

**NONCOMPLIANCE STATEMENT AND CORRECTION PLAN**

**TO FILE A COMPLAINT CALL**  
608-422-6765

**Date Correction Plan Due**  
2/14/2024

**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, 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**

Y Kids Horicon

9000556279 / 027 - 2005671

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

841 Gray St Horicon WI 530321730

**Telephone Number**

920-485-4441

**Date - Regulation Visit**

1/29/2024

**Correction Plan**

**Expected Completion Date**

**Verification Date**

**Rule/Statute Number  
Noncompliance Statement**

1 251.04(2)(L)1.a.

**Monitoring Results Posted**

Description: The noncompliance statement, including the rule violations from the January 11, 2023, was not posted.

*Print and Post on Parent Board*

*3/1/24*

2 251.06(4)(b)

**Fire Extinguishers - Staff Use**

Description: Staff were not knowledgeable about the use of the fire extinguisher when a staff reported not being trained in how to use the fire extinguisher.

*Retrain in the fire extinguisher procedures to Horicon Staff*

*3/1/24*

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Date - Regulation Visit  
1/29/2024

Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
3 <b>Medical Log - Reviewing Injury Records</b>  Description: The medical logbook was not reviewed every 6 months to ensure that all possible preventive measures are being taken when it was last reviewed on February 6, 2023.	<i>Designate Lead Teacher to Review Book once a month.</i>	<i>3/1/24</i>	

NAME - Agency Worker  
Kimberly Liebhart

Date Issued  
2/1/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee



Date Signed  
*2/1/24*