Date Correction Plan Due	NONCOMPLIANCE STATEMENT AND CORRECTION	TO FILE A COMPLAINT CALL
3/28/2020	PLAN	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 / I	Licensed Center	Provide	Provider Number / Facility ID Number		
Country Friends Family Ch	nild Care	9000561179 / 001 - 531203			
Address - Facility (Street, City, State, Zip Code) W4942 State Highway 98 Greenwood WI 544377632		Telephone Number 715-267-3282	Date - Regulation Visit 3/10/2020		
	atute Number lance Statement	Correction Plan	Expected Completion Date	Verification Date	
1 250.04(3)(b) Report - Damage To Description: The lice tornado damaged th after the occurrence	ensee did not report to the Department that and Familias are outdoor play space enclosure within 24 hours	I toldDCF about tornado when they came for visit	3-10-2020		
Description: There vertraining at least ever to identify children we procedure for ensure	Child Abuse & Neglect was not documentation of Staff A having received ry two years in child abuse and neglect laws, how who have been abused or neglected, and the ing that all known or suspected cases of child a immediately reported to the proper authorities.	Do the Child abuse and neglect training	3-31-2020		

			ovider Number / Facility ID Number 000561179 / 001 - 531203	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
3	250.06(11)(b)4. Outdoor Play Space - Enclosure Description: There was not a permanent enclosure not less than 4 feet high to protect the safety of the children in care.	install new Fence	5-29-20	
	materia (gage agents agrees			

NAME - Certification Worker / Licensing Specialist April Callihan	Date Issued 3/14/2020	
SIGNATURE - Certified Operator or Designee / Licensee or Designee	Date Signed	
Wandy Monow	3-26-20	

DCF-F-CFS0294-E (R.06/2011)