Date Correction Plan Due	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL
12/5/2025		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	11/21/2025

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	250.04(6)(b) **Current, Accurate Daily Attendance Record** Description: On 11/21/25, the attendance was not current and accurate when five children were observed in care and none were signed in on the attendance record. In addition, the attendance record had not been filled out for 11/19/25 or 11/20/25, although it was confirmed that children had been in care on those days.	Attendance form was filled out by staff for missing times. Going forward all children will be signed in immediately upon arrival.	11/24/25	
2	250.06(3)(b) **Emergency Plans - Practice** Description: Documentation of the center having practiced a fire and a tornado drill for October was not available for review. The licensee acknowledged that they had missed conducting the safety drills for October.	Safety drills will be practiced and documented Monthly. Staff will have calendar dates in which each drill will need To be practiced and dated.	11/24/25	

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NAME - Agency Worker
April Callihan

Date Issued
11/21/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed