Date Correction Plan Due 3/18/2021

NONCOMPLIANCE STATEMENT AND CORRECTION PLAN

TO FILE A COMPLAINT CALL 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.

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Name - Certified Operator / Licensed Center Kids Kountry Learning Center Ltd		MAR	1 1 2021	Provider Number / Facility ID Number 3000559393 / 001 - 520043			
,			Tolonton Number		Date - Regulation Visit 2/23/2021		
	Rule/Statute Number Noncompliance Statement			orrection Plan	Expected Completion Date	Verification Date	
Desc Regi quali	Staff Record - Registry Certificate Description: Staff D, E, F and H are missing a certificate from The Registry documenting that they have met the educational ualifications for a teacher. All 4 Staff have worked as a teacher for onger than 6 months.		All Kids Registry reviewed certifica no later All file:	try Certificates will be 5-1-21 wed a if needed new Ficates will be requested ater than may, 1, 2021. Files will be updated.			
Medi	07(6)(dm)4. ical Log - Reviewing Injury Records cription: An inspection of the medical log book in the Cubbie n revealed the log hasn't been reviewed every 6 months as ille.	es required	Medica will be every si Adminis	I Log Books reviewed/initialed x months by trator.	03.08.21		

Name - Certified Operator / Licensed Center				Provide	Provider Number / Facility ID Number			
Kids	Kountry Learning Center Ltd				3000559393 / 001 - 520043			
Addr 1319	ress - Facility (Street, City, State, Zip Code) 9 Mark Ave Tomah WI 54660		Telephone Number 608-372-5437	Date - Regulation Visit 2/23/2021				
	Rule/Statute Number Noncompliance Statement		Correction Plan		Expected Completion Date	Verification Date		
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	E - Certification Worker / Licensing Specialist fer Stubbe			Date Issued 3/4/2021				
JIGN/	ATURE - Certified Operator or Designee / Licensee or	Designee		D	Date Signed			
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