2001/001

Date Correction Plan Due	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL
11/4/2026		608-422-6765

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
Junes Family Daycare	8000583668 / 001 - 1013136

Address - Facility (Street, City, State, Zip Code)	Telephone Number	Date - Regulation Visit
28850 County Hwy Ba Richland Ctr WI 53581	608-553-2476	10/20/2026

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	250.06(2)(k) **Deteriorating Or Toxic Paint** Description: Chipping paint is present in the napping room and hallway outside of it.	The chipping paint has been Smoothed and Spackled. I have hired someone to put on Corner trim to protect from future damage.	11/22/2026	
2	250.09(1)(c)4. **Infant & Toddler - Soft Materials In Cribs** Description: During the monitoring visit, a bag of wipes was in a crib while an infant was laying in it.	Wipes will be kept in the holder that is on the outside of the crib.	10/22/2026	

NAME - Agency Worker
Casey Allison

Date Issued
10/21/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed
11/01/2026

11/03/2026 TUE 12:43 FAX 608 647 8025 WRCO Radio