

Date Correction Plan Due 11/12/2024	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL
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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 Berry Branch-Extra Mile Child Care		Provider Number / Facility ID Number 2000560952 / 006 - 2003490		
Address - Facility (Street, City, State, Zip Code) 300 Salem Dr Plymouth WI 530732050		Telephone Number 920-892-5037	Date - Regulation Visit 10/23/2024	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.04(6)(a)6. Child Record - Health History Description: Based upon review on October 23, 2024, Child #1 of the Child Record Checklist did not have documentation of health history on file prior to their first day of attendance.	Health History Documentation for Child #1 will be obtained and on file in the center.	11/12/24	
2	251.04(6)(a)6m. Child Record - Immunization History Description: Based upon review on October 23, 2024, Child #1 of the Child Record Checklist did not have documentation of immunization history on file within 30 days of their first day of attendance.	Immunization History Documentation for Child #1 will be obtained and on file in the center.	11/12/24	

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NAME - Agency Worker
Jamie Brandt, Clint Smith

Date Issued
10/29/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Korayn K. Hansen

Date Signed
11/12/2024