

<b>Date Correction Plan Due</b> 12/22/2025	<b>NONCOMPLIANCE STATEMENT AND CORRECTION PLAN</b>
<b>TO FILE A COMPLAINT CALL</b> 262-446-7800	

**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>Name - Certified Operator / Licensed Center</b> Lake Country Childcare LLC		<b>Provider Number / Facility ID Number</b> 8000589628 / 001 - 2004137	
<b>Address - Facility (Street, City, State, Zip Code)</b> W287n3700 North Shore Dr Pewaukee WI 530723136		<b>Telephone Number</b> 262-696-8098	
<b>Rule/Statute Number</b> <b>Noncompliance Statement</b>		<b>Correction Plan</b>	<b>Expected Completion Date</b>
1	251.07(6)(dm)2. <b>Medical Log - Pages &amp; Entries</b>  Description: One of the medical log books reviewed did not have all of the pages numbered.  Repeat violation: Previously cited on 3/11/2025	Staff have all been reminded that all med logs should be numbered throughout the entire book. All books in center reviewed.	12/16/25
2	251.07(6)(dm)3.a. <b>Medical Log - Observation Or Evidence Of Injury</b>  Description: An injury a child who sustained while not in care is not documented in the medical log book. Staff reported the child came to the center with a large scratch on their nose.	Staff have been retrained on how and when to write entries in logs.	12/16/25

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Address - Facility (Street, City, State, Zip Code) W287n3700 North Shore Dr Pewaukee WI 530723136		Telephone Number 262-696-8098	Date - Regulation Visit 12/2/2025
Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
3 251.07(6)(f)1.a. <b>Medication Administration - Parent Authorization</b>  Description: A medication authorization form for a prescription diaper cream does not have an end date.  A medication authorization form for Tylenol is not signed by the parent.	Staff have been retrained on how med forms should be completed by parents. Helping by highlighting needed parts for parents to complete will be implemented.	12/16/25	

NAME - Agency Worker

Sara Cooney



Date Issued

12/8/2025

12/16/25

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed