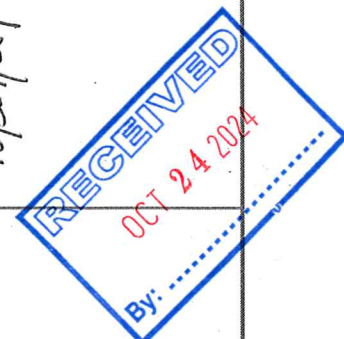
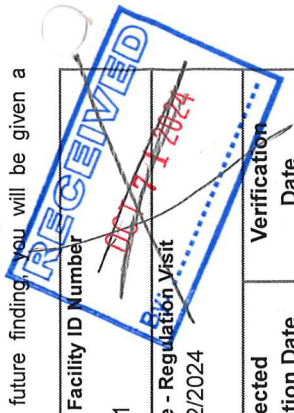


<b>Date Correction Plan Due</b> 10/25/2024	<b>NONCOMPLIANCE STATEMENT AND CORRECTION PLAN</b>	<b>TO FILE A COMPLAINT CALL</b>
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**Use of Form:** This form is used by certification / licensing staff to identify statute and / or administrative rule violation(s) 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> Green Acres Family Childcare	<b>Provider Number / Facility ID Number</b> 4000588634 / 001	<b>Date - Regulation Visit</b> 10/2/2024
<b>Address - Facility (Street, City, State, Zip Code)</b> 322 19 1/4 St Chetek WI 547289341	<b>Telephone Number</b> 715-764-0182	<b>Expected Completion Date</b>
<b>Rule/Statute Number</b> Noncompliance Statement	<b>Correction Plan</b>	<b>Verification Date</b>
1 202.08(2)(h) If The Home Gets Water From A Private Well, Water Samples From The Well Shall Be Tested Annually By A Laboratory Certified Under Ch. Atcp 77 And Shall Be Found Bacteriologically Safe. If Water Test Results Indicate The Water Is Bacteriologically Unsafe, The Water Shall Be Appropriately Treated And Retested Until It Is Determined To Be Safe. Bottled Water Shall Be Used Until The Water Is Determined To Be Safe.  Description: Nitrates safe. Retesting for bacteria. New well last year.	<div style="background-color: #90EE90; padding: 10px; border: 1px solid black;">                     Will give you the results of the new test when I receive them back. Love                 </div>	SAFE test result submitted 10/24/24



**NAME - Agency Worker**  
Lisa Cottrell

**Date Issued**  
10/3/2024

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

*Lisa Cottrell*

**Date Signed**  
10/7/2024