

Date Correction Plan Due 3/24/2025	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 Mistys Child Enrichment Center		Received State of Wisconsin	Provider Number / Facility ID Number 0000573220 / 002 - 1013482	
Address - Facility (Street, City, State, Zip Code) 116 S Cedar St Adams WI 53910		MAR 17 2025	Telephone Number 608-474-0647	Date - Regulation Visit 3/10/2025
	DCF DECE BECH SOUTHERN REGIONAL OFFICE	Correction Plan	Expected Completion Date	Verification Date
1	Rule/Statute Number 250.06(2)(n)1.a. Noncompliance Statement Radon - Testing Description: The center was not in compliance when no record of required radon testing was found on file. Documents were requested by email December 10, 2024 and January 17, 2025.	Submit Radon Testing report with non compliance statement. Radon testing date 10/28/2024	3/11/2025	

NAME - Agency Worker Robert Mccoy	Date Issued 3/10/2025
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SIGNATURE - Certified Operator or Designee / Licensee or Designee 	Date Signed 3/11/2025
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