

Date Correction Plan Due 7/1/2026	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.

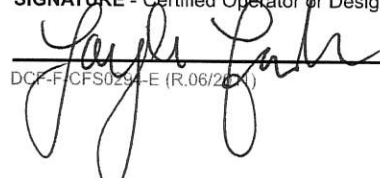
Name - Certified Operator / Licensed Center Wausau Child Care-Franklin St Ctr		Provider Number / Facility ID Number 0000557000 / 004 - 620078		
Address - Facility (Street, City, State, Zip Code) 721 Franklin St Wausau WI 544034978		Telephone Number 715-848-1436	Date - Regulation Visit 6/16/2026	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.04(6)(a)6m. Child Record - Immunization History Description: Child 4 did not have an immunization record on file.	Directors will ensure that immunization records are obtained prior to Child's start date and maintained in the child's file in accordance with state licensing.	6/26/2026	
2	251.05(2)(a)3.a. Staff Record - Physical Examination Description: Staff A on the Staff ID Key did not have a health report on file. Repeat violation: Previously cited on 6/18/2025	Directors will ensure all staff members have health reports on file and completed by a physician stating their healthy to work.	6/26/2026	

NAME - Agency Worker
Bonnie Davis

Date Issued
6/17/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed



6/22/2026