

NONCOMPLIANCE STATEMENT AND CORRECTION PLAN
Date Correction Plan Due: 9/10/2025
TO FILE A COMPLAINT CALL: 715-930-1148

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
Country Kids Child Care And Presch
Provider Number / Facility ID Number: 6000574876 / 003 - 1012490

Address - Facility (Street, City, State, Zip Code)
19395 County Rd Dd Bloomer WI 54724
Telephone Number: 715-568-3510
Date - Regulation Visit: 8/7/2025

Rule/Statute Number	Correction Plan	Expected Completion Date	Verification Date
251.05(2)(a)1. Staff Record - Personal Information Description: Center did not have a completed Staff Record form on Staff B. Staff B's date of employment was 8-1-2025.	Update Staff record.	9-1-2025	
251.05(2)(a)8. Staff Record - Orientation Description: Center did not have documentation on Staff A and Staff B for having received an orientation for their job position.	Re-do Orientation and update in Staff A+B's folder.	9-1-2025	

Collection Type	Collection Date	Expected	Assignment
Psychiatric Hospital	8/10/2025	8/10/2025	DCP - Psychiatric Hosp
Psychiatric Hospital	8/10/2025	8/10/2025	DCP - Psychiatric Hosp

Name - Certified Operator / Licensed Center
 Country Kids Child Care And Presch
Address - Facility (Street, City, State, Zip Code)
 19395 County Rd Dd Bloomer WI 54724

Provider Number / Facility ID Number
 6000574876 / 003 - 1012490

Telephone Number
 715-568-3510

Date - Regulation Visit
 8/7/2025

Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
251.055(1)(i) 251.055(1)(i) 251.055(1)(i) Person In Sole Charge Of Children - Minimum Age Description: The school-age classroom had one worker with 9 school-age children, and the worker was 17 years of age.	Will ensure that the school age worker is 18 years of age or with another teacher that is 18 yrs of age	8-8-25	

251.055(1)(i) 251.055(1)(i) 251.055(1)(i)

Person In Sole Charge Of Children - Minimum Age

Description: The school-age classroom had one worker with 9 school-age children, and the worker was 17 years of age.

Will ensure that the school age worker is 18 years of age or with another teacher that is 18 yrs of age

8-8-25

Name - Agency Worker / Designee
 Sou Yang

Signature
 Sou Yang

Date Issued
 8/27/2025

Date Signed
 9-1-2025