

<b>Date Correction Plan Due</b> 5/3/2024	<b>NONCOMPLIANCE STATEMENT AND CORRECTION PLAN</b>	<b>TO FILE A COMPLAINT CALL</b> 715-930-1148
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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>Name - Certified Operator / Licensed Center</b> Kerrie's Country Daycare		<b>Provider Number / Facility ID Number</b> 7000577507 / 001 - 1015613		
<b>Address - Facility (Street, City, State, Zip Code)</b> 23046 County Highway Q New Auburn WI 54757		<b>Telephone Number</b> 715-237-3206	<b>Date - Regulation Visit</b> 3/18/2024	
<b>Rule/Statute Number</b> <b>Noncompliance Statement</b>		<b>Correction Plan</b>	<b>Expected Completion Date</b>	<b>Verification Date</b>
1	250.05(4)(c)1. <b>Continuing Education - Requirement &amp; Training Topics</b>  Description: Provider did not complete 15 hours of continuing education within the 2023 annual period.	DCF DECE BECR WRO  I will get my training in before the end of the year.	December 31 2024	
2	250.055(2)(b) <b>Maximum Number Of Children In Care Of The Provider</b>  Description: On 3-18-2024, 6 children were in care from 8 am to 11 am. Three of the children are under 2 years of age and the other three children were between 2 years and under 3 years old. Two child care workers are required for this group of children.	I will only have the amount of children I am qualified for.	As long as my liscence goes for.	

Received  
State of Wisconsin  
MAY 03 2024

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Address - Facility (Street, City, State, Zip Code) 23046 County Highway Q New Auburn WI 54757		Telephone Number 715-237-3206	Date - Regulation Visit 3/18/2024
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date Verification Date
3	250.06(11)(b)4. Outdoor Play Space - Enclosure  Description: The outdoor play area had no enclosure. The enclosure must be at least 4 feet high.	I plan on getting a fence up and keeping it up	Done by July 31 2024
4	250.06(6)(b)3.a. Private Well - Lead Test  Description: Center have not done a lead test for its well water testing within the last 5 years. The water test for lead must be done every 5 years using a laboratory certified by the department of natural resources.	Lead test will be taken every 5 years.	this was completed on 4-10-24

NAME - Agency Worker  
Sou Yang

Date Issued  
4/19/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee

*Kerrie Sykes*

Date Signed

4-25-24