

Date Correction Plan Due 7/29/2024	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL 715-361-7700
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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.

Name - Certified Operator / Licensed Center Mary's Daycare		JUL 22 24	Provider Number / Facility ID Number 0000581770 / 001 - 2001178		
Address - Facility (Street, City, State, Zip Code) 713 S Prospect Ave Crandon WI 545201726		Telephone Number 715-902-0754		Date - Regulation Visit 7/11/2024	
	Rule/Statute Number Noncompliance Statement	Correction Plan		Expected Completion Date	Verification Date
1	250.05(3)(e)2. Provider Training - Current Cpr Certificate Description: Provider's current CPR/AED certification was not taken with an approved provider.	took approved CPR course		7/18/24	
2	250.05(3)(fm) Biennial Training - Child Abuse & Neglect Description: Provider does not have documentation of current Mandated Reporter Reporting. Repeat violation: Previously cited on 8/30/2023	Have documentation 7/17/24		7/17/24	

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3	250.06(12)(c)2. Off-Premises Swimming - Lifeguards Description: Per observation, children were swimming/playing in the water at the local beach and a lifeguard was not present.	No more swimming w/o lifeguard on premise	7/18/24

NAME - Agency Worker
Kirsten Kronberger, Bonnie Davis

Date Issued
7/15/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Mary Kircher

Date Signed
7/18/24