571861 / 001 - 1004337	Provider Number / Facility ID Number
		9	Verification Date	Visit		mber

Sura DIShop

AME - Certification Worker / License

NAME - Certification Worker / Lidensing Specialist Amy Anderson

Date Issued 4/14/2022

SIGNATURE Certified Operator or Designee / Licensee or Designee

DCF-F-CFS0294-E (R.06/2011)

1/35/2020