Date Correction Plan Due 7/21/2026	**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.

Name - Certified Operator / Licensed Center		**Provider Number / Facility ID Number**	
Mariann's Little Lambs		8000557818 / 001 - 530778	
Address - Facility (Street, City, State, Zip Code) 436 S Keller Ave Amery WI 54001	**Telephone Number** 715-268-4946	**Date - Regulation Visit** 7/2/2026	

	Rule/Statute Number Noncompliance Statement	**Correction Plan**	**Expected Completion Date**	**Verification Date**
1	250.04(6)(a)1m. **Child Record - Health History** Description: Health History and Emergency Care Plan information is required to be on file prior to a child's first day of attendance. This information was not observed in the file for Child #1 on the day of the monitoring visit.	Give new form Received State of Wisconsin AUG 0 3 2026 DCF DECE BECR WRO	9-1-2026	
2	250.04(6)(a)4.a. **Child Record - Physical Exam - Under 2** Description: Each child under 2 years of age shall have an initial health examination not more than 6 months prior to nor later than 3 months after being admitted to the center. Child #1 has been in care for more than 3 months and did not have a child health report on file. Repeat violation: Previously cited on 9/4/2025	Give forms	9-1-2026	

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3	250.04(6)(a)4.b. **Child Record - Physical Exam - Over 2, Under 5** Description: Each child 2 years of age and under age 5 shall have an initial health examination not more than one year prior to nor later than 3 months after being admitted to the center. Child #2 has been in care for more than 3 months and did not have a child health report on file. Repeat violation: Previously cited on 9/4/2025	Give Newform	8/7/26	
4	250.04(6)(a)4m. **Child Record - Immunization History Compliance** Description: Documentation that indicates the child's immunization history is in compliance with s. 252.04, Stats., and ch. DHS 144 was not observed in the file for Child #2.	Having parents print	8/7/26	
5	250.04(8) **Mandated Reporting - Child Abuse & Neglect** Description: Provider was missing documentation of having received training within the past two years on child abuse and neglect laws, identification, and reporting.	Will take online	8-1/26	

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6	250.06(3)(b) **Emergency Plans - Practice** Description: Fire and tornado drills were not documented for the month of May and June 2026. The provider is required to keep written records of dates and times of all the monthly fire and tornado drills practiced.	filled in with drill dates + times	7/2/26	

NAME - Agency Worker
Wendy Badzinski

Date Issued
7/3/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed
7-10-26