

<b>Date Correction Plan Due</b> 7/7/2025	<b>NONCOMPLIANCE STATEMENT AND CORRECTION PLAN</b>	<b>TO FILE A COMPLAINT CALL</b> 608-422-6765
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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.

<b>Received</b>		<b>State of Wisconsin</b>		<b>Provider Number / Facility ID Number</b>	
Country Grove Preschool		<b>JUL - 3 2025</b>		2000582842 / 001 - 1012298	
<b>Name - Certified Operator / Licensed Center</b>		<b>Telephone Number</b>		<b>Date - Regulation Visit</b>	
3201 Tanglewood Dr Madison WI 53719		608-845-7988		6/9/2025	
<b>DCF DECE BECR SOUTHERN REGIONAL OFFICE</b>		<b>Correction Plan</b>		<b>Expected Completion Date</b>	<b>Verification Date</b>
1	<b>251.07(6)(f)5.</b> <b>Medication Administration - As Labeled &amp; Authorized</b>  Description: The center was not in compliance when expired medications were found on site that could not be administered as labeled and authorized.  Repeat violation: Previously cited on 4/15/2024	We sent home expired medication, Family brought in new medication & filled out new authorization form		6/10/25	
2	<b>251.08(4)(c)1.</b> <b>Driver Record - Obtain &amp; Review</b>  Description: The center was not in compliance when no current driver's record could be found on file. Records were obtained and verified after the monitoring visit.	Updated driving record.		6/10/25	6/20/2025

<b>Name - Certified Operator / Licensed Center</b> Country Grove Preschool		<b>Provider Number / Facility ID Number</b> 2000582842 / 001 - 1012298	
<b>Address - Facility (Street, City, State, Zip Code)</b> 3201 Tanglewood Dr Madison WI 53719		<b>Telephone Number</b> 608-845-7988	<b>Date - Regulation Visit</b> 6/9/2025
	<b>Rule/Statute Number Noncompliance Statement</b>	<b>Correction Plan</b>	<b>Expected Completion Date</b>
3	251.08(5)(b) <b>Vehicle Inspection Report</b>  Description: The center was not in compliance when no record of a current vehicle inspection report, required every 12 months, could not be found on file. An inspection report was obtained and verified after the monitoring visit.	Update vehicle inspection report	6/13/25
			<b>Verification Date</b> 6/20/2025

**NAME - Agency Worker**  
Robert Mccoy

**Date Issued**  
6/20/2025

**SIGNATURE - Certified Operator or Designee / Licensee or Designee**

**Date Signed**

6/27/25