

Date Correction Plan Due 5/1/2025	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.

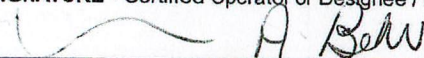
Name - Certified Operator / Licensed Center Abc Family Daycare		Provider Number / Facility ID Number 1000557111 / 002 - 1010795		
Address - Facility (Street, City, State, Zip Code) 152082 Tulip Ln Wausau WI 544016660		Telephone Number 715-470-0413	Date - Regulation Visit 4/16/2025	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	250.04(6)(a)4.a. Child Record - Physical Exam - Under 2 Description: Child 1 did not have a current health report on file.	I gave the health form to the parent & asked to have a signed physician health form brought back asap.	Done 4-28-2025	Done 4-28-2025
2	250.04(6)(a)4.b. Child Record - Physical Exam - Over 2, Under 5 Description: Child 6 did not have a current health report on file.	I gave the parent a health form to be filled out & signed by his physician & returned asap.	4-24-2025	Done 4-24-2025
3	250.04(6)(a)5. Child Record - Consent For Emergency Medical Treatment Description: Child 5 did not have parental consent for emergency medical treatment on file.	I plan to go over this paperwork w/mom & will have her check & initial each box at next drop off day	4-21-2025	Done 4-21-2025

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	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
4	250.08(4)(c)1. Driver Record - Obtain & Review Description: Staff A did not have a current driver record on file.	update driving record	Done 4-18-2025	Done 4-18-2025
5	250.09(1)(c)4. Infant & Toddler - Soft Materials In Cribs Description: Per observation, there was a hanging towel on the side of a pack and play while an infant was sleeping inside.	The towel hanging on the end of the pack & play is removed & will not be placed there again	Done 4-16-2025	Done 4-16-2025

NAME - Agency Worker
Bonnie Davis

Date Issued
4/17/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee



Date Signed

4-28-2025