

Date Correction Plan Due  
9/16/2025

## 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 202.066, DCF 250.04(2)(i) and (3)(d), DCF 251.04(2)(L) and (3)(7), DCF 252.41(1)(L) and (2)(x). 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. 48.857. 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		Provider Number / Facility ID Number	
Happy Family Daycare		1000583561 / 001 - 1012575	
Address - Facility (Street, City, State, Zip Code) 107 N 4Th St Mount Horeb WI 535721731		Telephone Number 608-712-0488	Date - Regulation Visit 8/27/2025
#	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date Verification Date
1	250.04(0)(a)4. <b>Child Record - Physical Exam</b>  Description: Child #1 did not have a health report on file.	I have given papers to parents. To be filled out by Doctors office	9-4-25
2	250.04(6)(a)4m. <b>Child Record - Immunization History Compliance</b>  Description: Child #1 did not have immunization history on file.	I have given papers to Parents. To filled out by Doctors office	9-4-25
3	250.05(3)(e)2. <b>Provider Training - Current Cpr Certificate</b>  Description: Provider did not have documentation of a current infant/child CPR certificate.	Doing CPR on 9-12-25 on line.	9-4-25

Rule/Statute Number Noncompliance Statement		Correction Plan	Expected Completion Date	Verification Date
4	250.05(3)(m) <b>Biennial Training - Child Abuse &amp; Neglect</b>  Description: Provider did not have documentation of completing child abuse and neglect training, required every two years.	Going on line 9-12-25	9-4-25	
5	250.06(2)(k) <b>Deteriorating Or Toxic Paint</b>  Description: Chipping paint was accessible to children on the playroom walls.	Getting paint this weekend to touch up paint in playroom.	9-9-25	
6	250.06(3)(b) <b>Emergency Plans - Practice</b>  Description: Provider did not practice and document monthly fire and tornado drills for the months of May, June and July 2025.	Has be taken care of and up to date.	9-4-25	
7	250.06(9)(g) <b>Meals &amp; Snacks - Intervals</b>  Description: Children went without nourishment for longer than 3 hours when the license reported that 2 of the children were served breakfast at 8:30am and by 12:30pm the children had not been served lunch.	Changed eating schedule 9:00 am 12:00 pm 3:00 pm	9-4-25	

NAME - Agency Worker  
Rebecca Brickson

Date issued  
9/2/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed

*Georgi Haralalson*

9-9-25