


Date Correction Plan Due 5/30/2025	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL 608-422-6765
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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 Mia's Daycare Llc		Provider Number / Facility ID Number 4000591564 / 001 - 2006765		
Address - Facility (Street, City, State, Zip Code) 6121 Odana Rd Madison WI 537191103		Telephone Number 608-228-7103	Date - Regulation Visit 5/15/2025	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	<p>251.04(2)(L)1.b. Department Notices Posted</p> <p>Description: A warning letter that was issued was not posted next to the license.</p> <p>Una carta de advertencia que fue emitida no fue publicada cerca de la licencia.</p>	<p>We published the document at the entrance just as the licensor specified.</p>	<p>5/17/2025</p>	
2	<p>251.07(6)(dm)4. Medical Log - Reviewing Injury Records</p> <p>Description: Medical logs were not reviewed every 6 months.</p> <p>Los registros medicos no se revisaron cada 6 meses.</p>	<p>They were reviewed and signed according to the specifications provided by the licensor.</p>	<p>5/17/2025</p>	

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NAME - Agency Worker
Michelle Garcia


SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Issued
5/16/2025
05/20/25
Date Signed