

**Date Correction Plan Due**  
 3/17/2025

**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**  
 Y Kids Horicon  
**Provider Number / Facility ID Number**  
 9000556279 / 027 - 2005671

**Address - Facility (Street, City, State, Zip Code)**  
 841 Gray St Horicon WI 530321730  
**Telephone Number**  
 920-485-4441  
**Date - Regulation Visit**  
 2/25/2025

Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
<p>1 251.07(6)(dm)4.  <b>Medical Log - Reviewing Injury Records</b></p> <p>Description: The director did not review records of injuries every 6 months to ensure that all possible preventive measures were taken when the medical log book was reviewed on 5/1/2024 and 2/11/2025.                      Repeat violation: Previously cited on 1/29/2024</p>	<p>Will ensure med log is getting reviewed in accordance to licensing standards moving forward</p>	<p>3/3/25</p>	
<p>2 251.07(6)(f)1.a.  <b>Medication Administration - Parent Authorization</b></p> <p>Description: A written medication authorization form had a blanket authorization which is prohibited.</p>	<p>Will locate the form, reach out to parent, and have it properly filled out</p>	<p>3/19/25</p>	

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Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
3 251.07(6)(f)5. <b>Medication Administration - As Labeled &amp; Authorized</b> Description: Medication was being kept at the center and had an expiration date of November, 2024, and was not reviewed periodically for the expiration date.	Will discuss at staff meeting 3/12/25 that medications need to be checked periodically to ensure they are not expired	3/12/25	

NAME - Agency Worker  
Kimberly Liebhart

Date Issued  
3/3/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed

3/11/25