Date Correction Plan Due	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL
11/10/2025		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 / Licensed Center	Provider Number / Facility ID Number
Natural Wonders Daycare	8000591908 / 001 - 2007279

Address - Facility (Street, City, State, Zip Code)	Telephone Number	Date - Regulation Visit
515 Birch St River Falls WI 54022	715-245-7465	8/14/2025

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	250.04(6)(a)4m. **Child Record - Immunization History Compliance** Description: The center could not locate a record of immunizations for child # 3 and #4 to document compliance with s. 252.04 Stats., and ch. DCF 144.	Immunization records were received from parents and placed into files.	8/15/2025	
2	250.04(6)(a)5. **Child Record - Consent For Emergency Medical Treatment** Description: Child # 9's record was missing written consent from the child's parents for medical attention to be sought if child is injured.	Signature was acquired and put into child's file.	8/15/2025	

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	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
3	250.05(3)(fm) **Biennial Training - Child Abuse & Neglect** Description: There was not documentation of Staff B having received training within one week after beginning work at the center and at least every 2 years thereafter, on child abuse and neglect laws, how to identify children who have been abused or neglected, and the procedure for ensuring that all known or suspected cases of child abuse or neglect are immediately reported to the proper authorities.	Staff attended training and record was put into file.	9/01/2025	

NAME - Agency Worker
April Callihan

Date Issued
10/27/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee
Jessica Vought

Date Signed
10/30/2025